

# CITIZENS OF THE WORLD CHARTER HOLLYWOOD

A PUBLIC SCHOOL

## APPLICATION FOR ENROLLMENT 2012-2013 (SOLICITUD DE INSCRIPCION) due by 3/1/12

Please read the instructions carefully. Submission of this form does not constitute enrollment. Please complete one enrollment form per student. Favor de leer las instrucciones cuidadosamente. Al entregar este documento no se le asegura su aceptación. Favor de llenar una sola solicitud por estudiante.

**MAILING ADDRESS** dirección de envío: **CWC, 1316 N. Bronson Ave. Los Angeles, CA 90028 ph 323.464.4292 fax 323.464.8292**

**OR APPLY ON-LINE:**

[www.citizensoftheworld.org/enrollment\\_application.html](http://www.citizensoftheworld.org/enrollment_application.html)

O solicite por internet:

**CHILD's First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

Primer nombre del estudiante Segundo nombre Apellido

**We are ONLY accepting applications for Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> grade for 2012-2013.**

Solamente aceptamos solicitudes para los grados de kinder, primero, segundo y tercero grado para el año escolar 2012-2013

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade in September 2012:** \_\_\_ Kindergarten \_\_\_ 1<sup>st</sup> Grade \_\_\_ 2<sup>nd</sup> Grade \_\_\_ 3<sup>rd</sup> grade

Fecha de nacimiento Grado escolar en septiembre 2012 Kindergarten, Primero, Segundo, Tercero

**Sibling also applying for 2012-2013 enrollment?** \_\_\_\_\_ **Grade:** \_\_\_\_\_

¿Está solicitando inscripción para un hermano(a) también? **Full Name (must complete separate form for each child)** Escolarnombre completo (debe llenar otra solicitud para cada estudiante)

**PARENT/GUARDIAN: First & Last Name:** \_\_\_\_\_

Padre de familia / Nombre completo

Guardián

**Street:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

Dirección calle Apt#

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Ciudad Estado Código postal

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Teléfono

Correo electrónico

**The following questions do NOT impact your chances for enrollment or any other status at CWC – admission to CWC is based on lottery. CWC will not discriminate against any person on the basis of race, ethnicity, national origin, gender, religion, marital status, sexual orientation, disability or other characteristic protected by law.**

Las respuestas a las siguientes preguntas no afectan el ingreso a CWC. Su ingreso a la escuela es a base de una lotería. CWC no discrimina en contra de ningún individuo a base de raza, origen étnico, sexo, religión, estado civil, orientación sexual, discapacidad o cualquier otra característica protegida por las leyes.

\_\_\_ **YES, we qualify for free/reduced-price lunch (see chart on reverse)**

Sí, calificamos para el almuerzo gratis o rebajado (vea la tabla en reverso)

\_\_\_ **NO, we do not qualify** No, calificamos sexo del estudiante niño niña

**Child's Gender:** \_\_\_ **Boy** \_\_\_ **Girl**

**Language most frequently used at home:** \_\_\_\_\_

Idioma del hogar (el que se usa con más frecuencia)

**Child's Ethnicity:** \_\_\_ **African American** \_\_\_ **American Indian/Alaska Native** \_\_\_ **Asian** \_\_\_ **Caucasian**

Origen étnico del estudiante: Afro-Americano Indígena de Alaska o de los Asiático Caucásico

Estados Unidos

\_\_\_ **Filipino** \_\_\_ **Hispanic/Latino** \_\_\_ **Pacific Islander** \_\_\_ **Other/Mixed/Multi-Racial:** \_\_\_\_\_

Filipino Hispano/Latino Islas de Pacífico Otro/multirracial

**Current or Last School Attended (preschool, other elementary):** \_\_\_\_\_

Escuela a la que asiste o la última que asistió

**How did you hear about us?** \_\_\_ preschool/daycare \_\_\_ flier (where?) \_\_\_\_\_ other: \_\_\_\_\_

¿Cómo escuchó acerca de nosotros? preescolar/guardería propaganda (donde?) otro

**Please check here if you do not wish for your information to be shared with other high quality charters in the area** \_\_\_\_\_

Favor de notarlo aquí si no quiere que CWC comparta su información con otras escuelas charters

**Income Eligibility Guidelines for Free and Reduced-Price Meals or Free Milk in Child Nutrition Programs\***

**GUÍA DE INGRESOS ELEGIBLES\***

*1 de Julio de 2011 - 30 de Junio de 2012*

**Effective July 1, 2011 through June 30, 2012**, participants from households with incomes at or below the following levels may be eligible for free or reduced-price meals or free milk. *Effective July 1, 2011 hasta el 30 de junio 2012, los participantes de los hogares con ingresos iguales o por debajo de los niveles siguientes pueden ser elegibles para libre o comidas a precio reducido o gratis de leche.*

<b>Free Eligibility Scale Meals, Snacks, and Milk</b>	<b>Annual</b> <i>Anual</i>	<b>Monthly</b> <i>Mensual</i>	<b>Twice Per Month</b> <i>Quincenal</i>	<b>Every Two Weeks</b> <i>Cada Dos Semanas</i>	<b>Weekly</b> <i>Semanal</i>
<b>Household Size</b> <i>Personas En Hogar</i>					
<b>1</b>	\$14,157	\$1,180	\$590	\$545	\$273
<b>2</b>	\$19,123	\$1,594	\$797	\$736	\$368
<b>3</b>	\$24,089	\$2,008	\$1,004	\$927	\$464
<b>4</b>	\$29,055	\$2,422	\$1,211	\$1,118	\$559
<b>5</b>	\$34,021	\$2,836	\$1,418	\$1,309	\$655
<b>6</b>	\$38,987	\$3,249	\$1,625	\$1,500	\$750
<b>7</b>	\$43,953	\$3,663	\$1,832	\$1,691	\$846
<b>8</b>	\$48,919	\$4,077	\$2,039	\$1,882	\$941
<b>For each additional family member, add:</b>	+ \$4,966	+ \$414	+ \$207	+ \$191	+ \$96

*Para cada miembro adicional del hogar añade*  
\*eligibility for 2012-2013 is not yet available

<b>Reduced Eligibility Scale Meals, Snacks, and Milk</b>	<b>Annual</b> <i>Anual</i>	<b>Monthly</b> <i>Mensual</i>	<b>Twice Per Month</b> <i>Quincenal</i>	<b>Every Two Weeks</b> <i>Cada Dos Semanas</i>	<b>Weekly</b> <i>Semanal</i>
<b>Household Size</b> <i>Personas En Hogar</i>					
<b>1</b>	\$20,147	\$1,679	\$840	\$775	\$388
<b>2</b>	\$27,214	\$2,268	\$1,134	\$1,047	\$524
<b>3</b>	\$34,281	\$2,857	\$1,429	\$1,319	\$660
<b>4</b>	\$41,348	\$3,446	\$1,723	\$1,591	\$796
<b>5</b>	\$48,415	\$4,035	\$2,018	\$1,863	\$932
<b>6</b>	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
<b>7</b>	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
<b>8</b>	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
<b>For each additional family member, add:</b>	+ \$7,067	+ \$589	+ \$295	+ \$272	+ \$136

*Para cada miembro adicional del hogar añade*

A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution of boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Food Stamps, Kin-Gap, Or FDPIR benefits or children who are recipients of CALWORKS. Those children are automatically eligible for free meal benefits. In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse, and any persons who are economically dependent on the adult participant. This scale does not apply to members of Food Stamp households, or recipients of Supplemental Security Income, Medicaid/Medi-Cal, or Food Distribution Program On Indian Reservations benefits. Those participants are automatically eligible for free meals.