

**ALL APPLICATIONS MUST BE HAND DELIVERED BY A PARENT OR GUARDIAN**



**CHIME Institute Arnold Schwarzenegger  
Charter Elementary School  
Application for Enrollment 2010-2011**

Office Use Only	
<input type="checkbox"/> Sibling Preference	<input type="checkbox"/> Staff Preference
Name: _____	<input type="checkbox"/> CCES <input type="checkbox"/> CCMS
<input type="checkbox"/> Twin	<input type="checkbox"/> No Preference/Sib Apply _____

**PLEASE PRINT**

1. STUDENT INFORMATION				
Legal Last Name	Legal First Name	Legal Middle Name	Other Name/Nickname	Grade Level Sept 2010
Street Address including suffix (St., Ave., Blvd.)		<input type="checkbox"/> Apt # <input type="checkbox"/> Unit #	City	Zip Code
Home Telephone # ( )	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Place of Birth (City, State and Country)	<input type="checkbox"/> Other Than U.S
Student lives with: (Check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepparent <input type="checkbox"/> Father/Stepparent <input type="checkbox"/> Both parents alternately <input type="checkbox"/> Guardian <input type="checkbox"/> Relative _____ <input type="checkbox"/> Foster Home <input type="checkbox"/> Other _____				

2. FAMILY INFORMATION					
Parent/Legal Guardian			Parent/Legal Guardian		
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (If different than student)			Home Address (If different than student)		
Home Telephone ( )	Cell Phone ( )		Home Telephone ( )	Cell Phone ( )	
Email Address			Email Address		
Occupation		Employer	Occupation		Employer
Work Address		Work Telephone ( )	Work Address		Work Telephone ( )
<b>RESIDENCE</b> (Please check appropriate box) Where is your child/family currently living? <input type="checkbox"/> Sheltered or transitional housing program <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Single family permanent residence (house, apt., condo, mobile home) <input type="checkbox"/> Doubled-up (sharing housing with others) <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> Other					

3. INFORMATION FOR STATISTICAL USE ONLY	
<b>Your application will not be processed unless an Ethnicity and Race is selected.</b>	
Ethnicity (check only one): Is student Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	
The above part of the question is about ethnicity, not race. <b>No matter what you selected above, you <u>MUST</u> also check ONE or more federally identified race category for the purpose of this application.</b> <input type="checkbox"/> American Indian or Alaska Native (Origins - North or South America including Central America) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White (Origins - Europe, North Africa or Middle East)	
Parent's Education Level (check one): <input type="checkbox"/> Graduate school/post graduate work <input type="checkbox"/> College graduate <input type="checkbox"/> Some college <input type="checkbox"/> High school graduate <input type="checkbox"/> Not high school graduate <input type="checkbox"/> Decline to state	
How did you hear about this particular school (check one): <input type="checkbox"/> Advertisement <input type="checkbox"/> Search for charter school <input type="checkbox"/> Friends or Family attending school <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____	

4. HOME LANGUAGE SURVEY
What language is used most frequently in your home? _____
What language do you use most frequently with this child? _____
What language(s) does this child understand? _____
Has your child ever been given the CELDT Test (California English Language Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

5. SIBLING INFORMATION An additional completed application is required to reserve sibling preference (if space is available)				
Name	Age	Grade	School of Attendance	Applying to CHIME
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO

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6. PREVIOUS SCHOOL/PROGRAM INFORMATION (including preschool, child care and early intervention if applicable)				
Previous School/Programs Attended	City/State	Dates Attended	Grade Levels	LAUSD School
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this student ever been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes: Name of school:		Date(s):		Grade:
Current school of Attendance			School of Residence as of Sept 2010	

IN ORDER TO BEST SERVE THE NEEDS OF YOUR CHILD, PLEASE ENSURE THAT THIS INFORMATION IS COMPLETE AND ACCURATE

7. SPECIAL SERVICES		
A. Has this student been identified for gifted and talented educational services (GATE)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Is this student in the assessment process or are you considering requesting assessment of this student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Has anyone ever suggested that your student be assessed or tested?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so: Who and what were the reasons:		
D. Does this student need support for learning or to attend school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Has this student ever received special education services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. What services has your child received? (Please check all boxes that apply)		
<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> English Language Development		
G. Has this student ever been a client of the REGIONAL CENTER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. Did/does this student have an Individualized Education Plan (IEP) through any school district? If this student no longer has an IEP what was the exit date:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Did/does this student have a Section 504 Plan at his/her previous school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered Yes to any of the above questions please complete the following information:		
Type of Services (e.g. speech therapy, special education, etc)	School, program, or agency that provided services	Dates of Service

8. ADDITIONAL INFORMATION (optional)
Is there anything you would like us to know about your child?
Why are you interested in having your child attend the CHIME?

SIGNATURE
Please fill out this form completely and accurately. My signature verifies that the information that I have provided in this application is true, correct and complete. I understand that giving false or omitting information requested herein will risk or delay in the processing of the above named student's application and could jeopardize enrollment at anytime in the CHIME Institute, Arnold Schwarzenegger Charter Elementary School.
X _____ Date _____
Signature of: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian

**ENROLLMENT APPLICATION MUST BE RECEIVED BY MARCH 12, 2010 by 4:00 PM.**

Announcements from the random public drawing held March 19, 2010, will be made public by April 12, 2010.

Due to the overwhelming number of applicants, we are unable to contact every family with lottery results. Only the families of those students who receive seats will be contacted. All other applicants should feel free to contact the school to ascertain an individual student's status on the waiting list.

Hand-deliver your application to:

CHIME Institute Arnold Schwarzenegger Charter Elementary School  
 19722 Collier Street  
 Woodland Hills, CA 91364

Call (818) 346-5100 for information