



**SCALE**  
VISUAL & PERFORMING  
ARTS ACADEMY



# SUMMER

## REGISTRATION FORM

### ENROLLMENT PACKET 2018

- **Los Angeles County**
- **Kern County**
- **San Bernardino County**
- **Orange County**

**Azusa Conservatory of Music is partnering with  
Scale Visual & Performing Arts Academy!**

For more information, please visit

[www.vpaacademy.org](http://www.vpaacademy.org)  
or call 888. 315. 4660

Visual and Performing Arts Academy supports and promotes artistic creativity and academic excellence. This innovative public charter school provides a uniquely challenging academic program together with a conservatory approach to arts education. This nurturing environment focuses on individual growth, opportunity, and diversity. Students study the arts through a combination of private lessons, concentrated group instruction, and applied ensembles. Student's work and progress is monitored through quarterly performance assessments. Students will participate in portfolio and performance reviews. In addition, students will have the opportunity to present their work through a variety of concert performances, art gallery events, film screenings, and recitals.

# SUMMER PROGRAM ADMISSION CHECK LIST:

- ☐ Agreement Form
- ☐ Complete Student Enrollment Form
- ☐ Copy Immunization Record or Exemption Form *(except Kindergarten and 7th Grade)*
- ☐ Required Immunization Record for Kindergarten and 7th Grade
- ☐ Copy of Birth Certificate
- ☐ Copy of Proof of Residency (house bill)
- ☐ Learning Logs [To be completed by administration]

COMPLETE and submit summer admission forms to your program site coordinator of the learning center you will be attending.

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or call 888. 315. 4660

AZUSA CONSERVATORY  
Call or Text 626.731.8261  
[www.azusaconservatory.org](http://www.azusaconservatory.org)

**SCALE LEADERSHIP ACADEMY GRADES 6th-12th**  
**INDEPENDENT STUDY WRITTEN AGREEMENT**

Student Name:	Student ID #:	Grade Level:
Address:	Age:	Birth Date:
City:	Zip Code:	Home: Cell
School of Enrollment/Program Placement for Independent Study: <u>Visual &amp; Performing Arts</u>		
Duration of Agreement:	Beginning Date: <b>July 1st, 2018</b>	Ending Date: <b>Sept. 30th, 2018</b>

It is understood that:

Objectives: The student will complete the courses listed below. All course objectives will be consistent with the established program's governing board and are consistent with program standards as outlined in the program's subject/course descriptions. Work Record (WR) Forms will include additional descriptions of the major objectives and activities of the courses of study covered by this agreement including the evaluation of student work and are incorporated herein. The term "Course Value" (CV) refers to the number of credits (secondary education) or weeks of work (elementary education) the student will attempt.

**Subjects/Courses Enrolled:**

Course Title	Credits	Course Title	Credits
<b>Performing Arts I, II, III, or IV</b>	<b>5</b>		

Methods of Study: Specific methods of study will be designated on the Work Record (WR) and are incorporated herein. Examples of methods of study for the student will include: Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice,

Computerized Curriculum, Web/Internet Research, Library Research, Field Trips, Learning Center Courses

Specific Resources: The school will provide appropriate instructional materials and personnel necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms as the terms on which they are available to all.

Assignments and specific resources will be designated on the Work Record (WR) and are incorporated herein.

Methods of Evaluation: Academic evaluations will be designated on the Work Record (WR) and are incorporated herein. Other acceptable methods of evaluation include, but are not limited to: Teacher Made Tests, Student Conferences, Progress/Report Cards, Chapter/Unit Tests,

Work Samples, Observations, State Standards Testing, Quizzes, Labs, Finals.

Students are required to report to their teacher as scheduled: Manner of Reporting: One-on-One, Email, Phone. Time: 8-5pm. Day: M-F. Frequency: At least once every 20 days. Duration: Full Year. Location: Virtual or In-Person.

**Signatures and Dates:** We have read and understand the terms of this agreement, and agree to all the provisions.

Student: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Supervising Teacher: \_\_\_\_\_

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



A SCALE CHARTER SCHOOL  
14816 Central Ave.  
Chino, CA 91710  
888.315.4660

www.vpaacademy.org  
info@vpaacademy.org

## Visual & Performing Arts

A SCALE Academy Program

Student Enrollment

### STUDENT INFORMATION

Applying for grade:

First Name:  M.I.  Last Name:

Address:  Apt#

City:  State:  Zip:

Phone:

Student's Date of Birth: (mm/dd/yyyy)

Student's gender: Male ☐ Female ☐

School of Last Attendance:

### PARENT/GUARDIAN/FAMILY INFORMATION

Parent/Guardian 1

First Name:  Last Name:

Address (if not the same as student address above):

City:  State:  Zip:

Cell:  Home:  Work:

Email:

Relationship to student:

Parent/Guardian 2

First Name:  Last Name:

Address (if not the same as student address above):

City:  State:  Zip:

Cell:  Home:  Work:

Email:

Relationship to student:

Turn over to complete application

How to Apply:  
Complete the *Enrollment Form* and submit to the site coordinator of the area interested in.

For more information:  
Please visit  
www.vpaacademy.org  
or call 888.315.4660



DEMOGRAPHICS:

Is the student hispanic or latino? Yes ☐ No ☐

What is the primary race of the student?

What is the highest education level of parent or guardian?

Education Level	Parent/ Guardian 1	Parent/ Guardian 2
High School	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor’s Degree	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduation	<input type="checkbox"/>	<input type="checkbox"/>
Did Not Finish School	<input type="checkbox"/>	<input type="checkbox"/>

What is the main language spoken at home?

AUDIO AND VIDEO RELEASE FORM

Please be aware that student names, photos of students, audio or video recordings of students and/or student work may be published on official school newsletters or web pages, or shared with school approved news media, organizations or web services, with parental consent. No permission is required for large group photos in which the students are not individually identified.

Release: I hereby grant SCALE Leadership Academy, the subsidiary schools, and affiliate learning centers the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of my child in conjunction with their involvement at SCALE Leadership Academy, and the subsidiary schools, and affiliate learning centers in any school newsletters, brochures, web sites, instructional materials, flyers and publications, or any outside school approved publications such as newspaper, magazines, web sites promoting the school or reporting on activities associated with the school.

I authorize SCALE Leadership Academy, the subsidiary schools, and affiliate learning centers the use of such images without my inspection or approval of the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my child’s name in any part of those publications listed above. I understand that photos/audio/video used by the school for the reasons stated above, are considered the property of SCALE Leadership Academy and may not be sold or reused without the express consent of school officials or administration.

I understand that there is no monetary compensation for use of my child’s image and that this waiver/release is good for the entire time that my child is enrolled at the school.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

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

\_\_\_\_\_  
Date

**PHYSICAL EDUCATION WAIVER AND RELEASE OF LIABILITY**

I understand that participation in any of the physical education activities offered by SCALE Leadership Academy (SLA), the subsidiary schools, and affiliate learning centers pose a risk of bodily injury. I confirm that my child is physically able to participate in such activities.

Waiver of Claims and Release of Liability: By signing or agreeing to the SLA Release of Liability & Waiver Form, I am voluntarily and knowingly waiving any and all claims I have or come to believe I have in connection with my child’s participation in physical education activities offered by SCALE Leadership Academy, the subsidiary schools, and affiliate learning centers. I further release SCALE Leadership Academy, the subsidiary schools, and affiliate learning centers and its employees, volunteers, and Board members from any and all liability for their acts in connection with the same.

First Aid and Emergency Medical Treatment: I acknowledge there may be occasions during which my child is injured and medical treatment may be deemed necessary. I do hereby give my permission for qualified personnel to provide my child with appropriate medical treatment, especially in an emergency situation.

Copies of the SLA Release of Liability & Waiver Form shall be as valid as an original, even though the photocopy does not contain an original signature.

Parent Name:	Student Name:
<div></div>	<div></div>
Parent Signature:	Student Signature:
<div></div>	<div></div>
Date:	Date:
<div></div>	<div></div>

Our Mission:  
The mission of SCALE Academy is to establish a grades 6-12 public charter school that sets students on a path for success in high school, college, and beyond. Upon leaving SLA it is our aim that SCALE students: 1) are prepared to perform at top levels in their high schools; 2) have obtained an early college awareness; 3) will have a drive to succeed in all subjects, embracing all academic challenges; and, 4) have developed a personal commitment to serve as leaders of the 21st century.



# PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____ / ____ / ____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

## A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

**Provision of information:** I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

## B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

### I. Check one of the boxes below:

- ☐ **Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- ☐ **Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

### II. AFFIDAVIT

**Immunizations already received:** I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

**Immunizations for which exemption is requested:** An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <b>Haemophilus influenzae type b</b> (Hib meningitis)
Child Care and K-12 <sup>th</sup> Grade	<input type="checkbox"/> <b>DTaP</b> (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> <b>Hepatitis B</b> <input type="checkbox"/> <b>MMR</b> (Measles, Mumps, Rubella) <input type="checkbox"/> <b>Polio</b> <input type="checkbox"/> <b>Varicella</b> (Chickenpox)
7 <sup>th</sup> Grade Advancement (or admission at 7-12 <sup>th</sup> Grade)	<input type="checkbox"/> <b>Tdap</b> (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.