America's Finest
CHARTER SCHOOL

Admissions Application

2027-2028

School Location

730 45th St, San Diego, CA 92102

Phone: 619-694-4809

America's Finest Charter School

APPLICATION CHECKLIST

Please make sure that all of the following information has been completed and/or attached before submitting your application. We strongly recommend that you make a copy of your application before you submit it.

Forms:

- ☐ Completed application packet
- ☐ Completed attached forms
  - Bus waiver (if applicable)
  - Lunch Application

To be submitted by parents/guardians

- ☐ Copy of social security card (Optional – not required)
- ☐ Copy of ONE Verification of Age
  - VERIFICATION OF AGE - State Law: Must be 4 by September 1 of the school year for TK.
  - VERIFICATION OF AGE - State Law: Must be 5 on or before September 1st for Kindergarten.
    - Birth Certificate
    - Passport

- ☐ Copy of TWO Proof of Residence
  - Current Gas & Electric bill
  - Current Water bill
  - Current Internet/Telephone bill
  - Lease Agreement or Mortgage statement
  - Grant Deed or Property Tax Statement (must accompany at least one utility bill)
  - Payroll Stub
  - Documents addressed to you from the Dept. of Social Services

- ☐ Copy of ONE Verification of Immunizations – STATE LAW
  - Singed Doctor's Immunization Card
  - CHDP (Health Checkup – Required for Kindergarten and 1st Grade)
  - Oral Health Assessment (Dental Checkup – Required for Kindergarten and 1st Grade)

AMERICA'S FINEST CHARTER SCHOOL
2027-2028 TK-Grade 8 ENROLLMENT FORM

Complete Sections I-III and sign page 2.

Check off the grade you are applying for ☐ TK ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

OFFICE ONLY **1.** Student District ID:	***OFFICE ONLY*** **2.** Student State ID (SSID):

I. STUDENT INFORMATION

3. Last name (LEGAL NAME ONLY) | First | Middle | Suffix (Jr, II, III)

4. First Name on teacher rosters:

5. Former legal name(s) (optional):

6. Birthdate: / /

7. Gender ☐ Female ☐ Male

8. Is student Hispanic or Latino/a? ☐ Yes ☐ No

9. Race: (check all boxes that apply)

☐ American Indian or Alaskan Native
☐ Black or African American
☐ Filipino
☐ White

Asian/ Indochinese
☐ Asian Indian ☐ Cambodian ☐ Chinese
☐ Hmong ☐ Japanese ☐ Korean
☐ Laotian ☐ Vietnamese ☐ Other Asian

Pacific Islander
☐ Guamanian ☐ Hawaiian
☐ Samoan ☐ Tahitian
☐ Other Pacific Islander

11. Household address: | City, State: | ZIP Code:

12. Student email address (optional):

13. Home phone: ( )

14. Mailing address (if different from household): | City, State: | ZIP Code:

15. City, State, Country of birth:

16. First enrolled in a CA school (TK-8): Date: / /

17. First enrolled in a US school (TK-8): Date: / /

18. Current Caregiver (check one): ☐ Parent/legal guardian ☐ Other adult (not legal guardian, requires Caregiver Affidavit)

19a. Foster Living Situation:

Check one if applicable:
☐ Family Home (FFH) ☐ Group Home (FGH) (FFA)
☐ Formal Kinship Care (including NREFM)

19b. Homeless Living Situation (temporary residence due to financial hardship):

Check all that apply:
☐ Living with someone/Doubling up ☐ Unaccompanied Youth
☐ Hotel/motel ☐ Sheltered ☐ Unsheltered ☐ Runaway Youth

20. Other Living Situation: ☐ International Exchange ☐ Residential facility ☐ Hospital (not state hospital) ☐ _____

21. Complete and include all minors under 18 years of age who live in the same household (siblings and non-siblings), even if not enrolled at AMERICA'S FINEST CHARTER.

Full Name:	Birthdate:	School name:	Relationship to student:
Full Name:	Birthdate:	School name:	Relationship to student:
Full Name:	Birthdate:	School name:	Relationship to student:

II. CONTACT INFORMATION

Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.

	22. Parent/Guardian/Contact	**23. Parent/Guardian/Contact**	**24. Emergency Contacts** (other than parents)
Full name			Full name:
Relationship to student			
Lives with student?	☐ Yes ☐ No If no, provide address here: _____ _____	☐ Yes ☐ No If no, provide address here: _____ _____	Relationship to student: Home phone ( ) Work phone ( )
Home phone	( )	( )	Cell Phone ( )
Work phone	( )	( )	Email address:
Cell phone	( )	( )	
Email address			☐ Interpreter required ☐ OK to release student
Employer			
Military (check all that apply)	☐ Active Duty ☐ DOD Employee ☐ Reserves National Guard ☐ Full Time ☐ Part Time	☐ Active Duty ☐ DOD Employee ☐ Reserves National Guard ☐ Full Time ☐ Part Time	Full name: Relationship to student:
Primary language			Home phone ( )
Education level (select one)	☐ Not a High School Graduate ☐ High School Graduate ☐ Some College/AA Degree ☐ College Graduate ☐ Graduate School/Post-Graduate ☐ Decline to state	☐ Not a High School Graduate ☐ High School Graduate ☐ Some College/AA Degree ☐ College Graduate ☐ Graduate School/Post-Graduate ☐ Decline to state	Work phone ( ) Cell phone ( ) Email address:
Additional information	Report card & Progress report provided ☐ Interpreter required ☐ Access to student info online	☐ Report card ☐ Progress report ☐ Interpreter required ☐ Access to student info online	☐ Interpreter required ☐ OK to release student

SIGNATURE REQUIRED ON REVERSE

OFFICE ONLY Student Name:_____ Grade:_____ Teacher:_____ Room #:_____

III. QUESTIONS FOR PARENT/GUARDIAN

The following questions provide important information for the school staff. Parents must answer the following questions. Check "Yes" or "No" for each question where appropriate. Questions 28, 30 & 31 require that you check "Opt Out" or leave blank if you agree to your student's participation.

25a. Has your student ever received **Special Education** services? ❑ Yes ❑ No

25b. Does your student have a **504 Plan?** ❑ Yes ❑ No

26. Has one of the parents/guardians engaged in migrant work (moved and worked seasonally in jobs related to agriculture, lumber or fishery) in the past three years? ❑ Yes ❑ No

27. Name, city, and state/country of last school attended:

_____

_____

_____

28. Last grade level completed: _____

29. (For students in Grades 7, 9, & 11) AFCS would like your student to participate in the California Healthy Kids Survey (CHKS). The survey is anonymous and confidential. If you do not want your student to participate, you must select "Opt Out." ❑ Opt Out

30. (High school students only) Has your student ever played interscholastic athletics? ❑ Yes ❑ No

31. (High school students only) Federal law requires release of student information to military recruiters. If you do NOT want this information released for your student, you must select "Opt Out." http://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html ❑ Opt Out

32. (High school students only) Parents may authorize their student's school to release educational information including:

a. Transcripts, Letters of Recommendation, Financial Aid Forms, Report Cards, and Class Ranking Status ❑ Yes ❑ No

b. Disciplinary Records ❑ Yes ❑ No

By checking "Yes" I give permission to State/Federal Financial Aid Programs/Scholarship Programs/Private Schools/University/College personnel and their authorized agents to access my student's educational records. *Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).*

The information provided in Sections I-III is true to the best of my knowledge.

✕ _____ _____

Parent/Guardian/Contact signature (required)

America's Finest Charter School

HOME LANGUAGE ASSESSMENT SURVEY

Please answer the following questions. This information will be used by the schoo and U.S. Office for Civil Rights to develop school programs.

1. Name of student

   _____ _____ _____

   Last First Middle Grade DOB

2. Which language did your son or daughter learn when he or she first began to talk?
   - ❖ _____
   - ❖ _____
   - ❖ _____

3. What language does your son or daughter most frequently use with adults in the home?
   - ❖ _____
   - ❖ _____
   - ❖ _____

4. Which language is used most frequently by the adults in your home?
   - ❖ _____
   - ❖ _____
   - ❖ _____

5. What language do you use most frequently to speak to your son or daughter?
   - ❖ _____
   - ❖ _____
   - ❖ _____

_____ _____

Parent/Guardian Signature Date

America's Finest Charter School

CONSENT AND RELEASE FORM MEDIA PERMISSION

We would like to showcase student work and classroom activities in our school newsletter, on our website, and in other school-related publications as well as share our school's work with print and broadcast media. Please check the boxes next to the statements you give your permission for and sign below. If you do not give permission for one or more statements, do not check those boxes.

- ☐ I give my permission to America's Finest Charter School to use my child's name, photograph, and/or video image in school publications, video presentations, and on their website.

- ☐ I give my permission to America's Finest Charter School to use samples of my child's work credited with his or her name in school publications and on their website.

- ☐ I give my permission to America's Finest Charter School to supervise the news media in the photography, filming, or interviewing of my child for the purpose of a new article, television news, or radio program.

- ☐ NO, I do not give permission.

Student's Name _____

Grade_____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

America's Finest Charter School

NETWORK USE GUIDELINES

Student (Please Print Name): _____ Grade: _____

Please read the Network Use guidelines for America's Finest Charter School before signing this document. This is a contract and must be signed before you will be given access to a wide area network.

As the parent or guardian off this student, I have read the terms and conditions outlined in the "Network Use Guideline."

I understand that this access is designed for educational purposes and America's Finest Charter School. Has taken precautions to verify and eliminate controversial materials. However, I also recognize it is impossible for America's Finest Charter School to restrict access to all controversial materials acquired on the network.

If this student has access to the Internet in a setting other than school, I acknowledge that America's Finest Charter School is not responsible for any material the student may access.

I hereby give my permission for the student named above to have access to the Internet.

Parent or Guardian (please print name): _____

Parent/Guardian Signature: _____

America's Finest Charter School

SPECIAL EDUCATION INSTRUCTION AND SERVICES FOR STUDENTS

America's Finest Charter School operates as a public school which is part of the El Dorado SELPA for all special education purposes. Accordingly, eligible students enrolled in the charter school shall receive special education services in accordance with their individualized education program ("IEP") and in the same manner as any other student enrolled in the school. Special education placements and related services available on site at America's Finest Charter School may include general education inclusion, a resource specialist program, speech, and language therapy, and other designated instructional services.

To help identify educational needs of students and to help us better plan throughout the year, please complete the following:

1. Does your child have any identified learning problem? Yes No
2. Has your child had any testing by a school psychologist? Yes No
3. Has your child had any testing by a school counselor? Yes No
4. Has your child ever been tested for or recommended for Special Education placement? Yes No
5. Does your child have a current IEP? Yes No
   If yes, what services are they receiving? (circle one)
   Speech Resource Occupational Therapy Physical Therapy
6. Has your child ever had a problem with his/her hearing? Yes No
7. Does your child wear glasses? Yes No
8. Does your child have any physical disability? Yes No
9. Has your child ever participated in a Gate or Gifted Program? Yes No
10. Was your child born in another country? Yes No
11. Does your child have any allergies? Yes No
    (If yes, what are they?)_____
    _____
12. Does your child have any medical conditions?
    (If yes, what are they?)_____
    _____

_____ _____
Student's Name Parent/Guardian Signature

_____
Date

America's Finest Charter School

HEALTH HISTORY

Name: _____
Last First

_____
DOB Grade

INDICATE KNOWN HEALTH PROBLEMS. Give dates and explain:
Asthma _____
Allergies _____
Diabetes _____
Heart Problem _____
Kidney disease _____
Seizure disorder _____
Ear problem, hearing defect _____
Eye problem, glasses _____
Operation, fracture, head injury _____
Medications (even if given at home) _____
Other health information _____
_____

Indicate if the student has had the following diseases:
Chickenpox _____
Measles (10-day) _____
Rubella (3-day measles) _____
Mumps _____
Scarlet fever /strep infection _____
Whooping cough _____
Hepatitis _____
Other _____
_____

Last physical examination _____ By: _____
Date Physician's Name

Last dental examination _____ By: _____
Date Physician's Name

I verify that to the best of my knowledge my child is able to participate in all the regular school activities. If not, I will bring a statement from the physician within two weeks stating that the following limitations are necessary:

_____

Parent/Guardian Signature _____ Date _____

America's Finest Charter School

CONSENT FOR EMERGENCY MEDICAL TREATMENT UNDER SPECIAL CIRCUMSTANCES

Student's Name: _____ Birth Date: _____

Last Tetanus Injection: _____

Allergies to Drugs or Foods: ☐ Yes ☐ No

If yes, please explain: _____

_____

Physical conditions, special medications, or other health information: _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Telephone No. ( ) _____ ( ) _____
Home Business

Parent/Guardian Business and Address: _____

Student's Physician: _____ Phone No.: _____

Insurance Company: _____ Policy No.: _____

I(we) the undersigned parent(s) or guardian(s) of _____

A dependent adult, or minor, do hereby authorize and consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any medical or emergency room staff licensed under the provisions of the Medical Practice Act. I(we) agree to accept responsibility for all costs incurred from the rendering of needed emergency services for my(our) child.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide consent to such are when he foregoing licensed physician in his/her best judgment deems it advisable. It is understood that the hospital shall attempt to contact the undersigned and the physician identified above if one is note, prior to rendering treatment to the minor or dependent adult. However, treatment will not be withheld if the undersigned and/or the student's physician cannot be reached. I(we) agree to save and hold the officers, employees, and the medical care provides harmless from all liability, suits, or claims, of whatever nature or kind which might arise as a result of administering needed emergency care.

I(we) hereby authorize the hospital to surrender physical custody of my(our) child to the individual who presented him/her for treatment upon completion of treatment if I(we) are not present at time of discharge.

Parent/Guardian Signature: _____ Date: _____

America's Finest Charter School

NOTICE OF ZERO TOLERANCE POLICY

The Board of Education has approved the following Zero Tolerance Policy:

- Use, possession or brandishing of a weapon will result in a recommendation for expulsion. A weapon is defined as, but not limited to, a firearm, pistol replica, starter pistol, stun gun, BB gun or pellet gun, a knife of any size or type, a dirk, dagger, razor, slingshot, any explosives or fireworks. Any object used in a dangerous manner will also be considered a weapon.
- Repeated incidents of fighting, violent acts, or causing serious injury to another person will result in a recommendation for expulsion.
- Attempting to commit or committing a sexual assault and committing a sexual battery.
- Our school has a NO ALCOHOL, TOBACCO, and other DRUG USE POLICY. If you are found to be selling or furnishing controlled/prohibited substances you will be recommended for expulsion on your first offences. For possession or use, expulsion will be recommended on your third offense, except for tobacco offenses; if you are found in possession of tobacco you will be recommended for expulsion on your fourth offense.
- In addition to discipline, if you are found to have violated the law you may be arrested and taken to a juvenile detention facility.
- Expulsion from America's Finest Charter School will result in the loss of your privileges to attend school or extracurricular activities. You may be placed in an alternative school or program.
- The Zero Tolerance Policy requires a recommendation for expulsion if the offense occurs on school campus or at school activity, whether on or off campus.
- Expulsion may be recommended for an offense that occurs during lunch period – off campus, and during, or while going to or from a school-sponsored activity.

The Zero Tolerance Policy is designed to make your school a safe environment and to provide an appropriate learning environment for you and other students. There can be no acceptable reason for violating there rules.

We acknowledge that the student has read and understood the Zero Tolerance Policy. This notice has been explained to the student and we realize the consequences of the student's actions should he/she violates the policy.

_____ _____

Date Parent/ Guardian Signature

America's Finest Charter School

VERIFICATION OF RESIDENCY

For purposes of school registration, the resident of minor is where the parent of legal guardian lives (EdCode: 48200, 48204). In order to verify residence parents/guardians must provide one current document from the list below.

- Title, deed, escrow papers, mortgage booklet or statement, or property tax form
- Lease Agreement/Rental Contract and current rent receipt
- Most recent utility bill (gas & electric, telephone, water, or cable showing address and name of parent/guardian)
- Deposit receipt for utility start-up with name and address
- Documentation addressed to you from AFDC/Social

If your family lives with a relative or friend, we need one of the above documents and a notarized letter from the homeowner or renter stating that you live with them.

Falsification of any information or documents required for residency verification or the use of the residence address of another person may result in revocation of student enrollment at America's Finest Charter School.

PARENT/GUARDIAN STATEMENT

I, _____
(Print Name)

the parent/guardian of _____

residing at _____

certify that the above named student/s reside with me at the above address.

Documents provided are true and accurate.

Parent/Guardian signature: _____

America's Finest Charter School

SURVEY

Charter School are an innovation within the public systems intended to improve student learning, increase learning opportunities for all students, encourage the use of different and innovative teaching methods, and provide parents and students with expanded educational opportunities within the public school system.

I understand that America's Finest Charter School is a California Charter School and I am choosing to enroll my child here

_____ _____

Student's Name Parent/Guardian Signature

_____

Date

How did you hear about us?

_____ Friend/relative _____ Newspaper _____ Magazine _____ Brochure

_____ Internet _____ Lives in Neighborhood _____ Other

America's Finest Charter School

REQUEST FOR STUDENT CUMULATIVE RECORD/TRANSCRIPT

Student Legal Name: _____

Birth Date: _____ Grade: _____

☐ **Never attended a school in U.S.**	☐ **Yes, my child was enrolled at:** **Name of Last School Attended:** _____ **Address of Last School Attended:** _____ **City** **State** **Zip** **School phone:** _____ **School fax:** _____

X _____ _____

Signature of student's Parent/Guardian Date

To be completed by AFCS Office Only

Student's name: _____ Last school attended: _____

School phone: _____ School fax: _____

It is necessary for school personnel to receive pertinent information from his/her records. Please release the items checked below and send the entire cum file in due course or a copy of the records!

- Transcripts
- Immunization records
- CELDT score and related EL information
- Test scores
- Birth certificate
- IEP (if applicable)
- Any other education information

Please send records to:

AMERICA'S FINEST CHARTER SCHOOL TK-8
730 45th St, San Diego, CA 92102
Phone: 619-694-4809 | Fax: 619-393-0863

Requested by: _____

Print name and title

☐ First request Date Faxed/Mailed _____
☐ Second request Date Faxed/Mailed _____
☐ Third request Date Faxed/Mailed _____
Date Received _____