



## Re-Enrollment Form 2017-18 School Year

Please update your information with us for re-enrollment in Pivot Charter School and return to:

### Pivot Charter School San Diego Corona Resource Center\*

4300 Green River Road, Suite 108, Corona, CA 92880

Email: [bcalleja@pivotcharter.org](mailto:bcalleja@pivotcharter.org) Phone: (951) 280-0229 Fax: (951) 280-0383

### Program Time Choice

Please tell us what days you would like to attend the resource center.

Please choose morning or afternoon, as a full-day program is not an option.

Pivot Charter School offers a great opportunity for students to attend our resource center. Below are the program times and options to choose from:

- Morning program time is Monday – Friday: 9:00 am - 12:00 pm
- Afternoon program time is Tuesday and Thursday: 12:30 pm - 3:00 pm
- Elementary program time is Monday – Friday: 9:00am - 12:30 pm

- Monday     Tuesday     Wednesday     Thursday     Friday  
 Tuesday Afternoon     Thursday Afternoon     Virtual

### Student Information

Student Name:		Age:	
Birthdate:		Grade Level:	
Address:			
City:	State:	Zip:	
Student Home Phone:	Student Cell Phone:	Student Email:	

### Parent Guardian Information

Name:		Name:	
Relationship to Student:		Relationship to Student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City/State:	Zip:	City/State:	Zip:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:

\*Please note: For one year, we will refer to our Resource Center as the Pivot Charter School San Diego Corona Resource Center

**Please Update Any Changes In Custody (if no changes leave blank)**

Father    Mother    Both    Step-Father    Step-Mother    Guardian    Foster/Group Home    Other  
 Is the above (checked) person(s) the student's LEGAL guardian?    Yes    No  
 If No, please complete a "Caregiver Affidavit" If there is a legal custody agreement regarding this student,  
 please check one:    Joint Custody    Sole Custody    Guardian  
**Shared percentage of custody: Father \_\_\_\_\_%   Mother \_\_\_\_\_%   Other \_\_\_\_\_%**

**Please Update Any Changes In Housing (if no changes leave blank)**

<p><b>Type of housing:</b></p> <input type="checkbox"/> Development Center <input type="checkbox"/> Foster Family Home or Kinship Placement <input type="checkbox"/> Health Institution <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Incarceration Institution <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Other	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Residential School/Dormitory <input type="checkbox"/> State Hospital <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Temporary Shelters <input type="checkbox"/> Unknown
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**Emergency Contacts (if no updates needed leave blank)**

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

**Health Information (if no changes leave blank)**

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

**If updates are needed for Physician or Insurance, please request a full emergency card form**

**Publicity Consent:**

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Yes    No

**Re-Enrollment Parent Signature**

X _____ Parent/Guardian	X _____ Date
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**2017 - 2018 NSLP Worksheet**

Student First Name:	Student Middle Name:	Student Last Name:
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**Our school may qualify for various federal and state grants this year.** By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school. Thank You.

- Step 1:** Please indicate your household size
- Step 2:** Please write in your family annual income
- Step 3:** Please indicate if you have any Assistance Programs

Household Size: _____	Annual Income: _____
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\*Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments.

**Assistance Programs – Check one of the following:**

- None
- SNAP
- CalWorks
- FDPIR

**If a program was circled above, please write the case number:** \_\_\_\_\_

- Our family does not qualify
- Should the fields checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose to NOT-PARTICIPATE.

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution*

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Parent Signature Date