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|---|--|---------------------|--|---------------------|
| Last Name: | | First Name: | | Middle Name: |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | Grade in 2019-2020: | | 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) | |
| Public School: | |
| <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 | |
| Private, non-religiously-affiliated school: | |
| <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 | |
| Private, religiously-affiliated school: | |
| <input type="checkbox"/> In the same district <input type="checkbox"/> In a different district, same state <input type="checkbox"/> In a different state | |
| Other: | |
| <input type="checkbox"/> School outside of the United States <input type="checkbox"/> Institution (example: correctional facility) | |

| All siblings in family: | | | |
|----------------------------|----------------|----------------------------|----------------|
| Name: School attending: | DOB: Grade: | Name: School attending: | DOB: Grade: |
| Name: School attending: | DOB: Grade: | Name: School attending: | DOB: Grade: |
| Name: School attending: | DOB: Grade: | Name: School attending: | DOB: Grade: |
| Name: School attending: | DOB: Grade: | Name: School attending: | DOB: 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: | |
|--|------|
| If No, sign here. 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. | |
| X | Date |
| If Yes, sign here and provide a copy of the IEP, including an exit IEP. 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. | |
| 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 |

| Home Language Survey | |
|--|--|
| 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 | |

| Ethnicity |
|---|
| 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 |

| Race | | |
|--|--|---|
| In addition to ethnicity, at least one race must also be selected below (may select more than one race): | | |
| <input type="checkbox"/> American Indian or Alaskan Native 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"/> Black or African American A person having origins in any of the black racial groups of Africa | <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern A person having origins in any of the original peoples of Europe, the Middle East, or North America |
| Asian | | Pacific Islander |
| <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 |

| Additional Information (if applicable) | |
|--|--|
| Student Alias Last Name: | Student Alias First Name or Student Nick Name: |
| | |

| Birth Information | | |
|-------------------|--------------|----------------|
| Birth City: | Birth State: | Birth Country: |
| | | |

| Office Use Only: Pre-Enrollment Information | |
|---|---|
| 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 th /8 th 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: |
| | |