

ROSIE THE RIVETER CHARTER HIGH SCHOOL-YOUTHBUILD

690 STUDEBAKER ROAD. LONG BEACH, 90803 (562) 431-0302 EXT.112

Please read instructions and provide all requested information. The application must be fully completed. Please use blue or black ink. All participants and parent/guardian must provide proof of income, utility bill, picture ID. DATE ____/____/____

SECTION A		PERSONAL INFORMATION			
LAST NAME		FIRST NAME		MIDDLE	
ADDRESS (Number & Street)			APT.	CITY	ZIP
AGE	DATE OF BIRTH ____/____/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____		
HOME NUMBER ()	ALTERNATE NUMBER ()		PAGER MESSAGE CELL		
SELECTIVE SERVICES (Males 18+ only) <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered			CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen		
CHECK THE BOX THAT APPLIES TO YOU. CHECK ONLY <u>ONE</u> BOX.				CURRENT SCHOOL	
<input type="checkbox"/> STUDENT: Attending High School, Middle School, Alternative or Independent Studies <input type="checkbox"/> STUDENT: Attending College or other Post-High School <input type="checkbox"/> OUT OF SCHOOL: Completed High School or Equivalent (GED) <input type="checkbox"/> OUT OF SCHOOL: Did not complete High School (Dropout)				CURRENT GRADE LEVEL or LAST GRADE LEVEL COMPLETED	
HAVE YOU EVER ATTENDED ROSIE THE RIVETER H.S? (Check one) <input type="checkbox"/> YES, I AM A RETURNING STUDENT <input type="checkbox"/> NO, I AM A NEW STUDENT			DATE OF LAST ATTENDANCE AT OTHER SCHOOL :		CREDITS EARNED:
WHAT IS YOUR PRINCIPLE EDUCATIONAL AND EMPLOYMENT GOALS (Check all that apply).					
<input type="checkbox"/> Transfer to a 4-year college <input type="checkbox"/> Complete Credits for High School Diploma <input type="checkbox"/> Transfer to a Community College <input type="checkbox"/> Enter a Construction and Building Trades Apprenticeship Program <input type="checkbox"/> Enter YouthBuild Program and Receive GED Certificate <input type="checkbox"/> Enter a Technical School (Nursing, Technology, etc.) <input type="checkbox"/> Improve Basic Skills in English, Reading and Math <input type="checkbox"/> Obtain an Occupational Certificate <input type="checkbox"/> Acquire New Job Skills <input type="checkbox"/> Enhance Current Employment Opportunities/Job Skills <input type="checkbox"/> Educational Development (Intellectual, Cultural) <input type="checkbox"/> Make-up Credits to Return to Home School <input type="checkbox"/> Undecided <input type="checkbox"/> Other: Explain _____					

SECTION B		PERSONAL CIRCUMSTANCES	
PLEASE CHECK ALL CIRCUMSTANCES THAT APPLY TO YOU.	<input type="checkbox"/> Enrolled in Special Education/RSP Classes <input type="checkbox"/> Limited English Speaking <input type="checkbox"/> Work Readiness / Occupational Skills Deficient <input type="checkbox"/> Never Finished HS/No GED (Dropout) <input type="checkbox"/> Attending Continuation School <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> At Risk of Dropping Out of School <input type="checkbox"/> Cumulative GPA Below 2.0 <input type="checkbox"/> Offender/Parolee/Probation (If checked, please complete questions below) Type of Offense: <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult P.O. Name: _____ (Please attach a business card) Phone #: _____	<input type="checkbox"/> Foster Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Currently Parenting or Expecting a Child <input type="checkbox"/> Abuse/Recovery Program <input type="checkbox"/> Disabled (Physical or Mental) <input type="checkbox"/> Gang Member/Associate <input type="checkbox"/> Parent Incarcerated <input type="checkbox"/> Transportation Issues <input type="checkbox"/> Reside in High Intensity Gang Activity Area (HIGAA) <input type="checkbox"/> At risk of gang involvement <input type="checkbox"/> Other: _____	WHAT IS YOUR FORM OF TRANSPORTATION? (CHECK ALL THAT APPLY) <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> BIKE <input type="checkbox"/> WALK
	NOTE: These circumstances that you report are kept confidential with program staff. These WILL NOT prevent you from receiving services, but may make more services available to you. Therefore, your honest responses are necessary and appreciated.		

SECTION C		FAMILY INFORMATION	
This information will remain confidential and will be used to determine initial program eligibility under Federal, State, County, and City-mandated policies. Please provide the following information for yourself and all family members who reside in your household. Participants must provide utility bill, proof of income and picture ID.			
FAMILY SIZE (Including yourself) _____		GROSS HOUSEHOLD INCOME (Monthly Income) \$ _____	
NOTE: A family is defined as two or more persons related by blood, marriage, or decree of court, who are living in a single residence. If you are homeless, a runaway, or are at a temporary residence (such as staying with friends), you should indicate FAMILY SIZE 1. All participants must provide proof of income, utility bill, picture ID.			
SOURCE OF HOUSEHOLD INCOME (check all that apply)	<input type="checkbox"/> WAGES(Employment) <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> CalWORKs/TANF <input type="checkbox"/> GENERAL RELIEF	<input type="checkbox"/> UNEMPLOYMENT INSURANCE <input type="checkbox"/> SELF-EMPLOYMENT <input type="checkbox"/> PENSION/RETIREMENT

PARENT INFORMATION	ALTERNATE CONTACT INFORMATION (Persons we may contact in case of an emergency)
PARENT/GUARDIAN NAME(S): MOTHER: FATHER: STUDENT LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	NAME: ADDRESS: PHONE NUMBER: RELATIONSHIP:

NOTE: I hereby apply for admission to Rosie the Riveter Charter High School and certify under penalty of perjury that to the best of my knowledge all of the above statements are correct and complete. I also understand that willful omission or falsification or failure to report changes may result in my dismissal from the school. All participants must provide a copy of picture ID. Parent/guardian must provide proof of income, utility bill, picture ID.

Applicant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print Name) _____ Relationship to Youth _____

Signature of W.I.N.T.E.R. Staff: _____