

## Enrollment Checklist

### Instructions

1. Fill out the online application.
2. Complete all of the items in the checklist below for each student applying to the program.
  - Fax the documents to 800.536.5867 *or*
  - Scan and email the documents to [kacinfo@kaplan.edu](mailto:kacinfo@kaplan.edu).

If you have any questions or need assistance, please call us at **866.898.0849**.

Note: Students are not officially enrolled until all completed forms have been submitted, all additional required documentation for the student has been reviewed by the school Guidance Counselor, and it has been determined that the student meets the criteria for acceptance.

### Checklist

- Student online application completed and signed
- Additional Student Information form completed (page 2)
- Enrollment Acceptance form completed and signed (page 3)
- Agreement for Use of Instructional Property form completed and signed (pages 4 and 5)
- Family Educational Rights and Privacy Act (FERPA) Consent Form signed (page 6)
- Home Language Survey completed and signed (pages 7 and 8)
- Parent/Student Confirmation completed and signed (page 9)
- Student Records Release form completed and signed (page 10)
- California Report of Health Examination for School Entry form completed and signed (print and complete "California Report of Health Examination for School Entry" PDF)
- Proof of age (official copy of the applicant's birth certificate)
- Verification of residence in the State of California is required to enroll in Kaplan Academy of California. Verification of residence in one of the following counties is required to enroll in Kaplan Academy of California— San Francisco Bay: San Mateo, Alameda, San Francisco, Santa Clara, or Santa Cruz. Acceptable verification must be in the parent/legal guardian's name. Valid and current driver's license or state-issued ID required, PLUS one of the following: current unpaid utility bill, valid home owner's or property deed, residential lease, welfare documents from the California Department of Social Services, Social Security documents, or notarized rent verification statement.
- Student immunization records
- Transcript(s) for all high school credit earned to date (must include all transcripts for each grade completed)
- Discipline Behavior Report from last school attended
- If applicable, diagnostic exam results and a copy of IEP or 504/508 Plan

## Additional Student Information

Please complete this form and fax it to the Admissions Department at 800.536.5867.

### Student Information

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

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Has the student taken the CAHSEE exam?  Yes  No

Did the student pass CAHSEE Math?  Yes  No

CAHSEE English/Language Arts?  Yes  No

Has your child attended a school in this district (Bayshore) before?  Yes  No

If yes, which school(s) and when? \_\_\_\_\_

From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Previous School: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

\_\_\_\_\_ *Phone* *Fax*

## Enrollment Acceptance

### Statement of Education Equality

Kaplan Academy of California does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, or disability in admission or access to, or treatment or employment in, its programs and activities. For more information, please kacinfo@kaplan.edu.

### Acknowledgement of Expectations

Please initial each of the following statements.

\_\_\_\_\_ I understand that I am enrolling my child in a public school with attendance requirements that he/she is expected to meet.

\_\_\_\_\_ I understand that public school enrollment includes participation in the required state testing program.

\_\_\_\_\_ I expect my child to have the guidance and support of a professional instructor in implementing the Kaplan Academy of California program.

\_\_\_\_\_ I understand that student progress is an expected part of the Kaplan Academy of California program in addition to the attendance hours logged. Instructors will review progress and consider other factors, including parental input, when making student advancement or disciplinary decisions.

\_\_\_\_\_ I understand that I am required to participate in regular conferences with my child's instructor(s).

\_\_\_\_\_ I understand that if my child enrolls both my child and I will be bound by the Student Handbook.

\_\_\_\_\_ I understand that if my child enrolls both my child and I will be bound by the Master Agreement.

\_\_\_\_\_ I verify that all of the information contained in the application, including, without limitation, the Student Application, is complete and factually correct.

(student's name)

Please accept this signed and completed document to enroll \_\_\_\_\_  
in Kaplan Academy of California.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement for Use of Instructional Property**

Responsible Party is the parent or legal guardian of the Student, who is enrolling at Kaplan Academy of California.

Kaplan Academy of California has made arrangements to permit each Student to use certain instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in Kaplan Academy of California.

Responsible Party hereby agrees to the following:

1. **Term.** Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, Kaplan Academy of California reserves the right to terminate any right to use of Instructional Property and take possession immediately if it has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.

2. **Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.

3. **Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to Kaplan Academy of California to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.

4. **Responsibility for Instructional Property.** Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice of any new address to Kaplan Academy of California. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by Kaplan Academy of California and shall take all reasonable precautions to protect it. Responsible Party agrees to inform Kaplan Academy of California of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. Kaplan Academy of California will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the replacement Instructional Property to be shipped.

5. **Maintenance and Repair.** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs or upgrades as directed by Kaplan Academy of California Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.

6. **Use of Instructional Property.** Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at Kaplan Academy of California and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with Kaplan Academy of California policies and rules and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to Kaplan Academy of California policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from Kaplan Academy of California Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

7. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless Kaplan Academy of California and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by Kaplan Academy of California.

8. DISCLAIMER OF WARRANTIES. NO PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.

9. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.

10. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of Kaplan Academy of California. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of California. The parties acknowledge and expressly agree to waive any and all rights to a trial by jury of any claim or dispute arising under this Agreement.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Educational Rights and Privacy Act (FERPA) Consent Form

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The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student’s education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student’s education records.

Bayshore School District, Kaplan Academy of California, and its designated curriculum provider, Kaplan Virtual Education (KVE), have found that to best serve the student’s education needs, it is necessary to disclose a student’s name and address to the following classes of vendors that provide important services related to a student’s education. In all cases, these vendors will have agreed to ensure the confidentiality of the student’s name and address and to not use the information for purposes other than that contracted to meet the student’s education needs.

- Suppliers of educational materials for purposes of shipping to and from the student’s home
- Customer care providers that handle support calls for KVE
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous Web-conferencing sessions
- Computer professionals that host and maintain KVE’s student account management systems
- Other contractors and subcontractors that Bayshore School District and/or KVE identify as necessary to providing education services

To best serve the student, Bayshore School District and Kaplan Academy of California request the following parental consent to disclose the student’s name and address to the specified class of contractors.

I hereby agree that my child’s name, address, and other information as necessary, be provided to the above identified contractors to ensure that Bayshore School District and Kaplan Academy of California can best meet my child’s education needs.

Student Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**HOME LANGUAGE SURVEY**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

The following information is to be completed for each student who enrolls for the first time in Kaplan Academy of California. This survey shall be kept in each student's permanent record folder. This information is used to help us communicate better with our students' families and help us identify students who need to be assessed for English language proficiency to determine eligibility for additional instructional programs and services. Please do not leave any question unanswered.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Grade: \_\_\_\_\_

**Use the Language Code Guide on the next page to answer questions 1-4 and 6. Write the language code and name.**

1. Which language did THE STUDENT learn when he/she first began to talk? \_\_\_\_\_
2. What language does THE STUDENT use most frequently at home? \_\_\_\_\_
3. What language does THE PARENT OR GUARDIAN use most frequently to speak to the student?  
\_\_\_\_\_
4. Name the languages in the order most often spoken BY THE PARENTS OR GUARDIANS at home:  
a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_
5. Do you feel that THE STUDENT can communicate in English?  
Understands:  Y  N                      Reads  Y  N  
Speaks  Y  N                                      Writes  Y  N
6. If a language other than English is indicated on any line above, can THE STUDENT communicate in that language?  
Language: \_\_\_\_\_                                      Language: \_\_\_\_\_  
  
Understands:  Y  N                      Reads  Y  N                      Understands:  Y  N                      Reads  Y  N  
Speaks  Y  N                                      Writes  Y  N                      Speaks  Y  N                                      Writes  Y  N  
  
Language: \_\_\_\_\_  
  
Understands:  Y  N                                      Reads  Y  N  
Speaks  Y  N                                      Writes  Y  N
7. Has the student attended school in the United States?  Y  N  
If yes, what was the beginning date (month and year)? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Home Language Code Guide

00	English	09	Khmer (Cambodian)
56	Albanian	50	Khmu
37	American Sign Language	04	Korean
11	Arabic	51	Kurdish
12	Armenian	47	Lahu
42	Assyrian	07	Mandarin (Putonghua)
58	Bosnian	48	Marshalese
13	Burmese	44	Mien (Yao)
23	Cantonese	49	Mixteco
36	Cebuano (Visayan)	40	Pashto
54	Chaldean	05	Philipino (Tagalog)
20	Chamorro (Guamanian)	41	Polish
39	Chaozhou (Chaochow)	06	Portuguese
14	Croatian	28	Punjabi
15	Dutch	45	Rumanian
16	Farsi (Persian)	29	Russian
17	French	30	Samoan
18	German	52	Serbo-Croatian (Serbian)
19	Greek	01	Spanish
43	Gujarati	46	Taiwanese
21	Hebrew	32	Thai
22	Hindi	57	Tigrinya
23	Hmong	53	Toishanese
24	Hungarian	34	Tongan
25	Ilocano	38	Ukrainian
26	Indonesian	35	Urdu
27	Italian	02	Vietnamese
08	Japanese	99	Other Non-English Language

# Parent/Student Confirmation

Parent Name: \_\_\_\_\_

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

**Please initial each statement confirming that you understand and agree to the requirements and affirmations below.**

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | Both the parent and student are comfortable using a computer.   |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | The student is able to adhere to a schedule.  |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | The student can meet daily academic activity requirements and track progress.   |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | The student can make all scheduled appointments with teachers and/or advisors.  |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | There will be an appropriate place and space for the student to study at home or designated work area.  |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | If the student is under 18 years of age that the parent will give the student the necessary support to complete the program.  |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | The student is enrolling voluntarily.   |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | If age 18 or older, that the student has continuously been enrolled in high school since he or she was 18 years of age.   |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Student | The student has or is one or more of the following (circle all that apply):<br><b>Deficit Credits, Special Needs, Travel Needs, Gifted or Talented, Previous Dropout, More Parent Involvement, or Other Reason.</b> |
| <input type="checkbox"/> Student |                                  | I <b>have</b> attended an Adult School.   |
| <input type="checkbox"/> Student |                                  | I <b>have not</b> attended an Adult School.   |

\_\_\_\_\_  
Parent Signature

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

\_\_\_\_\_  
Date

# Student Records Release

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This form must be signed the parent or legal guardian to release student records.

This form authorizes Kaplan Academy of California to:

- Obtain Records**
   
  **Release Records**

**Student's Name While Attending School:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Dates of Attendance:** \_\_\_\_\_ to \_\_\_\_\_

**Name of Parent or Legal Guardian:** \_\_\_\_\_

**Student's Legal Address:** \_\_\_\_\_

Street \_\_\_\_\_  
 \_\_\_\_\_  
 City County State Zip

**Home Phone:** \_\_\_\_\_ **Alt:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**School's Address:** \_\_\_\_\_

Street \_\_\_\_\_  
 \_\_\_\_\_  
 City County State Zip

**School's Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please select the documents requested:**

- Transcripts                     
  Immunization and health records                     
  Standardized test scores  
 Behavior records                     
  Psychological assessments                     
  Confidential files  
 Special education documents (including but not limited to IEP, 504/508 Plan, gifted and talented documents, etc.)

**Mail Records to:**     **School**   
  **Other**  
**Select One**  
   
 Kaplan Academy of California   
 \_\_\_\_\_  
 Attn: Records   
 \_\_\_\_\_  
 3737 Martin Luther King Jr Blvd, Ste 602                                     
 \_\_\_\_\_  
 Lynwood, CA 90262   
 \_\_\_\_\_

By signing below I authorize, the release of my child's records to or from the school and/or district stated above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Placement Attestation**

Complete the information below as accurately as possible. This form must be completed and signed by both the student and the parent/guardian (if the student is under the age of 18).

 \_\_\_\_\_  
 (Name of Current or Previous School)

 \_\_\_\_\_  
 (City and State)

 \_\_\_\_\_  
 (Grade)

 \_\_\_\_\_  
 (Last Date of Attendance)

Please fill in the courses taken by grade for all previous grades completed.

Grade: 9					Grade: 10				
Requirement	Course	Final Grade	Credits Earned	Currently Enrolled Yes/No	Requirement	Course	Final Grade	Credits Earned	Currently Enrolled Yes/No
English					English				
Math					Math				
Science					Science				
Social Science					Social Science				
Physical Education					Physical Education				
Foreign Language					Foreign Language				
Fine Arts					Fine Arts				
Elective 1					Elective 1				
Elective 2					Elective 2				
Grade: 11					Grade: 12				
Requirement	Course	Final Grade	Credits Earned	Currently Enrolled Yes/No	Requirement	Course	Final Grade	Credits Earned	Currently Enrolled Yes/No
English					English				
Math					Math				
Science					Science				
Social Science					Social Science				
Physical Education					Physical Education				
Foreign Language					Foreign Language				
Fine Arts					Fine Arts				
Elective 1					Elective 1				
Elective 2					Elective 2				

**Please read and sign below.**

I understand that student is being academically placed in courses for the first semester based on the information provided within this attestation. I understand that an official Records Release will be sent to student's previous school/district. Upon review of the official records, I understand that student may be placed in courses that meet his/her academic requirements. I also understand that student will be required to complete any delinquent courses and/or alter his/her course path based on previous learning history and/or educational learning requirements, which may include IEP or 504 Plan requirements.

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

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

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Parent/Guardian Name (If student is under 18)

 \_\_\_\_\_  
 Parent /Guardian Signature

 \_\_\_\_\_  
 Date

## Course Request Form

Students entering Kaplan Academy of California can request preferred courses in advance. Student must complete and sign the Academic Placement Attestation before completing this form. This serves only as a request and in no way guarantees a student will be placed in the courses. Final placement will be based on the review and evaluation of official academic records. A student with delinquent credits will be required to complete the required courses before they are eligible to receive a High School Diploma.

Complete this form with the preferred courses.

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

Previous School: \_\_\_\_\_

City/State: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Next Term: \_\_\_\_\_

AP, Honors, ESE, ESL, Gifted? \_\_\_\_\_

Grade:		
Requirement	Course	Credits
English		
Math		
Science		
Social Science		
Physical Education		
Foreign Language		
Fine Arts		
Elective 1		
Elective 2		

A complete list of courses is available online at [www.kaplanonlineschools.com/academy/california/](http://www.kaplanonlineschools.com/academy/california/)

Click **Built For California**, and select **High School Courses**.

## Recommended Progression

9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
English 1 Pre-Algebra/ Algebra 1 Physical Science/Earth Space Science PE Health Elective/Fine Art	English 2 Algebra 1/ Geometry Biology World History PE 2 Elective/Foreign Language/Fine Art	English 3 Geometry /Algebra 2 Chemistry US History Foreign Language Fine Art/Elective	English 4 Algebra 2/ Math/Elective Foreign Language/Elective American Govt/Econ Physics/Elective Fine Art/Elective

## Technology Acknowledgement Form

This form must be completed and signed by the student and parent/guardian (if the student is under the age of 18).

Please Check Yes or NO

Yes    No

       The Admissions Advisor reviewed the Technology Requirements with me.

Yes    No

       I meet the Technology Requirements.

If no, please explain:

Explanation: \_\_\_\_\_

\_\_\_\_\_

Please read and sign below.

By signing below I am confirming that the information stated above is true and accurate.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (If student is under 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date