



## Rancho Cielo Culinary Academy

710 Old Stage Road, Salinas CA 93907

### ELIGIBILITY CHECKLIST

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SS#: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

#### Step 1

Please complete the following forms included in this packet.

1. Complete the John Muir Charter School Enrollment Form
2. Complete the John Muir "Request for Student Records"
3. Read and sign the Academy Release of Liability Form
4. Carefully read and sign all of the Drummond Culinary Academy's contracts.

#### Step 2

Please bring the following documents to Rancho Cielo **prior** to orientation. They are necessary to determine your eligibility to participate:

1. Signed Social Security Card
2. A picture identification (Driver's license, State Issued ID or School ID)
3. Birth Certificate or Alien Registration Card
4. Official school transcripts:
  - o If Applicable, IEP Documents and GED Scores
5. Students under 18 must bring Immunization records:
  - o Proof of adolescent whooping cough booster shot (Tdap)
6. Family Size:
  - o Social Security Numbers of all immediate family members
  - Or-
  - o 2011 Income Tax Return members (parent or self)
7. Proof of income:
  - o The last six months of parents paycheck stubs

Please contact Rancho Cielo to schedule visits to the Ranch. **PLEASE NOTE THAT RANCHO CIELO IS A CLOSED CAMPUS AND ALL VISITS MUST BE SCHEDULED PRIOR.**



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### PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR (UNDER 18)

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_ a minor, (birth date), \_\_\_/\_\_\_/\_\_\_, do hereby authorize the Drummond Culinary Academy as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide emergency authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

Minor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Rel: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_

Allergies: \_\_\_\_\_



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### **FIELD TRIP PERMISSION RELEASE (UNDER 18 ONLY)**

Parent permission is required in order for your son/daughter to be allowed to attend any activities outside of the Drummond Culinary Academy. Field trips will be an essential part of culinary education and they will be part of the high school experience.

I, (print adult's full name) \_\_\_\_\_, hereby grant Rancho Cielo Drummond Culinary Academy permission to take/transport my son/daughter, a minor of whom I am a legal guardian, (print minor's full name) \_\_\_\_\_, to planned field trips as part of the Culinary Academy and High School training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



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### DRUG FREE CONTRACT / DRUG TESTING AND SEARCH & SEIZURE CONTRACT

I, \_\_\_\_\_ OF, \_\_\_\_\_  
(full name) (Street/Apt City, State, Zip)

- Agree to the zero tolerance drug use policy of Rancho Cielo as detailed in the student handbook.
- Agree that I will not help spread or promote the availability of drugs on or off the Rancho Cielo Campus.
- Agree I will not pressure my friends and classmates to purchase or use drugs on or off the Rancho Cielo Campus.
- Agree to be randomly drug tested at the discretion of Rancho Cielo Youth Campus.

In order to maintain a safe and sober environment the Drummond Culinary Program has a search and seizure policy and mandatory drug testing of program participants. There are consequences for rule violations and may result in program dismissal. Consequences are outlined in the discipline matrix. These rules apply to all activities of the Drummond Culinary Academy at all times. This also includes all offsite activities and fieldtrips.

I have read and agree to all the provisions of this form and I will follow these standards and rules on daily basis.

I agree to abide by the terms and conditions of this contract.

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

#### UNDER 18

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

I understand that my child has agreed to a zero tolerance policy and will do my best to make sure my child abides by this contract.



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### **ADULT PHOTO RELEASE**

I, (print full name) \_\_\_\_\_, hereby grant to Rancho Cielo Youth Campus, Inc (hereinafter called "Rancho Cielo") the absolute and irrevocable right and permission, in respect of the photographs that Rancho Cielo has taken of me or in which I may be included with others, to copyright the same, in Rancho Cielo's name or otherwise; to use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with other printed matter, in any and all media now and hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising, or trade, or any other purpose whatsoever; and to use my name in connection therewith if Rancho Cielo so chooses.

I hereby release and discharge Rancho Cielo from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Rancho Cielo as well as the person(s) for whom the photographs were taken.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Drummond Culinary Staff



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### **MINOR PHOTO RELEASE (UNDER 18)**

I, (print adult's full name) \_\_\_\_\_, hereby grant to Rancho Cielo Youth Campus, Inc (hereinafter called "Rancho Cielo") the absolute and irrevocable right and permission, in respect of the photographs that Rancho Cielo has taken of my minor child or the minor of whom I am legal guardian, (print minor's full name) \_\_\_\_\_, or photographs in which this child may be included with others, to copyright the same, in Rancho Cielo's name or otherwise; to use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with other printed matter, in any and all media now and hereafter known, and for illustration, promotion, art, advertising, or trade, or any other purpose whatsoever; and to use my name, and or the name of the aforementioned minor, in connection therewith if the Rancho Cielo chooses.

I hereby release and discharge the Rancho Cielo from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitations any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the legal representatives, licensees, successors, and assigns of the Rancho Cielo.

I am of full age and have the right to contract in my own name. I affirm hereby that I am the parent or legal guardian of the aforementioned minor. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Drummond Culinary Staff



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### **COMPUTER AND INTERNET ACCEPTABLE USE CONTRACT**

1. Students must request instructor's permission each time they use the Internet or access online resources unless instructed to log on as part of assigned work.
2. Students may not enter chat room or use chat rooms anywhere on the internet.
3. Students will not attempt to access personal or private information or files, or attempt damaging the work or files of other students.
4. Students may access school appropriate websites. Music, games, ECT. May be access only if desired by teacher.
5. Students will not access or create pornographic, sexual explicit or obscene material or photographs.
6. Students will not access or create racist, sexist, gang-related, or threatening messages or photographs.
7. Students will not access any website or create anything that is drug related or related to drug paraphernalia or activity.
8. Students will not attempt to purchase or sign up for anything online.
9. Students will not download anything, including but not limited software, games, music, videos, or images without specific permission from the teachers.

Rancho Cielo Youth Campus reserves the right to review and monitor any materials related to student use to ensure that all systems are used properly. Students should have no expectation of privacy while using internet. Violations of these rules will result in disciplinary measures and loss of computer access privileges.

I have read and understand the above rules and restrictions regarding the use of computers and internet at MCOE sites. My signature below indicates my acceptance of these policies.

Print Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18)

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### PROBATION/PAROLE STATUS VERIFICATION FORM

Name of Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_

1. ON PROBATION:  YES  NO  INFORMATIONAL  N/A

2. ON PAROLE:  YES  NO  N/A

3. TYPE OF OFENCE:  FELONY  MISDEMEANOR

4. PROBATION/PAROLE TERMINATED:  YES  NO

5. TERMINATION DATE: \_\_\_\_\_

Name of Probation or Parole Officer (If Applicable) : \_\_\_\_\_

Officer Contact Number: \_\_\_\_\_

PENAL CODE EXPLANATION: \_\_\_\_\_

PLEASE INDICATE COURT ORDERED RESTRICTIONS (If Any) : \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of verifying Staff