



LOS ANGELES ACADEMY OF ARTS & ENTERPRISE

Board of Directors
 Moctesuma Esparza
 Tonantzin Esparza
 Hector Orcí
 Norma Orcí
 Otto Padrón
 Eduardo Prado
 Victoriano Rodriguez

Principal
 Yolanda Jiménez

Assistant Principal
 Anthony Berkenkamp

Lottery Form: 2017-2018 School Year

Please use a separate application for each student.

Grade level in 2017-2018: 6th 7th 8th 9th 10th 11th 12th DOB: ____ / ____ / ____

Student legal name: _____
Last
First
Middle

Legal Parent /Guardian name: _____ Mother or Father or Guardian
Last
First

Home Address: _____
Number
Street
Apt/Unit
City
Zip Code

(____) _____ (____) _____ _____
 Home telephone number Other telephone number E-mail Address

If the applicant above qualifies for sibling preferences, please indicate the name and grade of the current LAAAE student (for preference in lottery drawing).

Name	Grade in 2017-2018	Name	Grade in 2017-2018
Name	Grade in 2017-2018	Name	Grade in 2017-2018

All information on this application will be treated as confidential.

 Parent/Guardian Signature Date

Mail to or in-person: 1200 West Colton Street, Room 3-320, Los Angeles, CA 90026 or Fax to: 213-487-0500

If you have any questions, please call 213-487-0600 Monday through Friday 8:00 a.m. to 4:30 p.m.

www.laaae.org

Charter Schools are public schools that are enrollment options for all students, including those with disabilities. If you have any questions or concerns regarding the enrollment or admissions practices at this school or any charter school, please call the LAUSD's Charter Division at 213-241-0399. LAAAE does not charge tuition, is non-sectarian in admission policies, programs, and all other operations, and prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived race or ethnicity, ethnic group identification, ancestry, nationality, national origin, religion, color, creed, sex, sexual orientation, gender, gender identity, gender expression, mental or physical disability, age, genetic information, marital status, pregnancy, medical condition, military or veteran status, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity it conducts or to which it provides significant assistance. Not responsible for lost or misdirected mail or faxes or for incomplete, inaccurate, or illegible applications.

Office Use Only		
Date Rec:	Time Rec:	Initials Rec:



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SCHOOL APPLICATION 2017-2018

_____ / ____ / ____
Student Name (Last, First, Middle) *Date of Birth*

C. PARENT/GUARDIAN (with whom the student lives)

1. _____
Legal Parent 1/Guardian name: Last First Middle
 Mother or Father or Guardian

2. _____
Legal Parent 2/Guardian name: Last First Middle
 Mother or Father or Guardian

3. (____) _____ 4. (____) _____
Home telephone number Work telephone number Mother Father or Guardian

5. (____) _____ 6. (____) _____
Parent 1/Guardian mobile number Parent 2/Guardian mobile number

7. _____
Parent 1 e-mail address: Mother or Father or Guardian

8. _____
Parent 2 e-mail address: Mother or Father or Guardian

9. Home correspondence language (check one)
 English Spanish Other: _____

10. Highest level of education completed (check one):
Father: Not a high school graduate High school graduate or equivalent
 Some college College graduate
 Graduate degree Decline to state
Mother: Not a high school graduate High school graduate or equivalent
 Some college College graduate
 Graduate degree Decline to state

11. How did you hear about us?
 Family Friend School Employee School website Other: _____



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Student Name (Last, First, Middle)

_____/_____/_____
Date of Birth

12. Are there any court orders you wish to notify the school about regarding legal custody, physical custody, or restricted contact with the school or child?

Yes No If yes, please provide a copy of the court order.

D. STUDENT RESIDENCY

1. Who does the student live with?

Both Parents Mother only Father only Guardian: Relationship to student _____

2. Does the student live in a U.S. military household? Yes No

3. Student's living situation (check all that may apply)

- In a shelter _____ (name of shelter)
- In a motel or hotel _____ (name of motel/hotel)
- In a transitional housing program _____ (name of program)
- In a car, trailer or campsite, temporary due to inadequate housing
- In a rented trailer/motor home on private property
- In a SRO (Single Room Occupancy) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchen (not an apartment building or a one bedroom)
- In a rented garage due to loss of housing
- Temporarily in another family's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)
- Temporarily with an adult that is not the parent/legal guardian due to loss of housing
- Foster placement
- Living alone, without any adult (unaccompanied youth)
- None of the above apply – If your housing situation changes, please notify your child's school.



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_____/_____/_____
Date of Birth

E. HOME LANGUAGE AND ETHNICITY INFORMATION

1. Which language did this student learn when he/she first began to talk?

English Spanish Other _____

2. Which language does this student use most frequently at home?

English Spanish Other _____

3. Which language do you use most frequently to speak to this student?

English Spanish Other _____

4. Which language is used most often by the adults at home?

English Spanish Other _____

5. Has your child ever taken the California English Language Development Test (CELDT)? Yes No

6. Is the student's ethnicity Hispanic/Latino? Yes No

7. Student's Primary Race: (mark one choice)

African American or Black American Indian or Alaska Native White
 Asian: Cambodian Chinese Filipino Japanese Korean Other Asian

F. STUDENT EDUCATIONAL INFORMATION

Special Services

1. Was this student receiving special education services at his/her previous school? Yes No

2. Did this student have a current Individualized Education Program (IEP) at the previous school? Yes No

If yes, please provide related documentation.

3. Did this student have a Section 504 Plan at his/her previous school? Yes No

If yes, please provide related documentation.

4. Has this student been identified for gifted and talented educational services (GATE)? Yes No

If yes, please provide related documentation.



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SCHOOL APPLICATION 2017-2018

Student Name (Last, First, Middle) _____ / /
Date of Birth

Previous School Information

- 5. Has this student previously attended this school? Yes No If yes, when? _____
- 6. Is student currently under an expulsion or previously been expelled? Yes No
If yes, please list the name of the school/district? _____
- 7. Date of first U.S. school enrollment excluding pre-school (mm/dd/yyyy): _____ / _____ / _____
- 8. Date of first California school enrollment excluding pre-school (mm/dd/yyyy): _____ / _____ / _____

G. AGREEMENTS, POLICIES AND NOTICES

1. Please check the box to acknowledge your receipt and review of the following policies and agreements.

- Acceptable Use Policy
- Financial Damage Policy
- Student and Family Policy Handbook

2. Please indicate whether you give your permission as defined in the Permission, Media and Internet Form.

- Yes No

3. Affordable Care Act Notice: Information is provided herein regarding healthcare options through Covered California.

These policies and the Student and Family Policy Handbook are made available upon request and/or may be viewed on the school's website at <http://www.laaae.org>. For a printed copy of the above referenced policies and agreements, please ask the Main Office.

H. SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____
Signature _____ Date _____

Print Name
Relationship to student: Parent Guardian Other (*Specify*): _____

LOS ANGELES ACADEMY OF ARTS & ENTERPRISE STUDENT EMERGENCY INFORMATION FORM 2017-2018

Parent Information: *Please fill out completely and sign where indicated. In a major emergency, it is LAAAE's policy to retain students at school for their safety.*

This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME		FIRST NAME			M.I.
BIRTH DATE	<input type="radio"/> MALE <input type="radio"/> FEMALE	GRADE		HOME LANGUAGE	
STUDENT'S HOME ADDRESS #		STREET	APT #	CITY	ZIP CODE
MAILING ADDRESS NUMBER (IF DIFFERENT FROM ABOVE)		STREET	APT #	CITY	ZIP CODE
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	LIVES WITH? <input type="radio"/> Yes <input type="radio"/> No
WORK ADDRESS NUMBER		STREET		CITY	ZIP CODE
CONTACT NUMBERS:	Indicate which phone to call for each message type:*			EMAIL ADDRESS:	
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
Other	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	LIVES WITH? <input type="radio"/> Yes <input type="radio"/> No
WORK ADDRESS NUMBER		STREET		CITY	ZIP CODE
CONTACT NUMBERS :	Indicate which phone to call for each message type:*			EMAIL ADDRESS:	
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
Other	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
<i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>					
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
<i>List any other family members attending this school:</i>					
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT					
The undersigned, as parent/legal guardian of, _____ a minor, hereby authorizes the Principal <i>(Print name of the student here)</i>					
or designee, into whose care the student 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 student 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 Los Angeles Academy of Arts and Enterprise (the "School" and "District") 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 LAAAE. I understand that LAAAE, its officers and its employees assume no liability of any nature in relation to the transportation of the student. 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 student's parent/guardian.					
HEALTH ALERTS: <i>List any medical condition, which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</i>					
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
MEDI-CAL / HEALTHY FAMILIES ID Number:					
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)		GROUP NO.
NAME OF DOCTOR / MEDICAL OFFICE			PHONE NUMBER OF DOCTOR / MEDICAL OFFICE		
*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1 (866) 742-2273.					
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:					
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:					
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.					
X SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN					DATE

* Selected telephone number must be a direct dial number (no extensions).



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EXAMINATION BY A PRIVATE PHYSICIAN

(Only required for students initially enrolling in a U.S. school)

Name _____

Sex: Male Female

Birthday: _____

School: Los Angeles Academy of Arts and Enterprise

Address: _____
Number City State Zip Code

BIRTH HISTORY (Optional)

Pre-natal Complications: _____

Birth Weight: _____ Delivery: _____

Neo-natal Complications: _____

DEVELOPMENTAL MILESTONES

Sat: _____ mo. Crawl: _____ mo. Walked: _____ mo. Words: _____ mo.

Sentences: _____ mo. Toilet Trained: _____ mo.

MEDICAL HISTORY

Serious illness or injuries: _____

Surgery: _____

Allergic Reactions: _____

IMMUNIZATIONS OF (NUMBER DOSES AND DATES)

DPT 1 2 3 4 5

or

TD 1 2 3 4 5

Polio 1 2 3 4 5

Measles: _____

Mumps: _____

Rubella: _____

H.I.B.: _____

Hepatitis B: _____

Other: _____



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DATE OF EXAMINATION (N=NORMAL, O=OVER FOR COMMENT)

Wt.: _____ Ht. _____
Eyes: _____ Vision: _____ R: 20/ _____ L: 20/ _____
Nose: _____ Mouth: _____ Speech: _____ Throat: _____
Tonsils: _____ Teeth: _____ Hearth: _____ B.P.: _____
Lungs: _____ Abdomen: _____ Hernia: _____ Orthodontia Needed: _____

G-U: _____

Nervous System: _____

Skin: _____

Posture: _____

(Please indicate deviation from normal and if under RX)

Other Orthopedic: _____

Blood: _____ Urine: _____

Mantoux Test: _____ Given: _____ Read: _____
(Date) (Date)

Pos. _____ Chest X-ray: _____ Results: _____
(Indur. Mm) (date)

Neg. _____

Currently, does this child need help with:

- Motor Development: _____
- Speech: _____
- Behavior: _____
- Emotional Growth: _____

Has this child had:

- Psychological Testing: _____
- Neurological Referral: _____
- Psychiatric Referral: _____
- Other Counseling: _____

Current Medication: No Yes What: _____

Recommendations and Comments:



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(Physical Education required by State Law)
Reg.

Limited or Adaptive: _____ Why: _____

PARENTAL REQUEST: I request that my physician release this complete report to the school.

Parent/Guardian Signature

Date

PLEASE RETURN TO:
Los Angeles Academy of Arts and Enterprise
1200 West Colton Street, Room 3-320
Los Angeles, CA 90026

Signature: _____

M.D.

(Please type or print name)

M.D.

Address: _____

Phone: _____

Date: _____



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PARENT/GUARDIAN AND HEALTH CARE PROVIDER REQUEST FOR MEDICATION ADMINISTRATION

Name of Student: _____ Date of birth: _____ Grade _____

PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NONPRESCRIPTION

California Education Code Section 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable students to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instructions. I understand that designated non-medical school personnel may assist in carrying out written orders. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for school personnel to exchange medication-related information with the authorized health care provider.

I release the school and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses _____ per day.

Possible medication reactions: _____

Instructions for emergency care: _____

Health Care Provider Office Stamp

Authorized Health Care Provider Signature: _____

Authorized Health Care Provider Name (print clearly): _____

Telephone _____

Date of Request: _____

Date to Discontinue Medication: _____



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PERMISSION, MEDIA AND INTERNET FORM

Student Name: _____

Grade: _____

ON-GOING PERMISSION SLIP

- (Yes), my child *stated above*, has permission to participate with his/her class in walking trips within a two-mile radius of the school when supervised by LAAAE staff.
- (No), my child *stated above*, does **NOT** have permission to participate with his/her class in walking trips within a two-mile radius of the school when supervised by LAAAE staff. I understand that my student will be given alternate assignments to complete during the time that the class is off campus.

Parent Name (Print)

Parent Signature

Date

MEDIA RELEASE

- (Yes) I give LAAAE my permission to use my child's name, photography, and/or video image in school publications, video presentation, and on the school website.
- (Yes) I give LAAAE my permission to use samples of my child's work in school publications and on the school website.
- (Yes) I give LAAAE my permission to allow the media to photograph, film, or interview my child for the purpose of a news article, television news, or radio program.
- (No) I do **NOT** give LAAAE my permission to use samples of my child's work, photographs of my child in school publications, the school website, or any other media.

Parent Name (Print)

Parent Signature

Date

INTERNET ACCESS QUESTIONNAIRE (Parents: Please provide LAAAE with additional communication information)

- Do you, the parent, have access to an Internet connection either at home or at work? No Yes
- (Yes) I can be contacted by email at: _____
 - (No) I cannot be contacted by email.

As part of the curriculum, every student will be required to do internet-based work. Each student must have access to a computer with an Internet connection. All branches of the Los Angeles Public libraries also provide free Internet access.

- Does the student have access to an Internet connection for interest-based homework assignment? No Yes
- Can the student be contacted by email? No Yes; email: _____

INTERNET USE

- (Yes), my child *stated above*, has permission to use the Internet at LAAAE, with the supervision of his/her teacher for class assignments.
- (No), my child *stated above*, does **NOT** have permission to use the Internet at LAAAE, with the supervision of his/her teacher for class assignments.

Parent Name (Print)

Parent Signature

Date



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Student & Family Agreements

As a family member of a Los Angeles Academy of Arts & Enterprise student, I agree to support my child in:

- Coming to school every day on time
- Coming to school well-rested
- Eating a healthy breakfast
- Following school rules and meeting behavioral expectations and;
- Doing his/her best work and completing all assignments, including homework.

As a family member of a Los Angeles Academy of Arts & Enterprise student, I agree to support the school by:

- Completing 20 hours of parent involvement by the end of May of each school year so, that I may be eligible to receive more than two culmination and/or graduation tickets.
- Sharing my time and skills with LAAAE.
- Participating in Parent-Student-Teacher Conferences, school meetings, and other LAAAE related events throughout the year.

As a family member of a Los Angeles Academy of Arts & Enterprise student, I agree to respect, value, and care of:

- All members of our school community
- Our school building, books, and supplies and;
- People I meet and place's I visit in connection with LAAAE.

As a student of a Los Angeles Academy of Arts & Enterprise student, I agree to:

- Fulfill LAAAE's Mission and Vision by being positive, respectful, responsible, and determined to achieve the highest academic and personal goals.
- To follow all LAAAE policies such as, but not limited to Uniform Policy, Behavior Expectations, and Academic Intervention Policies.
- Respect all deadlines set forth by LAAAE and my teachers.
- As a High School Student, I will complete 25 hours of community service (for a total of 100 hours at the end of 12th Grade).
- Represent LAAAE proudly through positive interactions and actions at all times.

My Signature below represents my full understanding and commitment to the responsibilities described above.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date



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Acceptable Use Policy

The Los Angeles Academy of Arts and Enterprise's (LAAAE) Acceptable Use Policy (AUP) is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network.") regardless of the physical location of the user. The AUP applies even when LAAAE provided equipment (laptops, tablets, etc.) is used off of school property.

LAAAE will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. LAAAE reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of school property, network and/or Internet access or files, including email.

LAAAE will take all necessary measures to fortify the network against potential cyber security threats. This may include blocking access to school applications—including but not limited to email, data management and reporting tools, and other web applications—outside the United States and Canada.

Acceptable Uses of the LAAAE Computer Network or the Internet

Schools must verify each year students using the computer network and Internet access for that school year have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page and schools must keep it on file. Once signed that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the school's network due to violation of this policy. Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate school personnel. Access is provided primarily for education and school business. Staff may use the Internet, for incidental personal use during duty-free time. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate LAAAE personnel.

Unacceptable Uses of the Computer Network or Internet

These are examples of inappropriate activity on the school's web site, but LAAAE reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the school, students, employees, schools, network or computer resources, or (2) that expend school resources on content the school in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by LAAAE as inappropriate.

- Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;
- Criminal activities that can be punished under law;
- Selling or purchasing illegal items or substances;
- The unauthorized collection of email addresses ("harvesting") of e-mail addresses from the Global Address List and other school directories;
- Obtaining and/or using anonymous email sites; spamming; spreading viruses;
- Causing harm to others or damage to their property, such as:



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1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any school computer to pursue "hacking," internal or external to the school, or attempting to access information protected by privacy laws; or
 5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
- Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing your own or anyone's password to others or allowing them to use your or another's account(s).
 - Using the network or Internet for Commercial purposes:
 1. Using the Internet for personal financial gain;
 2. Using the Internet for personal advertising, promotion, or financial gain; or
 3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

1. Students under the age of eighteen should only access LAAAE accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
3. Students shall not meet in person anyone they have met only on the Internet; and
4. Students must abide by all laws, this Acceptable Use Policy and all LAAAE security policies.

Penalties for Improper Use

The use of LAAAE account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from LAAAE employment, or criminal prosecution by government authorities. LAAAE will attempt to tailor any disciplinary action to the specific issues related to each violation.



LOS ANGELES ACADEMY OF ARTS & ENTERPRISE

Board of Directors
Moctesuma Esparza
Tonantzin Esparza
Hector Orcí
Norma Orcí
Otto Padrón
Eduardo Prado
Victoriano Rodriguez

Principal
Yolanda Jiménez

Assistant Principal
Anthony Berkenkamp

Disclaimer

LAAAE makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the school's network are to be borne by the user. LAAAE also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the school, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Los Angeles Academy of Arts and Enterprise.

Student Name: _____

Date: _____

Parent Signature: _____

Date: _____



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FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY

Dear Parents/Guardians:

This letter is to inform you of your legal responsibility with regard to property of Los Angeles Academy of Arts and Enterprise. California Education Code section 48904 states, in pertinent part, that the parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any real or personal property of the school or its employees shall be liable for all damages caused by the minor up to \$10,000. School property includes building and grounds, as well as textbooks, computers, shop materials, and sports equipment. A parent or guardian is liable to the school for all school property loaned to a minor and not returned.

We will be discussing the meaning of this responsibility with all students. We need your help in making sure that school property is kept in good condition and that loaned items are returned to school. **Parents will be expected to pay the replacement or repair cost for any lost or damaged school property.** The school is legally authorized to withhold grades, diploma, and transcripts of student until the obligation is cleared.

The following are ways to help your student understand this responsibility:

- Model careful handling of textbooks, and other school property.
- Help students find a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, but parent or guardians may be held financially responsible for the damage(s).

We look forward to a successful school year with your student.

Sincerely,

A handwritten signature in black ink, appearing to read 'Yolanda Jiménez', written over a light grey rectangular background.

Yolanda Jiménez
Principal



Enroll. Get Care. Renew. Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2015 household income is less than...		If 2015 household income is between...
1	\$16,243	\$31,309	\$16,106 – \$46,680
2	\$21,984	\$42,374	\$21,709 – \$62,920
3	\$27,725	\$53,440	\$27,312 – \$79,160
4	\$33,465	\$64,505	\$32,914 – \$95,400
5	\$39,206	\$75,571	\$38,517 – \$111,640
6	\$44,947	\$86,637	\$44,120 – \$127,880
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- www.coveredca.com
1(800) 300-1506
- Find in-person help:
www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org

April 2015



A PROJECT OF THE CHILDREN'S PARTNERSHIP