

Yav Pem Suab Academy



7555 S. Land Park Drive

Sacramento, CA 95831

Phone: (916) 433-5057

Fax: (916) 433-5289

Website: ypsacharter.org/

ENROLLMENT PACKET

The Enrollment Packet includes the following forms, important documents, and information that you need to enroll your child.

- Welcoming letter to our new parents and scholars.
- Enrollment Requirements.
- Registration Form.
- Scholar Emergency Form.
- Report of Health Examination for School Entry
- Health Waiver Form
- Oral Assessment Form
- McKinney-Vento Act Form and Information
- New Scholar Questionnaire
- Immunization and Health Requirement Information
- Other Annually Updated Forms
 - YPSA Compact
 - Photo/Video Authorization
 - Computer/Internet Use Agreement
 - Walk/Bike to School
 - Parent Involvement

Please return completed and signed enrollment forms along with all the required supporting documents to the school office. Your scholar will not be enrolled until all the documents have been completed and verified.

OFFICE USE ONLY:

Received: _____

By: _____



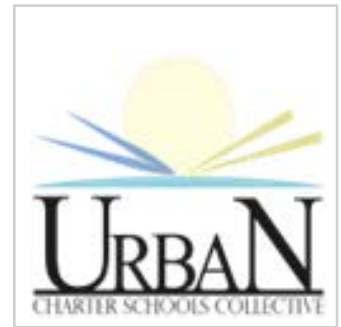
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Welcome to YPSA

Dear New Parents:

Thank you for choosing Yav Pem Suab Academy (YPSA) to educate your child to become a lifelong scholar and LIFESKILLED leader. YPSA is an independent charter school operated under the Urban Charter Schools Collective (UCSS). YPSA has been serving families and scholars throughout the Sacramento region for the past 14 years. The school has experienced tremendous growth in scholar enrollment from 171 when it first opened its door on August 2, 2010, to more than 470 scholars today. The scholar achievements have shown consistent progress as indicated by the California Assessment of Student Performance and Progress (CAASSPP).

What distinguishes YPSA from other schools is its instructional approach with innovative bell schedule and instructional strategy. Scholars attend classes Monday through Thursday at longer hours (8:00 AM to 5:00 PM for Grades 1 – 6 and 8:00 AM to 2:00 PM for TK and K) with a shorter summer break. This innovative schedule affords the scholars greater instructional minutes and supports most parents' work schedules. YPSA adopted the Highly Effective Teaching (HET) Model developed by Susan Kovalik and Karen Olsen for instruction. YPSA also offers courses in Hmong Language Development and Movement (P.E., Dance, and Taekwondo) in addition to English, math, science, and social studies.

The purpose of this "New Scholar Enrollment Packet" is to collect information needed to enroll your child and for the school to provide the appropriate supports and services for your child's learning needs and well-being. This packet provides important information about YPSA, your rights as parents, and your child's rights as scholars in school.

The "New Scholar Enrollment Packet" is available at the Main Office during regular school hours and on the school website <https://www.ypsacharter.org/>.

YPSA Vision: To develop lifelong scholars and LIFESKILLED leaders, enabling them to be productive, responsible, and contributing members of society."

New Scholar Enrollment Requirements and Information

There are several required documents that you need to provide to enroll your child in California public schools as listed below; however, proof of citizenship is not one of the required for enrollment purposes. If you do not have a specific document or have any questions, please notify the school attendance clerk or office staff.

Please be advised that for the safety and security of all children, **ONLY** the parent(s), legal guardian(s) or educational rights holder(s) may enroll a child. The parent/legal guardian/educational rights holder who enrolls the child is required to show a **PHOTO IDENTIFICATION**.

Please complete all the forms and return them to the Front Office with the following required documents per the California Education Code, Sections 48000-48070.6:

- Scholar age and legal name verification (one of the following):
 - Certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of birth.
 - Baptismal certificate or official hospital record of birth.
 - Passport.
 - Immigration document.
 - When none of the above is obtainable, an Affidavit for Proof of Age of Minor signed by the scholar's parent/legal guardian may be accepted.
- Immunization records (see Immunization Requirement Sheet in Part III of this packet)
- Parent or Guardian Photo ID to verify the identity of the enrolling adult (driver's license, employment ID badge, Costco/Sam's Membership Card, or other verifiable ID card such as passport and Real ID).
- Withdrawal grades/unofficial transcript (if applicable)
- Current proof of physical residence address with the name of the parent or guardian with one of the following:
 - Property tax payment receipts.
 - Mortgage statement, rental property contract, or lease agreement.
 - Current utility service (e.g., PG&E, SMUD, water, garbage, sewer) contract, statement, or payment receipt.
 - Rental property payment receipt.
 - Parent or guardian's recent pay stub.
 - Voter registration.
 - Correspondence from a government agency (e.g., documentation from the Department of Human Assistance, court documents, motor vehicle registration, driver's license, etc.).
 - Declaration of residency executed by the scholar's parent/guardian.
 - If the scholar is residing in the home of a caregiving adult within district boundaries, an affidavit executed by the care-giving adult.

Exceptions

- Homeless or foster youth must be enrolled regardless of proof of residency under McKinney-Vento Act.
- A child of a military family under California Education Code, Section 48204.6.

REGISTRATION FORM

Yav Pem Suab Academy



7555 S Land Park Drive
Sacramento, CA 95831
Phone: (916) 433-5057
Fax: (916) 433-5289
Web: ypsa charter.org/

SCHOLAR INFORMATION

Direction: Please provide scholar information on this section.

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____
Nickname: _____ Grade Applying: _____ Gender: Male Female Non-binary
Date of Birth (mm/dd/yr.): _____ Birthplace: City _____ State _____ Country _____

SCHOLAR RACE/ETHNICITY

Is the scholar Hispanic or Latinx? Yes No

What is the scholar's race/ethnicity? (Please check all that apply)

- | | | | |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | |

SCHOOL HISTORY

Date your child first attended school (mm/dd/yr.): _____

Date your child first attended school in California (mm/dd/yr.): _____

What is your child's resident school: _____ City and State: _____

Name of the last school attended: _____ City and State: _____

Has your child been expelled from school? Yes No

HOME LANGUAGE SURVEY

1. Which language did your child learn when they first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____

SPECIAL SERVICES

What special services has your child received? (Check all that apply)

Special Education: Resource (RSP) Speech and Language Special Day Class (SDC) Other _____

Other Services: 504 Plan GATE Migrant Education Other _____

HOUSING

Which of the following best describes where this child is currently living? (Federally required question)

- | | |
|---|---|
| <input type="checkbox"/> Permanent home (own home or have a rental/lease agreement) | |
| <input type="checkbox"/> Sharing a house or apartment due to economic hardship | |
| <input type="checkbox"/> Temporary shelter or housing program | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Temporarily Doubled-Up | <input type="checkbox"/> Temporarily unsheltered |
| <input type="checkbox"/> Foster primary resident | <input type="checkbox"/> Foster family kinship or kinship placement |
| <input type="checkbox"/> Licensed child institution (group home) | |

PARENT/GUARDIAN INFORMATION

Direction: Please provide parent/guardian information in this section

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: __
 Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____
 Cell #: _____ Home #: _____ Work #: _____ E-mail: _____
 Relationship: Father Mother Step-Father Step-Mother Appointed Guardian Foster/Group Home
 This child lives with me: Yes No
 Education Level: Not High School Graduate High School Graduate Some College (including AA)
 College Graduate Graduate/Post Graduate School

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: __
 Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____
 Cell #: _____ Home #: _____ Work #: _____ E-mail: _____
 Relationship: Father Mother Step-Father Step-Mother Appointed Guardian Foster/Group Home
 This child lives with me: Yes No
 Education Level: Not High School Graduate High School Graduate Some College (including AA)
 College Graduate Graduate/Post Graduate School

Is there a legal custody agreement for this child? No Yes (please check one): Joint Sole Guardian
 Who has physical custody of the child? _____

Does the registering child have any sibling(s) currently attending YPSA this school year? Yes No
 If yes, please list the name(s) and grade(s) below.
 Name: _____ Grade: _____ Name: _____ Grade: _____
 Name: _____ Grade: _____ Name: _____ Grade: _____

Preferred language of communication from YPSA? English Hmong Spanish Other: _____

School is authorized to share parent/guardian information with the Academy Council (YPSA governance body): Yes No

Name of the person completing this form: _____ Relationship: _____
 I certify that the information provided is accurate to the best of my knowledge.
 Signature of Parent/Guardian: _____ Date: _____

YPSA Office Use Only

Proof of Residence - Document _____ Proof of Birth Date - Document: _____
 Immunization Complete
 Date Enrolled: _____ Date Entered in PowerSchool: _____ Enrolled by: _____

SCHOLAR EMERGENCY FORM

School Year: _____

Direction: Please fill out this form completely and sign where indicated. The information contained in this form is used for scholar release and in health or other serious emergency situations. Please update this form when information is changed as necessary.

Scholar Last Name	First Name	Middle Name	Date of Birth	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Street Address	Apt. #	City	Zip Code		

Parent/Guardian (1) Last Name	First Name	Relationship	Cell #: _____		
Street Address	Apt. #:	City	State	Zip Code	Home #: _____
					Work #: _____
					E-mail: _____

Parent/Guardian (2) Last Name	First Name	Relationship	Cell #: _____		
Street Address	Apt. #:	City	State	Zip Code	Home #: _____
					Work #: _____
					E-mail: _____

Who does the child live with? _____

School is authorized to share my number with the school parent organizations such as Academy Council: Yes No

EMERGENCY CONTACTS OTHER THAN THE PARENTS/GUARDIAN

Direction: List individuals who may be contacted in an emergency and/or authorized to pick up the child when the parent(s) or guardian(S) cannot be reached.

Name	Relationship	Cell Phone	Home Phone	Pick up Scholar Authorized
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Daycare Provider Name: _____	Release Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	City: _____ Zip Code: _____
Cell Phone: _____	Home Phone: _____ Work Phone: _____

Does this scholar ride the bus to and from school? <input type="checkbox"/> No <input type="checkbox"/> Yes (Bus # _____)
Does this scholar walk to and from school? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please indicate any specific scholar pickup arrangements that the school should be aware of here.

PLEASE NOTE:

The parent(s)/guardian(s) is responsible for keeping the school informed of updates and changes to the scholar's emergency information. The school shall be notified, in writing, of telephone or address changes within three (3) days of the occurrence. If the school attempts and still cannot reach anyone listed on this Scholar Emergency Form in an emergency or if a scholar is left unattended during non-school hours, the school will contact the law enforcement or Child Protective Services.

HEALTH AND MEDICAL INFORMATION

Direction: Please indicate conditions that apply to this scholar's medical and health condition/history.

This child does not have any known health issues. (If this box is checked, skip to the Emergency Authorization section.)

This child has the following known health issues:

Vision/hearing: Wears glasses/contacts Uses hearing aid Has tubes in ears Requires preferential seating

Allergy: Nuts Peanuts Bee sting Other(s): _____

Health conditions: Asthma ADHD Diabetes Epilepsy Fainting spell Heart condition

Other health issues: _____

Are any of the listed conditions/issues life threatening? No Yes (explain) _____

If any of the listed conditions/issues limit this child from participation in class or physical education, please describe:

EMERGENCY AUTHORIZATION

The undersigned, as parent/legal guardian of, a minor (Print name of the scholar here) hereby authorizes the principal or designee, into whose care the scholar has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the scholar upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Yav Pem Suab Academy (YPSA) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code and shall remain effective until revoked in writing and delivered to YPSA. I understand that YPSA, its officers, and its employees assume no liability of any nature in relation to the transportation of the scholar. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the scholar's parent/guardian.

Does the scholar have health insurance? Yes No If the answer is "Yes," please provide the requested information.

Private Health Insurance Insurance Name: _____ Group No.: _____

Medi-Cal or Healthy Families Med-Cal/Healthy Families ID #: _____

Physician Name: _____ Medical Office/Hospital Name: _____ Phone #: _____

My child currently takes the following medications*: _____.

* California Education Code 49423 requires that if medication(s) is to be taken at school, there must be a medication form on file at the school signed by both parent and physician. The form is available at the Front Office.

I certify that I have read and understand this form and do hereby give my authorization for emergency medical treatment, and that all the information I have provided on this form is true and correct.

Name: _____ Signature: _____ Date: _____

I am the (check one): Father Mother Guardian Caregiver (Affidavit)

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last	First	Middle	DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, Street	City	ZIP Code	SCHOOL
			Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

I choose not to have my child receive a health examination as part of the school entry requirement.

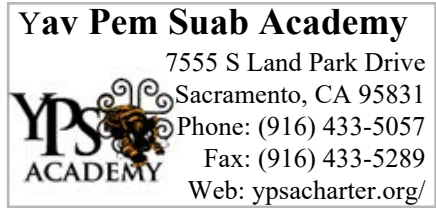
I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.
CHDP website: www.dhcs.ca.gov/services/chdp



Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check- up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check- up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California’s children.

Section 1: Child’s Information (Filled out by parent or guardian)

Child’s Last Name:	First Name:	Middle Name:	Child’s Birth Date:
Address:			Apt:
City:			Zip Code:
School Name:	Teacher:	Grade:	Year child starts kindergarten:
Parent/Guardian Last Name:	Parent/Guardian First Name:		Child’s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child’s Race/Ethnicity:			
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Race <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____			

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately and mark each box accordingly.

Assessment Date:	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency:		
<input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
Licensed Dental Professional Signature	CA License Number	Date

*Check “Yes” for Caries experience if there is no presence of untreated decay or fillings.

Check “No” for Caries experience if there is no untreated decay and no fillings.

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Child's Last Name:	First Name:	Middle Name:	Child's Birth Date:
Address:			Apt:
City:			Zip Code:
School Name:	Teacher:	Grade:	Year child starts kindergarten:
Parent/Guardian Last Name:	Parent/Guardian First Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Parent notified that child has urgent dental care needed on:	Date: _____
A follow-up appointment for this child has been scheduled for:	Date: _____
Did the child receive needed treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> I don't know	

Section 4: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement.

Please excuse my child from the assessment because (check the box that best describes the reason):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____
If asking to be excused from this requirement:	
_____	_____
Signature of parent or guardian	Date

The law states schools must keep scholar health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call the school.

Return this form to the school no later than May 31 of your child's first school year.

Original to be kept in child's school record.

McKinney-Vento Homeless Assistance Act Declaration Form

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply). Please disregard this form if your family is not homeless.

- Lack a fixed, regular nighttime residence.
- Live with a friend or relative because I cannot afford housing (Doubled-up). Live in a motel/hotel.
- Live in an emergency shelter, transitional shelter, or domestic violence shelter.
- Live in a car, trailer, park, or campground.
- Other: _____

Scholar Last Name	First Name	Grade
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Parent Guardian Last Name		First Name	
Street Address	City	Zip Code	
Cell #	Home #	Work #	
Emergency Contact Name		Phone	

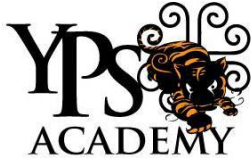
Please list the full name of all your children and the name of the school they are attending.

Scholar	Birth Date	School	Grade

Signature of Parent/Guardian

Date

For office use only:	
Entered information PowerSchool.	
_____	_____
Signature of person entering information	Date



New Scholar Questionnaire

Thank you for enrolling your child at Yav Pem Suab Academy, an Urban Charter Schools Collective School. Please answer the following questions to help the school improve its services and programs.

Name: _____ Date: _____ Your child's grade: _____

1. How did you hear about YPSA? (radio, social media, family, etc.)

2. What are the primary reasons for enrolling your child or children here?

3. What do you hope for your child or children to gain at YPSA?

4. Any other comments you would like to add?

YPSA SCHOOL COMPACT



School Year: _____

Scholar Name: _____ Date: _____

SCHOOL/TEACHER AGREEMENT

It is important to me that scholars achieve to their fullest potential. Therefore, I will do the best that I can to:

- Provide a warm, inviting, safe, and caring learning environment.
- Provide meaningful assignments to reinforce and extend learning.
- Communicate regularly with scholars and parents about scholars' progress.
- Have high expectations and help every child to develop responsibility for learning.
- Use best practice engagement strategies to make the lessons interesting, challenging, and enjoyable.
- Respect the school, staff, scholars, and families.

PARENT AGREEMENT

I want my child to achieve and do well in school and in life. Therefore, I will do the best that I can to:

- Practice lifelong guidelines and LIFESKILLS through modeling responsible choices and actions.
- Model appropriate attire by following and supporting scholar dress code.
- Ensure that my child is well-rested, comes to school on time, and dressed appropriately (Before 8:00 am).
- Ensure that my child is picked up on time either by me or a designated adult (Between 5:00 pm and before 5:30 pm).
- Report changes in phone number, address change, and emergency contact immediately to the office.
- Notify school of emergency which inhibits my child/children from being picked up on time.
- Avoid early dismissal 15 minutes prior to normal dismissal time.
- Report and clear scholar's absence when child is absent.
- Review any notes coming home from the school.
- Support school functions and activities.
- Communicate regularly with my child's teacher about my child's educational progress.
- Let the teacher/school know if my child is having problems with learning.
- Make arrangements with my child's teacher at least 24 hours in advance before visiting or volunteering.
- Follow and support all school policies and procedures.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, scholars, and families by supporting the school in its mission and goals.

SCHOLAR AGREEMENT

I want to achieve and do well in school and in life. Therefore, I will do the best that I can to:

- Come to school on time, ready to learn, and try my best every day.

- Bring the best attitude and character with me.
- Take care of my personal hygiene and wear appropriate school clothing.
- Follow all school rules and procedures.
- Be responsible for my own learning and behavior.
- Complete all assignments neatly and as expected by my teacher(s).
- Learn something new every day.
- Respect the school, staff, other scholars, and families.

ADMINISTRATOR AGREEMENT

I want the school and each scholar, parent, and staff member to be successful. Therefore, I will:

- Provide an environment that allows for positive communication between all teachers, parents, and scholars that is both caring and inviting.
- Hold teachers, scholars, and parents accountable to this compact.
- Support teachers, parents, and scholars in the learning process.

Parent Signature

Scholar Signature

Teacher Signature

Administrator Signature

Photograph/Video Authorization

School Year: _____



You (during volunteering hours) and your child will be photographed and/or videotaped from time to time for the following reasons:

1. Having scholar's voice in decision-making and is to be shared with teachers and parents.
2. Promoting the school's mission and programs for publicity purposes.

Please fill out the permission slip below to allow your child's photo/video to be used as stated above.

My Child, _____, has my permission to be photographed, interviewed and/or videotaped by Urban Charter Schools Collective and Yav Pem Suab Academy. I understand that my child's photographs/videotapes may be used for the following:

- To be shared with teachers and parents for the purpose of collaboration and supporting the school's mission.
- To be shared with the community for the purpose of supporting the school's mission: websites, bulletins, social media, fliers, brochures, etc.

I, the undersigned, am the parent and/or guardian of the scholar noted on this document, and hereby fully release and discharge the Urban Charter Schools Collective and Yav Pem Suab Academy, its officers, employees, agents, servants, and volunteers from any and all liability arising out of in connection with the above described independent activity and all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above-named minor. For the purpose of this release, 'liability' means all claims, demands, losses, caused of action, suits or judgments of any and every kind that arise as a result of the above-described activity and resulting from any cause other than the district's gross negligence. I authorize Yav Pem Suab Academy and Urban Charter Schools Collective to photograph and/or videotape my child and/or me for school publicity purposes.

Parent/Guardian's Signature

Date

Parent/Guardian's Name (Printed)

Telephone Number

Computer/Internet Use Authorization

School Year: _____



Each scholar at YPSA receives his or her own technology device to support learning in the classroom. Each K-2 scholar has his or her own i-Pad, and each 3rd – 6th scholar has his or her own laptop. Technology devices may be used during the 8:00 – 3:00 program. During the 3:00 -5:00 program, all scholars in grades 1st – 6th will participate in the Achievement through Technology (ATT) program, which will require the use of i-Pads and laptops to connect with web-based learning and applications. As such, all scholars will be using the internet. Please read the internet authorization below carefully and sign it to allow your scholar access to use of the devices and the internet.

I am the parent of _____, and my child and I understand that the use of the school's computer/internet is a privilege. We understand and agree to the following:

1. The privilege to use the school's computer/internet by my child may be revoked by Yav Pem Suab Academy at any time for abusive conduct or violation of the following conditions: 1.) The placing, transmission, or unlawful information on the network, 2.) The improper access, misappropriation or misuse of information or files of other users, and 3.) The use of obscene, abusive, or otherwise offensive or objectionable language, photos, or videos of any form.
2. Yav Pem Suab Academy and Urban Charter Schools Collective has the right to review any materials stored in the school's computer files to which other users have access and to edit or remove any materials which may be unlawful, obscene, abusive, or otherwise objectionable. I hereby waive any right of privacy to such materials that my child may place on the school's computers.
3. Files downloaded and/or copied may contain computer viruses. No files may be downloaded or copied without permission from Yav Pem Suab Academy staff.
4. My child will not use the school's computer/internet for any unlawful activities, including violations of copyright law or other rights of third parties, or transmission of obscene, threatening, or harassing materials.

If my child violates this agreement in any way, he/she may lose his/her computer and/or internet privilege. I understand that I may be held financially liable for any damage that my child causes to the school's computer hardware or software. **If a scholar intentionally breaks the school's i-Pads or laptops, it will be the responsibility of the parent(s) to replace the broken device(s).** Severe unlawful activities may be reported to local law enforcement agencies.

My child and I have read and discussed this computer/internet usage and agreement, and we know that use of the school's computer/internet is a privilege, and any violations of the agreement may result in my child's access to a computer or internet being denied.

Parent/Guardian's Signature

Date

Scholar Name

Grade

Telephone Number

Scholar Walk/Bike Consent Form



School Year: _____

If you would like your child to walk or ride a bike home from school, please complete this form. Return completed forms to the front office or to your child's classroom teacher. No child will be allowed to walk/bike home without prior consent from a parent guardian. Pre-kindergarten through third grade scholars will not be allowed to walk or bike home without a parent-approved older sibling or adult.

Scholar's Name: _____ Grade: _____

I, _____ (parent/guardian's name), grant permission for my child indicated above to walk/bike home (or to another specified destination) on his or her own after school. I have explained to my child the safety aspects of walking and/or bicycle riding home on his or her own.

I understand that in granting this permission, my child's teacher is authorized to release my child from Yav Pem Suab Academy. I also understand that my child must leave school property at dismissal time (5:00 p.m.) and will not be allowed to linger on school grounds. If my plans change and my child needs to follow a different school dismissal arrangement, I will contact the school office with instructions for my child.

In making this request, I waive any and all liability, cause of action, or claims for damages that may arise at any time as a result of Yav Pem Suab Academy, the teacher, and its employees honoring this waiver allowing my child to leave the school grounds.

By signing this document, I also understand Yav Pem Suab Academy cannot and does not ensure my child's safety after he/she leaves the school grounds. I agree to hold harmless Yav Pem Suab Academy, its agents, and employees from any and all liability or claim arising from or in any way connected with the release of my child under this form, including claims of negligence, and regardless of whether such claim or liability is actually or allegedly caused in whole or in part by the actions or inaction of Yav Pem Suab Academy, its agents, or employees.

Parent/Guardian Name (Please print) _____ Date _____

Parent/Guardian Signature _____

Please note the names of any additional younger siblings that will be walking with the scholar named above:

Scholar's Name: _____ Grade: _____

Scholar's Name: _____ Grade: _____

Parent Involvement and Participation Form

School Year: _____

Parent involvement and participation are key elements in scholar achievement and success. We rely volunteers to support YPSA in its vision and mission. Your involvement sends a powerful message to scholars and the community that education is valued and important. Please indicate your preferences below and return this page to the school. We will be contacting you for your support.

Mark off the area(s) you are able to help with.

- Study Trips or Being-There Experiences
- Fundraising
- Help with Tiger Society
- School events and activities
- Tutoring
- Volunteer on the yard
- Volunteer in the cafeteria during lunch
- Volunteer in the office
- Performances (Setup and Clean up)
- Volunteer in the classroom
- Be on a school committee

Scholar Name: _____ Grade: _____

Teacher: _____ Room: _____

Parent or Guardian 1	
Name	
Home Phone	
Cell Phone	
Email Address	
Parent or Guardian 2	
Name	
Home Phone	
Cell Phone	
Email Address	



Parents' Guide to Immunizations Required for School Entry



Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who are new admissions.

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.