

VALLEY ROBOTICS ACADEMY 2020/2021 APPLICATION FORM (GRADES Kinder-11th)



1. Today's Date ____/____/____ 2. Start Date ____/____/____

3. School Name _____

4. **First Date Enrolled in CA Public Schools** ____/____/____
*If this is your student's first enrollment in (K-12) CA Public Schools, please complete the Home Language Survey.*5. Student previously enrolled in Lodi Unified? ☐ Yes ☐ No 6. Incoming Grade Level _____7. Student Name _____
Last First Middle Generation

Nickname (if applicable) _____

8. Physical Address _____
House No. Street Name Apt No. City Zip CodeMailing Address _____
House No. Street Name Apt No. City Zip Code9. Gender ☐ Male ☐ Female ☐ Non-binary 10. Birth date ____/____/____

11. Guardian 1

Guardian 2

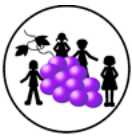
Name				
Relationship				
Telephone				
Email				
Lives With	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level	<input type="checkbox"/> Non H.S. Graduate <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> Some College (includes AA degree)	<input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Declined to State	<input type="checkbox"/> Non H.S. Graduate <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> Some College (includes AA degree)	<input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Declined to State

12. Confidential Student Residence Information REQUIRED for Federal Reports. Please mark the appropriate residence types.

☐ Single family permanent residence (house, apartment, condo, mobile home) Mark if applicable: ☐ Group Home ☐ Foster Home*If any of these are checked, please complete the **Intake Form**:*☐ Motel or hotel ☐ Unsheltered (car/campsite)
☐ Shelter or transitional housing program ☐ Other (please specify) _____
☐ Doubled-up (sharing housing due to economic hardship or loss)

13. Other Children in the Family (Please list in order of birth)

Name	Gender	Birth date	Relation to Student	Lives with?	School of Attendance



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14. Is your family involved in temporary or seasonal agricultural work? ☐ Yes ☐ No

15. Did your child attend preschool? ☐ Yes ☐ No If yes, name of preschool _____

16. Previous School Information

Last school attended	Address
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City & State	Zip	Phone	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	In which grade?	Has your child ever been accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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17. Previous Services Received (Select ALL that apply)

<input type="checkbox"/> Counseling	<input type="checkbox"/> Gifted (G.A.T.E)	<input type="checkbox"/> English Learner	<input type="checkbox"/> 504 Plan
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18. Previous Special Education Services Received (Select ALL that apply)

<input type="checkbox"/> Speech	<input type="checkbox"/> RSP	<input type="checkbox"/> SDC	<input type="checkbox"/> IEP
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19. Confidential Ethnic/Race Information for Federal/State reports. *Please answer to the best of your ability.*

Part A. Is this student Hispanic or Latino? (Select only one)

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Part B. Primary Race. Please identify the race(s) with which the student most closely identifies. Please identify the student's primary race by writing a "1" next to the race. If applicable, you may identify up to four (4) additional races by writing a "2" next to the student's secondary race, a "3" next to the student's third race, a "4" next to the student's fourth race, and a "5" next to the student's fifth race.

___ AFRICAN AMERICAN OR BLACK

___ AMERICAN INDIAN OR ALASKA NATIVE
(A person with origins from the original peoples of North, South and Central America, including the geographic regions covered by Canada, the United States, and Mexico.)

ASIAN

___ Asian Indian	___ Cambodian	___ Chinese	___ Filipino	___ Hmong
___ Japanese	___ Korean	___ Laotian	___ Vietnamese	___ Other Asian

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

___ Guamanian	___ Hawaiian	___ Samoan	___ Tahitian	___ Other Pacific Islander
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___ WHITE

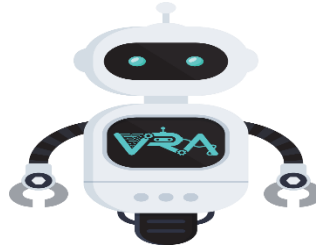
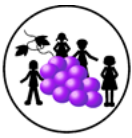
20. I understand that due to overcrowded conditions at some schools in the Lodi Unified School District, there is a possibility that my child may be reassigned to another school during the school year, depending on the availability of classroom space. I understand that where the number of pupils enrolled appreciably increases, it may be necessary for my child to be reassigned during the school year.

Parent/Guardian Initials

21. I verify that all of the above information is accurate.

Date

Parent/Guardian Signature



Parent questionnaire

Parent/Guardian's name _____

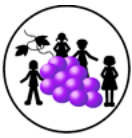
Child's Name _____

Purpose of Independent Study _____

Access	Methods for submitting work assignments	Methods for assisting child
<ul style="list-style-type: none">• Computer• Internet• Email• Other Programs	<ul style="list-style-type: none">• Email• Mail• In person	<ul style="list-style-type: none">• Email• Phone calls• Parent• Video Conference

Study Location:

- Yes/No Can your child work alone?
- Yes/No Do you think your child will be able to finish all assignments given?
- Yes/No Is your child responsible enough to make any necessary appointments with his/her teacher?
- Yes/No Will there be an appropriate place and space available for your child to study at home or on your vacation?
- Yes/No Are you aware of the supporting role you must play, as a parent, if your child is under 18 years of age?
- Yes/No Is your child capable of reading at the grade level required to complete the assigned coursework?
- Yes/No Is your child able to work in an unstructured environment?
- Yes/No Does your child understand that he/she is enrolling in the Independent Study program voluntarily?
- Yes/No A classroom option will always be available. Has your child been made aware of this?
- Yes/No Does your child have one of the following: Credit deficiency, special needs, travel, gifted or talented, previous dropout, or is raised by people who want to be more involved in their education?



Valley Robotics Academy Independent Study Master Agreement

Student:	Grade Level: 9	Student Number:
Address:	City/State:	Zip Code:
Birth Date:	Phone Number:	Email address: N/A
Duration of Agreement: Semester: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring	Previous School: N/A	School of Enrollment: Valley Robotics Academy
Beginning Date: January 13, 2021	Ending Date: May 26, 2021	Program Placement: General Ed. - Independent Study

Objectives, Resources, Methods of Study and Evaluation: The student will complete the subjects/courses listed below. Independent study students shall have the same access to existing services and resources as the other students in the school/district. All of the specific objectives, activities, and resources for each subject/course covered by this agreement will be found in the Student Assignment and Work Record. Subject/objectives will be consistent with state and district standards as described in the Valley Robotics Academy subject/course descriptions. Examples of methods of study for the student will include but are not limited to: Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice, Experiential Learning, and Web/Internet Research. Acceptable methods of evaluation include but are not limited to: Teacher Made Tests, Student Conferences, Progress/Report Cards, Chapter/Unit Tests, Work Samples, Observations, Quizzes, and Portfolios. Any subsidiary agreements are part of this Independent Study Agreement.

IT IS MANDATORY THAT ALL 2ND – 11TH GRADE STUDENTS COMPLETE THE ANNUAL CAASPP TEST. CONTINUED ENROLLMENT IS BASED ON SUCCESSFUL COMPLETION OF THE CAASPP TEST.

Reporting Time: Students are required to report to their teacher as scheduled below unless circumstances justify a longer time between meetings

Time 8:00 am M T W TH F Frequency: Daily Manner of Reporting: Valley Robotics Academy

Assignments: According to the District Policy for grades Kindergarten through 12, the maximum length of time allowed between the assignment and the date the assignment is due is 30 days. After 3 missed assignments, a written evaluation will be conducted to determine if independent study is the most suitable educational plan for this student.

Subjects/Courses Enrolled:

Category	Course Name	Course ID	Credits
Social Science	World Geography CP	272410	5
Science	Biology CP	260310	5
Mathematics	High School Math	245700	5
English	English 9 CP	210110	5
Physical Education	Physical Education 1	250000	5

Voluntary Statement: Independent study is a continuously voluntary educational alternative for all students, including expelled students (*Education Code Section 48915*) and/or students whose expulsion has been suspended (*Education Code 48917*). Regular classroom instruction is available through the student's local district.

Additional Courses: May be added to this agreement as needed if the agreement is signed and dated (with the date of change) by the teacher and the student.

Signatures and Dates: We have read the terms of this agreement and agree to all conditions set forth.

Student: _____ Date: _____
Parent/Legal Guardian: _____ Date: _____
Supervising Teacher: _____ Date: _____