

Student Name

EPIC ID #

Enrollment Date



Learning Center Site/ Teacher

Counselor

2023-2024 EPIC HIGH SCHOOL ENROLLMENT FORM

Student's LEGAL *Name

Last Name(s)

First Name(s)

Middle Name

Sex

M/F

**If student has two last names use father's first then mothers, then add suffix: II, Jr.
(Must be legally verified name, with no nicknames)*

☐ Not applicable

What proof of legal name was provided?

Former or Maiden name(s) used:

**student must provide Legal name*

Date of Birth:

MM/DD/YYYY

Place of Birth:

City

State/Province

Country

Residence Address: *(If homeless, list city and zip code)*

City: _____ State: _____ ZIP Code: _____ Phone #: _____

Mailing Address *(If different from residence address)*

Student's EMAIL:

STAFF USE ONLY

☐ NEW Student

☐ ROLLOVER Student

School District of Residence? _____

(USER Tag 1) WORK EXPERIENCE

Yes ☐

(USER Tag 4) CONSERVATION CORPS

Yes ☐

(USER Tag 2) RESOURCE/ SPEC. EDU.

Yes ☐

(USER Tag 5) NO TRANSCRIPT

Yes ☐

(USER Tag 3) CAREER TECH. EDU.

Yes ☐

(USER Tag 6)

Yes ☐

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1. RACE – ETHNICITY

1. Check one from this box

☐ No, not Hispanic/ Latino

☐ Yes, Hispanic/ Latino

2. Check appropriate race. (see description)

**If multiracial, you can choose UP to 5*

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

Race - Ethnicity Definitions:

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii: Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

2. Emergency Contact Information - Primary Contact

First Name: _____ Last Name: _____ Relationship: _____

Residence Address: _____
(if different from Student)

☐ Lives with Student
*same residence address

Phone#: _____
Home Cell Work

Emergency Contact's EMAIL: _____

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3. EDUCATION

Highest level of education completed?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Graduate School/ Post Graduate Training |
| <input type="checkbox"/> Self | <input type="checkbox"/> College Graduate |
| | <input type="checkbox"/> Some College (include AA degree) |
| | <input type="checkbox"/> High School Graduate |
| | <input type="checkbox"/> Not a High School Graduate |

Provide date **First** enrolled in any U.S. school, K-12:

MM/DD/YYYY

If born outside the United States, have you been enrolled in a U.S schools less than **three cumulative (total) years**?

Yes ☐ No ☐

Did you, or your parents, immigrate to the United States?

Yes ☐ No ☐ Decline to State ☐

4. ENGLISH LANGUAGE PROFICIENCY

If you previously attended school in the U.S., what is / was your English Proficiency at that time?

- | | |
|--|---|
| <input type="checkbox"/> EL (English Learner) | <input type="checkbox"/> IFEP (Initially Fluent English Proficient) |
| <input type="checkbox"/> EO (English Only) | <input type="checkbox"/> RFEP (Reclassified Fluent English Proficient) on date: |
| <input type="checkbox"/> ADEL (Adult EL 22yrs +) | <input type="checkbox"/> TBD (To Be Determined) |

MM/DD/YYYY

What language did you learn when you first began to talk? _____

What language do you most often speak at home? _____

What language do other adults most often use when speaking with you? _____

What language do the adults in your home speak most often? _____

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5. PREVIOUS HIGH SCHOOL ACADEMIC RECORDS

Have you passed any part of a high school equivalency test (GED)? Yes _____ No _____

Previous High School Attended:

*List school and alternative schools
(Incluye tercer año de secundaria, preparatoria, bachillerato, y colegio)*

District/ county

School Year

_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of months/years it has been since you left the last school you attended? _____

Number of high school credits you earned? _____

Do you have a copy of your high school transcript? _____

Have you completed any community college courses? _____

Do you have a copy of your college transcript? _____

6. CAREER TECHNICAL EDUCATION SURVEY

Indicate if you are interested in any of the following **Free Career Education Pathways**.

- | | |
|--|---|
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Solar Alternative Energy |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Employee Shared Business Ownership |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Not Interested |

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7. STUDENT PROGRAMS

If age 21 or younger, have you ever received Special Education Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If age 22 or older, did you ever receive Special Education services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have, or have had at any time an IEP or 504 plan ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If age 21 or younger, have you ever been in the Foster System ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If age 22 or older have you ever been in the Foster System ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself homeless ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If homeless, what is your residential status?

If so, please check appropriate box that applies.

_____ Temporary Shelter
(temporary residence provided for homeless individuals in emergency situations)

_____ Hotel /Motel
(temporary residence for homeless individuals usually requiring payment/vouchers for lodging and services)

_____ Temporary Doubled-up
(homeless & temporarily living with other families/individuals due to economic hardship or other similar reason)

_____ Temporary Unsheltered
(not adequate housing such as car, park, street, abandoned building, campground, etc.)

_____ None of the above

If homeless, with whom are you living? *(Check all that applies)*

<input type="checkbox"/> Multiple Parents/Co Parents	<input type="checkbox"/> Surrogate Parent
<input type="checkbox"/> Foster Father	<input type="checkbox"/> Foster Mother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Family Member	<input type="checkbox"/> Caregiver
<input type="checkbox"/> Court Appointed Guardian	<input type="checkbox"/> Agency Representative
<input type="checkbox"/> Other Relative:	<input type="checkbox"/> Other Relationship:

Class time preferred?

☐ 8:30 – 12:00
☐ 12:00 – 3:00
☐ 3:00 – 7:00
☐ No preference

Most difficult season to attend due to work?

☐ Fall
☐ Winter
☐ Spring
☐ Summer

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8. SURVEY FOR VOCATIONAL EDUCATION & OTHER ASSISTANCE PROGRAMS

Do you have minor children? Yes ☐ No ☐
Are you currently employed? Yes ☐ No ☐
Do you have reliable transportation? Yes ☐ No ☐
Do you have a prepared resume? Yes ☐ No ☐
Do you have your Birth Certificate? Yes ☐ No ☐
Do you have a Social Security Card? Yes ☐ No ☐
Do you have a CA Driver's License or a Ca State ID card? Yes ☐ No ☐
For males ages 18-25 only, have you registered with Selective Services? Yes ☐ No ☐

Please check all resources you currently access OR would like more information on
(circle "**C**" for Currently Use or "**I**" for want More Information)

C / I	Food Assistance Programs	C / I	Health/Medical Services	C / I	Clearing your Driving Record
C / I	Financial Assistance	C / I	Dental Services	C / I	Paying or Reducing Fines
C / I	Transportation	C / I	Eye/Glasses Services	C / I	Criminal Record Expungement
C / I	Low/No Cost Housing	C / I	Personal and/or Family Counseling	C / I	Court Appointed Community Service
C / I	Childcare: # of children _____ Age(s) _____	C / I	Other		

This institution is an equal opportunity provider.
Esta institución es un proveedor que ofrece igualdad de oportunidades.

By signing this you are stating everything in this enrollment form is true and correct.

☐ I have received a copy of the student handbook

Student Signature

Date

FILED/EPIC Staff Signature

Date

NOTICE: We are operating under CA's new Universal Meals law this year and going forward, which allows all students to receive meals for FREE for the entirety of the school year. However, our school relies on families completing the Free and Reduced Price Application for educational funding throughout the year. It also may help give qualifying families discounts on home services such as cable, internet, etc.

ALL MEALS WILL BE FREE – THIS HELPS US CONTINUE TO GET FUNDING FOR COMPUTERS, LEARNING MATERIALS, ETC.

Dear Student:

EPIC de Cesar Chavez participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students do not have to be United States citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

Letter to Household for Free and Reduced-Price Meals

Qualification

Students may qualify for free or reduced-price meals if the household income falls at or below the Federal Income Eligibility Guidelines below.

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add:	\$9,509	\$793	\$397	\$366	\$183

Applying for Benefits

An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

Direct Certification

An application is not required if the household receives a notification letter indicating all students are automatically certified for free meals. If you did not receive a letter, please complete an application.

Verification:

School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

Women, Infants, and Children (WIC) Participants

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be eligible for free or reduced-price meals by completing an application.

Homeless, Migrant, Runaway, and Head Start

Students who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance.

Foster Child

The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster children are not eligible, this does not prevent a foster child from receiving free meals.

Fair Hearing

If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing to the following: Helena Villarino-Wright, 122 E. Tehachapi Blvd, Suite C, Tehachapi, CA 93561, (661) 771-7132

Eligibility Carryover

Your eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, you will be charged the full price for meals, unless the household

receives a notification letter for free or reduced-price meals. School officials are not required to send a reminder or expired eligibility notices.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov.

This institution is an equal opportunity provider.

How to Apply for Free or Reduced-Price Meals

Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

1. **Student Information**—Include **all students** who attend EPIC de Cesar Chavez. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the **Foster** box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student

listed may be homeless, migrant, or runaway, check the applicable **Homeless, Migrant, or Runaway** box and complete all **STEPS** of the application.

2. **Assistance Programs**—If **any** household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all students are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.
3. **Report Income for all Household Members**—Must report **gross** income (before deductions) from **all** household members (children and adults) in whole dollars. Enter **0** for any household member that does not receive income. Report the combined **gross** income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and nonfoster children on the same application.

Print the names (first and last) of **all other** household members not listed in STEP 1. Report the total **gross** income from each source and enter the appropriate pay period.

Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3.

Enter the last four digits of your Social Security number (SSN). If the student has no SSN, check the **NO SSN** box.

4. **Contact Information and Adult Signature** —The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

Optional – Student's Ethnic and Racial Identities

This field is optional to complete and does not affect student's eligibility for free or reduced-price meals. Please check the appropriate boxes.

Information Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve you for free or reduced-price meals. You must include the last four digits of the SSN of the student who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier or when you indicate that the student does not have an SSN by selecting the checkbox. We will use your information to determine if you are eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

Questions or Assistance

Please contact your school directly.

FIELD

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

STD ID: _____ Site: _____

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	EPIC de Cesar Chavez	10th	07/01/1999	Foster	Homeless	Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

<p>If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.</p>	<p>Select Program Type:</p> <p><input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR</p>	<p>Enter Case Number:</p>
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Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, the student may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the “How Often” box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income				How Often
	\$				

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work					How Often	Public Assistance/SSI/ Child Support/Alimony				How Often	Pensions/Retirement/ All Other Income				How Often
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

C. Total Household Members (Children and Adults) **D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** **Check the box if NO SSN** ☐

Signature of student completing this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12										Total Household Income \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Total Household Size <input type="text"/> <input type="text"/>		Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)								<input type="checkbox"/> Categorical									
		Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway								<input type="checkbox"/> Error Prone									
Determining Official's Signature:															Date:				
Confirming Official's Signature:															Date:				
Verifying Official's Signature:															Date:				

We are required to ask for information regarding student's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section does not affect the student's eligibility for free or reduced-price meals.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White