
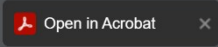






# 2021-2022

## EPIC HIGH SCHOOL ENROLLMENT FORM INSTRUCTIONS:

1. Click in the top-right corner of the screen to download this enrollment packet to save or print 
2. Complete all sections in the packet – you may print to fill out or once saved to your computer, you can edit the PDF in Adobe Acrobat and save completed packet 
3. If applicable, be sure to fill out the application for free and reduced-price lunches
4. Email your completed email packet to the Student Services Coordinator for the region in which your school site is located:
  - North Region - [inforreg@fieldinstitute.org](mailto:inforreg@fieldinstitute.org)
    - Merced, Atwater, Gridley, Grass Valley, Greenfield, Soledad, Salinas
  - Central Region - [infocnreg@fieldinstitute.org](mailto:infocnreg@fieldinstitute.org)
    - Shafter, Wasco, Lost Hills, McFarland, Delano, Tulare, Lamont, Bakersfield, California City, Palmdale
  - Southern California Region - [infocv@fieldinstitute.org](mailto:infocv@fieldinstitute.org)
    - Mecca, Indio, Palm Springs, Desert Hot Springs, Riverside

1. Haga clic en la esquina superior derecha de la pantalla para descargar este paquete de inscripción y guardarlo o imprimirlo 
2. Complete todas las secciones del paquete - puede imprimir para rellenar o una vez guardado en su ordenador, puede editar el PDF en Adobe Acrobat y guardar el paquete completado 
3. Si corresponde, asegúrese de llenar la solicitud para almuerzos gratuitos y de precio reducido
4. Envíe por correo electrónico su paquete de correo electrónico completado al Coordinador de Servicios Estudiantiles para la región en la que se encuentra el sitio de su escuela:
  - Región Norte - [inforreg@fieldinstitute.org](mailto:inforreg@fieldinstitute.org)
    - Merced, Atwater, Gridley, Grass Valley, Greenfield, Soledad, Salinas
  - Región Central - [infocnreg@fieldinstitute.org](mailto:infocnreg@fieldinstitute.org)
    - Shafter, Wasco, Lost Hills, McFarland, Delano, Tulare, Lamont, Bakersfield, California City, Palmdale
  - Región del Sur de California - [infocv@fieldinstitute.org](mailto:infocv@fieldinstitute.org)
    - Mecca, Indio, Palm Springs, Desert Hot Springs, Riverside

Student Name \_\_\_\_\_

EPIC Enrollment /Start Date \_\_\_\_\_

Student EPIC ID Number \_\_\_\_\_

LEARNING CENTER SITE \_\_\_\_\_



# 2021-2022

## EPIC HIGH SCHOOL ENROLLMENT FORM

Student's LEGAL \*Name \_\_\_\_\_

\_\_\_\_\_

**Last Name(s)**                      **First Name(s)**                      **Middle Name**

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_

**\*Student must provide legal name.**

**Proof of legal name provided:** \_\_\_\_\_

**AKA** Former or maiden name(s) used \_\_\_\_\_

Adult Student **Home Address** (If homeless, list city and zip code) \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address** (If different from home address) \_\_\_\_\_

Student's active **EMAIL(s)** for school to home communication \_\_\_\_\_

**(USER Tag 1) VOCATIONAL EDUCATION**

YES \_\_\_\_\_

**(USER Tag 2) CONSERVATION CORPS**

YES \_\_\_\_\_

**(USER Tag 3) RESOURCE/SPEC. EDUC.**

YES \_\_\_\_\_

**(USER Tag 6) NO HIGH SCHOOL ATTENDANCE, SO NO TRANSCRIPT**

YES \_\_\_\_\_

**(USER Tag 7) CAREER TECH. EDUC.**

YES \_\_\_\_\_

### 2. EDUCATION LEVEL – (circle one) Parent Self

Check the response that describes the education level of the most educated parent or the adult student.

\_\_\_\_ Not a high school graduate in U.S. \_\_\_\_ High school graduate \_\_\_\_ Some College (includes AA degree)

\_\_\_\_ College graduate \_\_\_\_ Graduate School/post graduate training \_\_\_\_ Declined to state or unknown

Student Name \_\_\_\_\_

EPIC Enrollment /Start Date \_\_\_\_\_

Student EPIC ID Number \_\_\_\_\_

LEARNING CENTER SITE \_\_\_\_\_

**3. BIRTHPLACE & U.S. EDUCATION**

Birthplace City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Date of First Enrollment in a United States School (include Kinder): \_\_\_\_\_

Were you ever enrolled in U.S. schools in grades K-12 for **three cumulative (total) years** or more? YES \_\_\_\_\_ NO \_\_\_\_\_

OR – for less than three years? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you, or your parents, immigrate to the United States? YES \_\_\_\_\_ NO \_\_\_\_\_ Declined to State \_\_\_\_\_

**4. RACE- ETHNICITY**

**\* Choose one in this box \***

N	No – not Hispanic, Latino
Y	Yes – Hispanic, Latino
Z	Declined to State

**\* Choose appropriate race (See description). If multi race, you can choose up to 5 in this box.\***

100	Amer. Indian, Alaska Native	205	Asian Indian	304	Tahitian
201	Chinese	206	Laotian	399	Other Pacific Islander
202	Japanese	207	Cambodian	400	Filipino
203	Korean	302	Guamanian	600	Black or African American
204	Vietnamese	303	Samoaan	700	White
				ZZZ	Declined to State

**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.

Student Name \_\_\_\_\_

EPIC Enrollment /Start Date \_\_\_\_\_

Student EPIC ID Number \_\_\_\_\_

LEARNING CENTER SITE \_\_\_\_\_

### 5. ENGLISH LANGUAGE PROFICIENCY

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

 EL (English Learner)       RFEP (Reclassified Fluent English Proficient) on date \_\_\_\_\_

 IFEP (Initially Fluent English Proficient)       EO (English Only)

What language did you learn when you first began to talk? \_\_\_\_\_

What language do you most often speak at home? \_\_\_\_\_

What language do your parents/guardians (under age 18) most often use when speaking with you? \_\_\_\_\_

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

### 6. STUDENT'S EMERGENCY CONTACT INFORMATION

Parent or Primary Contact's Name and Relationship \_\_\_\_\_

Emergency Contact's Cell Phone Number \_\_\_\_\_

Emergency Contact's Home or Work/Message Phone Number \_\_\_\_\_

Emergency Contact's Mailing Address  
\_\_\_\_\_

Emergency Contact's EMAIL address  
\_\_\_\_\_

Student Name \_\_\_\_\_

EPIC Enrollment /Start Date \_\_\_\_\_

Student EPIC ID Number \_\_\_\_\_

LEARNING CENTER SITE \_\_\_\_\_

### 7. PREVIOUS HIGH SCHOOL ACADEMIC RECORDS

Have you passed any part of a high school equivalency test: \_\_\_Yes\_\_\_No (If so, provide a copy of your scores earned.)

**Previous High Schools Attended:** list schools and alternative schools. District or Country School Year  
(Incluye tercer año de secundaria, preparatoria, bachillerato, y colegio)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of months/years it has been since you left your last school attended? \_\_\_\_\_

Number of high school credits you have 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? \_\_\_\_\_

### 8. SPECIAL EDUCATIONAL PROGRAMS

If *age 21 or younger*, have you ever received **Special Education** services? YES \_\_\_ NO \_\_\_ If

*age 22 or older*, did you ever receive **Special Education** services? YES \_\_\_ NO \_\_\_

Do you have, or have you had at any time, an **IEP or 504** plan? YES \_\_\_ NO \_\_\_

If *age 21 or younger*, have you ever been in the **Foster System**? YES \_\_\_ NO \_\_\_

If *age 22 or older*, have you ever been in the **Foster System**? YES \_\_\_ NO \_\_\_

Do you consider yourself **homeless**? YES \_\_\_ NO \_\_\_

**If homeless, what is your residential status:**

Are you currently living in one of these situations? If so please check appropriate box if 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? (circle what applies)**

Multiple Parents/Co Parents, Foster Mother, Foster Father, Grandfather, Grandmother, Uncle, Aunt, Family Member, Court Appointed Guardian, Caregiver, Surrogate Parent, Agency Representative, Other Relative, Other Relationship

Student Name \_\_\_\_\_






EPIC Enrollment /Start Date \_\_\_\_\_





Student EPIC ID Number \_\_\_\_\_

LEARNING CENTER SITE \_\_\_\_\_

**9. CAREER TECHNICAL EDUCATION SURVEY**

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

-  Early Childhood Education
-  Agriculture
-  Natural Resources
-  Fire Fighting
-  Recycling

-  Solar Alternative Energy
-  Business Management
-  Construction
-  Employee Shared Business Ownership

**10. SURVEY for VOCATIONAL EDUCATION and OTHER ASSISTANCE**

Do you have minor children? \_\_\_ Yes \_\_\_ No

Do you have reliable transportation? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No

Do you have a prepared resume? \_\_\_ Yes \_\_\_ No

Do you have a Social Security Card? \_\_\_ Yes \_\_\_ No

Do you have your Birth Certificate? \_\_\_ 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 Service? \_\_\_ Yes \_\_\_ No

**Please check all resources you currently access OR want more information about**  
(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 Childcare	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 Transportation	C / I Other: _____	C / I Other: _____

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FIELD/EPIC Staff Signature

\_\_\_\_\_  
Date

**School Year 2021-2022 EPIC de Cesar Chavez Application for Free and Reduced-Price Meals** Complete one application per household.

FIELD

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

**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.**

**STEP 1 – STUDENT INFORMATION**

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of <b>EACH STUDENT</b> (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
<b>EXAMPLE: Joseph P Adams</b>	<b>EPIC de Cesar Chavez</b>	<b>10th</b>	<b>07/01/2021</b>	Foster	Homeless	Migrant	Runaway

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If <b>YES</b> , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: CalFresh      CalWORKs      FDIPIR	Enter Case Number:
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**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

**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

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of <b>ALL OTHER</b> 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
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

<b>C. Total Household Members</b> (Children and Adults)	<input type="text"/>	<b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Check the box if NO SSN</b>
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**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

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.

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

DO NOT COMPLETE. SCHOOL USE ONLY						
How Often?	Weekly	Bi-Weekly	Twice a Month	Monthly	Yearly	Total Household Income
Annual Income Conversion:	Weekly x52,	Biweekly x26,	Twice a Month x24,	Monthly x12		\$
Total Household Size	Eligibility Status: Free      Reduced-price      Paid (Denied)			Categorical		
	Verified as: Homeless      Migrant      Runaway			Error Prone		
Determining Official's Signature:				Date:		
Confirming Official's Signature:				Date:		
Verifying Official's Signature:				Date:		

OPTIONAL – STUDENTS'S ETHNIC AND RACIAL IDENTITIES
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.
<b>Ethnicity (check one):</b>
Hispanic or Latino      Not Hispanic or Latino
<b>Race (check one or more):</b>
American Indian or Alaskan Native      Asian      Black or African American
Native Hawaiian or other Pacific Islander      White

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## Año escolar 2021-2022 EPIC de Cesar Chavez High School Solicitud para comidas gratis y a precio reducido

Llene una solicitud por hogar. Lea las instrucciones sobre cómo llenar la solicitud. Escriba claramente con tinta. Esta institución es un proveedor que ofrece igualdad de oportunidades.

**Sección 49557(a) del Código de Educación de California:** Las solicitudes para comidas gratis y a precio reducido pueden presentarse en cualquier momento durante el día de clases. A los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les identificará abiertamente con el uso de fichas especiales, boletos especiales, filas de servicio especiales, entradas separadas, comedores separados o por cualquier otro medio.

### PASO 1 – INFORMACIÓN DE LOS ESTUDIANTES

Los niños **bajo cuidado adoptivo temporal** y los niños que cumplen con la definición de **sin hogar, migrante** o **fugado del hogar** reúnen los requisitos para recibir comidas gratis.

Anote el nombre de <b>CADA ESTUDIANTE</b> (Primer nombre, inicial del segundo nombre, apellido)	Anote el nombre de la escuela y el grado escolar		Anote la fecha de nacimiento del estudiante	Marque la casilla pertinente si el estudiante está <b>bajo cuidado adoptivo temporal, sin hogar</b> o es <b>migrante</b> o <b>fugado del hogar</b> .			
	EPIC de Cesar Chavez	Grado		Bajo cuidado adoptivo temporal	Sin hogar	Migrante	Fugado del hogar
<b>EJEMPLO: Joseph P Adams</b>				<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"/>

### PASO 2 – PROGRAMAS DE ASISTENCIA: CalFresh, CalWORKs o FDPIR

¿ALGÚN miembro del hogar (niño o adulto) participa actualmente en CalFresh, CalWORKs o FDPIR?

Si contestó **NO**, sáltese el PASO 2 y vaya al PASO 3.

Si contestó **SÍ**, marque la casilla del programa pertinente, sáltese el PASO 3 y vaya al PASO 4.

<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	Anote el número de caso:
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### PASO 3 – DECLARE LOS INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR (Sáltese este paso si contestó ‘SÍ’ en el PASO 2)

A. INGRESOS DE LOS ESTUDIANTES: En ocasiones, los estudiantes del hogar tienen ingresos. Anote los ingresos <b>BRUTOS TOTALES</b> (antes de deducciones) en números enteros de los estudiantes que se enumeraron en el PASO 1. Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual	Ingresos totales de los estudiantes	Frecuencia
\$		

**B. TODOS LOS DEMÁS MIEMBROS DEL HOGAR (incluido usted):** Anote a **TODOS** los miembros del hogar que no anotó en el PASO 1, **incluso si no reciben ingresos**. Para cada miembro del hogar, anote sus ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros para cada fuente. Si el miembro del hogar no recibe ingresos de ninguna fuente, anote “0”. Si anota “0” o deja cualquier campo en blanco, está certificando (prometiendo) que no hay ingresos que declarar.

Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Anote el nombre de <b>TODOS LOS DEMÁS</b> miembros del hogar (Apellido y nombre)	Ingresos del trabajo	Frecuencia	Asistencia pública/SSI/ manutención de menores/pensión alimenticia	Frecuencia	Pensiones/retiro/jubilación otros ingresos	Frecuencia
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

<b>C. Total de miembros del hogar</b> (Niños y adultos)	<input type="text"/> <input type="text"/>	<b>D. Anote los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona que recibe más ingresos o de otro miembro adulto del hogar</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marque la casilla si <b>NO tiene SSN</b> <input type="checkbox"/>
--	---	---	---	---



