

Student's Name _____

Ethnicity (Optional):

Asian Black Hispanic (non black) Hispanic (black) White Other _____

Mixed Race _____

Language(s) spoken at home: _____

Siblings:

Name Age Current School

Name Age Current School

Name Age Current School

Applicant's current school (Street/City/State/Zip Code) Grades attended

Contact person Title Phone

Previous school (Street/City/State/Zip Code) Grades attended

Contact person Title Phone

Did you attend our Prospective Parent Orientation Meeting? _____ Date _____

CLAS does not discriminate on the basis of race, color, national origin, gender (including harassment), or disability in any of its policies, procedures, or practices, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Title II of the Disabilities Act of 1990.

Student's Name _____

Has the Applicant been referred for an SST or IEP Assessment? _____ **If Yes please explain the circumstances leading to the referral** _____

Have you signed an Assessment Plan? _____

Are you awaiting an IEP meeting? _____

Does the Applicant have a current IEP? _____ **If Yes, Please attach a copy of the IEP.**

What was the date of the Applicant's last assessment or review? _____

Please explain the scope of the services provided under the IEP _____

Please note that failure to provide accurate and complete information impacts the school's ability to appropriately address the needs of your student.

Student's Name _____

By signing below I acknowledge the following:

(1) Completion of this application does not guarantee nor constitute admission to CLAS - Affirmation. Status as an enrolled student or placement on a waiting list will be confirmed in a separate writing from the school at the end of our application period.

(2) As a condition of enrollment I will sign and abide by a Family Compact, which will detail a plan of school participation and involvement for parents and students.

(3) As a condition of enrollment I give permission to CLAS - Affirmation to request student information from my child's current and/or previous school(s).

Parent's/Guardian's Signature

Date

COMPLETED APPLICATIONS MUST BE RECEIVED ON OR BEFORE **MARCH 19, 2010**

HAND DELIVER OR SEND VIA U.S. MAIL – Faxed applications **will not** be accepted

CLAS –Affirmation
2930 W. Imperial Hwy, #514
Inglewood, CA 90304
(323) 777-8400

**CLAS – AFFIRMATION
PARENT REQUEST FOR STUDENT INFORMATION**

APPLICANT'S NAME _____

CANDIDATE FOR GRADE _____ ENTERING IN SEPTEMBER 2010

CLAS- Affirmation Charter School prepares students to become productive citizens, innovative thinkers, problem solvers and bold carriers of their cultural and linguistic heritage. Our school is committed to a strong progressive education rooted in academic excellence, social values, the arts and technology. CLAS – Affirmation provides students with differentiated instruction in a personal setting. We are looking for students and families who are committed to an enriched program and who have the enthusiasm, drive and independence to work in it successfully.

CURRENT TEACHER'S NAME _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

TELEPHONE _____

In what subject(s) do you teach my child? _____

How long have you known my child? _____

What are the first three words that come to mind when thinking about my child? _____

If you think my child would be appropriately placed at CLAS - Affirmation, please write a few words of recommendation in the space provided below. In thinking of my child, please comment on his or her work habits, classroom behavior, contribution to the school community and potential for growth.

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Student has Challenges, but is Worthy of Consideration
For Academic Potential:	()	()	()	()	()
For Character:	()	()	()	()	()
Overall Recommendation:	()	()	()	()	()

**CLAS – AFFIRMATION
APPLICATION CHECKLIST**

- () **ENROLLMENT APPLICATION**
This form along with all requested attachments must be completed and returned to CLAS – Affirmation no later than **March 19, 2010**. Applications received or completed after this deadline will only be considered as space allows. Please mail or deliver in person – Do not fax or email. Applications sent via fax or email will not be accepted.

- () **STUDENT ESSAY**
Students in grades 3 – 8 must respond to the essay topic presented in their own words and handwriting using the space provided.

- () **REQUEST FOR STUDENT INFORMATION FORM**
Have the student’s **current classroom teacher** complete this form and either include it in a separate sealed envelope with your application or they may mail it directly to CLAS – Affirmation.

- () **COPY OF MOST RECENT REPORT CARD**
Please include with your application.

- () **COPY OF CURRENT IEP (IF APPLICABLE)**
Please include with your application.

Families will be notified of the status of their application my mail no later than April 30, 2010.

MAILING ADDRESS

CLAS – Affirmation
2930 W. Imperial Hwy #514
Inglewood, CA 90303
(323) 777-8400