

Last Name:		First Name:		Middle Name:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade in 2016-2017:	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:		City:	
State:	Zip:	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:		City:	
State:	Zip:	State:	Zip:
Phone #1:	Phone #2:	Phone #1:	Phone #2:
Phone #3:	Email:	Phone #3:	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 (check one)	Parent/Guardian 2 Highest Level of Education (check one)
<input type="checkbox"/> Graduate Degree – Holds MA, MS, PhD or EdD (5)	<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (5)
<input type="checkbox"/> College Graduate – Holds BA or BS (4)	<input type="checkbox"/> College Graduate – Holds BA or BS (4)
<input type="checkbox"/> Some College- Holds AA or completed 2 full years at a 4 year university (3)	<input type="checkbox"/> Some College- Holds AA or completed 2 full years at a 4 year university (3)
<input type="checkbox"/> High School Graduate – Holds a diploma or GED (2)	<input type="checkbox"/> High School Graduate – Holds a diploma or GED (2)
<input type="checkbox"/> Not a High School Graduate (1)	<input type="checkbox"/> Not a High School Graduate (1)
<input type="checkbox"/> Decline to state (6)	<input type="checkbox"/> Decline to state (6)

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? No, not Hispanic or Latino 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
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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:
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Birth Information:

Birth City:	Birth State:	Birth Country:
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Previous School/Enrollment Details

Name of Previous School:	Address of Previous School:
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Previous School Type (please select one):

Public School:

in a different district same state in a different state Charter School completed highest grade level offered

Private, non-religiously-affiliated school:

in the same district in a different district, same state in a different state Home Schooling Family

Private, religiously-affiliated school:

in the same district in a different district, same state in a different state

Other:

school outside of the United States Institution (example: correctional facility)

Original Entry into US school:

enrolling in school for the first time ever (ie. no previous school)

from a foreign country without schooling interruption

from a foreign country with schooling interruption

Date first enrolled in the US:	Date first enrolled in Ca:	Date first enrolled in District:	Date first enrolled in this school:
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Grade first enrolled in the District:

Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth

Check here if foreign student temporarily schooling in the U.S.

Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.

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

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: