

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade in 2023-2024:		Birthdate:	

Parent/Guardian Information					
Parent/Guardian 1			Parent/Guardian 2		
Name:			Name:		
Relationship to student:			Relationship to student:		
Street Address*: <input type="checkbox"/> Same as student			Street Address*: <input type="checkbox"/> Same as student		
City:		State:	City:		State: Zip:
*Note: If physical address does not represent permanent housing, please briefly describe what type of temporary housing the physical address represents:					
School District of Residence:			School District of Residence:		
Mailing Address:			Mailing Address:		
City:		State:	City:		State: Zip:
Cell Phone:	Home Phone:	Work Phone:	Cell Phone:	Home Phone:	Work Phone:
Email:			Email:		
Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Send student mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Send student mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian 1 Highest Level of Education	Parent/Guardian 2 Highest Level of Education
<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD	<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD
<input type="checkbox"/> College Graduate - Holds BA or BS	<input type="checkbox"/> College Graduate - Holds BA or BS
<input type="checkbox"/> Some College - Holds AA / Completed 2 full years at a 4-year university	<input type="checkbox"/> Some College - Holds AA / Completed 2 full years at a 4 year university
<input type="checkbox"/> High School Graduate - Holds a diploma or GED	<input type="checkbox"/> High School Graduate - Holds a diploma or GED
<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> Not a High School Graduate
<input type="checkbox"/> Decline to state	<input type="checkbox"/> Decline to state

Previous School/Enrollment Details	
School:	Address:
Previous School Type (please select one)	
<b>Public School:</b>	<input type="checkbox"/> Different district in same state <input type="checkbox"/> In different state <input type="checkbox"/> Charter School <input type="checkbox"/> Completed highest grade level offered
<b>Private, non-religiously-affiliated school:</b>	<input type="checkbox"/> In the same district <input type="checkbox"/> In a different district, same state <input type="checkbox"/> In a different state <input type="checkbox"/> Home schooling family
<b>Private, religiously-affiliated school:</b>	<input type="checkbox"/> In the same district <input type="checkbox"/> In a different district, same state <input type="checkbox"/> In a different state
<b>Other:</b>	<input type="checkbox"/> School outside of the United States <input type="checkbox"/> Institution (example: correctional facility)

All siblings in family:			
Name:	DOB:	Name:	DOB:
School attending:	Grade:	School attending:	Grade:
Name:	DOB:	Name:	DOB:
School attending:	Grade:	School attending:	Grade:
Name:	DOB:	Name:	DOB:
School attending:	Grade:	School attending:	Grade:
Name:	DOB:	Name:	DOB:
School attending:	Grade:	School attending:	Grade:

Special Programs: This information will be used for staff purposes only, and will not be used as admission criteria			
Has the applicant <u>ever</u> received school or private services in any of the following programs? Please check all that apply.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Title I-reading	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Counseling
		<input type="checkbox"/> English as a Second Language	
<input type="checkbox"/> Adaptive Physical Therapy	<input type="checkbox"/> Special Day Class	<input type="checkbox"/> Resource Specialist Class	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Gifted and Talented Education			
Has the applicant <u>ever</u> had an IEP (Individualized Education Program)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Enhancements/Modifiers	
Is the parent/guardian employed in one or more agricultural or fishing activities on a seasonal or temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Release	
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to access the internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Program Affidavit:	
<p><b>If No, sign here.</b> I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.</p>	
X	Date
<p><b>If Yes, sign here and provide a copy of the IEP, including an exit IEP.</b> I understand I must submit all Special Education documentation, and/or 504 Plan with my child's enrollment paperwork, and that without it my child cannot be enrolled in this school. I certify that all statements are true and correct to the best of my knowledge.</p>	
X	Date

**Application Affidavit:**

I declare, under penalty of perjury under the laws of California, that the information provided in this application is true and accurate. I understand that this information may be verified by review of the cumulative records and that inaccurate or false information may subject my request to denial or revocation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Daytime Phone

<b>Home Language Survey</b>	
What language did the student first learn to speak?	
What language does the student most frequently read/speak at home?	
What language does the parent/guardian most frequently speak to the student?	
What language is most often spoken by adults in the home?	
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Ethnicity</b> New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:
Is the student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino

<b>Race</b> In addition to ethnicity, at least one race must also be selected below (may select more than one race):		
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> <b>Black or African American</b> A person having origins in any of the black racial groups of Africa	<input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Middle Eastern</b> A person having origins in any of the original peoples of Europe, the Middle East, or North America
<b>Asian</b>		<b>Pacific Islander</b>
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Laotian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Japanese		<input type="checkbox"/> Other Pacific Islander

<b>Additional Information (if applicable)</b>	
Student Alias Last Name:	Student Alias First Name or Student Nick Name:

<b>Birth Information</b>		
Birth City:	Birth State:	Birth Country:

<b>Office Use Only: Pre-Enrollment Information</b>	
Status: <input type="checkbox"/> In District <input type="checkbox"/> Family <input type="checkbox"/> Special Education ( <input type="checkbox"/> full IEP attached)	
Special Ed Services Approval:	
Priority: <input type="checkbox"/> Employee <input type="checkbox"/> Sibling	
School: <input type="checkbox"/> Charter School <input type="checkbox"/> Elementary <input type="checkbox"/> Charter Middle School	
Missing Information:	<input type="checkbox"/> Previous year report card
	<input type="checkbox"/> Current year report card
	<input type="checkbox"/> STAR scores (Spring 2013)
	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Immunization records (with Tdap booster if 7 <sup>th</sup> /8 <sup>th</sup> grade)
	<input type="checkbox"/> Proof of residency (in-district only) Property tax bill; lease agreement with utility bill, Affidavit with property tax bill)
	<input type="checkbox"/> Full IEP, if applicable
	<input type="checkbox"/> Other:
Date Notified:	Parent Signature: