

Student Enrollment Application

Mail or fax to: IEM Enrollment, 1166 Broadway, Suite Q, Placerville, CA 95667
Phone (800)979-4436 or Fax (530)295-3583

Required:

School Requested:

- South Sutter
 Ocean Grove
 Sky Mountain

Fall

Spring

Year : 20__

Do not disenroll from your current school until you have met with your assigned Education Specialist
The submission of this application does not constitute enrollment.

Student Last Name	First Name	MI	Gender	Current Grade
Legal Alias(s) (Adopted/Maiden/Married/other)	Nickname or other			
Birth Date ()	Birth City ()	Birth State	Birth Country ()	
Home Phone	Cell Phone	Emergency Contact: Name		Phone number
School District of Residence	County of Residence			

Adult Student / Parent / Guardian Information

(Circle one) Mother/ Guardian / Adult Student / Spouse	Father / Guardian / Adult Student / Spouse
Name (Last, First):	
Work Phone: ()	()
Home phone: ()	()
E-mail Address: @ .	@ .
<input type="checkbox"/> Check if you <u>do not</u> wish to be a part of the school listserve	<input type="checkbox"/> Check if you <u>do not</u> wish to be a part of the school listserve

Mailing Address:	City:	Zip:
Residential Address:	City:	Zip:
Residence – Where is your child/family currently living? (federally mandated by NCLB) – Please check the appropriate box:		
<input type="checkbox"/> in a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> in a motel/hotel	
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)	<input type="checkbox"/> Unsheltered (car/campsite)	
<input type="checkbox"/> in a shelter or transitional housing program	<input type="checkbox"/> Other (please specify)	

Previous School(s) Information

1. School Name (Most Recent)	2. School Name
Address	Address
City State Zip	City State Zip
Phone	Phone

Ethnicity: Hispanic/Latino: __Y__N Check All that Apply. If multiple, please circle the primary:

<input type="checkbox"/> 100 – American Indian/Alaska Native	<input type="checkbox"/> 201 – Chinese	<input type="checkbox"/> 205 – Asian Indian	<input type="checkbox"/> 299 – Other Asian	<input type="checkbox"/> 304 – Tahitian
<input type="checkbox"/> 600 – Black or African American	<input type="checkbox"/> 202 – Japanese	<input type="checkbox"/> 206 – Laotian	<input type="checkbox"/> 301 – Hawaiian	<input type="checkbox"/> 399 – Other Pacific Islander
<input type="checkbox"/> 700 – white	<input type="checkbox"/> 203 – Korean	<input type="checkbox"/> 207 – Cambodian	<input type="checkbox"/> 302 – Guamanian	<input type="checkbox"/> 400 – Filipino
	<input type="checkbox"/> 204 – Vietnamese	<input type="checkbox"/> 208 – Hmong	<input type="checkbox"/> 303 – Samoan	

See code lists on page 3 to answer these required questions. Enter the code only on this form:

Education Level: Parent 1 Parent 2 Overall Household Income(enter Code): Overall Household Size:

Language Survey (Use 2 digit code from Page 4)

What Language did your child first learn to speak: Which language does your child most frequently use at home:

Which language do you most frequently speak to your child: Which language is spoken most often to your child:

Additional Student Information:

Has your child ever been expelled or pending an expulsion from a school? Yes No School Name:

If Foreign-born, date first enrolled in a US School:

Student Name: _____

ALL Applicants must complete A. & B. questions below: Special Education Section

Please call the Special Education Department directly with any questions: (619)562-7328

A. Has your child ever been referred and/or evaluated to receive special education services?

Yes No

B. Has your child ever attended a Special Education Class?

Yes No

If YES to either question, complete questions 1-5 below.

1. Does your child have a current/active IEP? YES/NO (If NO, what was the date of his/her last IEP _____)

2. Which type of class or service did your child attend? Check all that apply

Speech RSP SDC Adaptive PE OT PT

Other (please name) _____

3. What was the last date your child was in a special education class or received services?

Month of service: _____ Year of service: _____

4. School name and address where special education referral, assessment, or IEP was developed*: _____

5. Date of most recent IEP*: _____

*** Enclose a copy of your child's most recent IEP with this application. If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports.**

No Child Left Behind Opt Out Request—Check if you wish to **opt out**, otherwise your information will be released when requested as required by Section 9528 of the NCLB regulations.

I wish to opt out from having my private information released to Military Recruiters by this school.

IMPORTANT ENROLLMENT INFORMATION: Please read carefully then sign and return these **first 2 pages** to request enrollment in our school. Remember, the student is not enrolled or committed to enrollment by completing this application, but is requesting an enrollment appointment with one of our Education Specialists where enrollment decisions and start dates will be discussed. **Do not disenroll from your current school until you have met with your assigned Education Specialist!**

Documents required for completion of the enrollment process: *(Please send/fax application and all required documents. Incomplete application packets will be returned)*

Check if included:

Birth Certificate (please send a copy only)

Immunization card (please send a copy only)

Report of Health Exam for School Entry (For K and 1st grade)

Report of Oral Health Exam for School Entry (For K and 1st grade students who did not attend K)

Transcript copy (if high school level)

CAHSEE scores (11th to 12th grade only)

Most recent copy of child's IEP, active or inactive. If child does not have an IEP, but was evaluated for special ed, enclose a copy of all assessment reports

Caregiver Authorization Affidavit (if person enrolling student is NOT the parent or legal guardian)

Optional Information:

Requested ES: _____ Requested Co-op/Program: _____

How Did You Hear About Us?

Radio Ad Printed Flyer Newspaper Ad Friend Referral Other _____

I attest that the above statements are true to the best of my knowledge. I understand that falsification of any of the information on this enrollment application may result in the student being dropped from the charter school.

Parent/Guardian/AdultStudent/Signature

Date

IEM Student Enrollment Application- Page 3

Codes to use on page 1 of the Enrollment Application

(This page is for your usage—do not fax or mail back)

Ethnicity

Enter the 3 digit code below on page 1 that corresponds to this student's ethnicity.

100 American Indian or Alaska Native. *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

Asian—Select from below *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

201 Chinese

202 Japanese

203 Korean

204 Vietnamese

205 Asian Indian

206 Laotian

207 Cambodian

299 Other Asian

Native Hawaiian or Other Pacific Islander--Select from below. *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

301 Hawaiian

302 Guamanian

303 Samoan

304 Tahitian

399 Other Pacific Islander

400 Filipino. *A person having origins in any of the original peoples of the Philippine Islands.*

600 Black or African American (not Hispanic). *A person having origins in any of the black racial groups of Africa.*

700 White (not Hispanic). *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Parent Education Level

Enter the 2 digit code of the highest level of education for each parent/guardian

10 Graduate school/post graduate training

11 College graduate

12 Some college (includes AA degree)

13 High school graduate

14 Not a high school graduate

Overall Household Size

Enter the total number of people who reside in your household, including other dependents

Overall Household Income--annual

Enter the 1 digit code that corresponds to the income level of this student's household:

Code to use	Income Level	Code to use	Income Level
AA	Less than \$9,800	GG	\$26,801 to \$30,200
BB	\$9,801 to \$13,200	HH	\$30,201 to \$33,600
CC	\$13,201 to \$16,600	II	\$33,601 to \$37,000
DD	\$16,601 to \$20,000	JJ	\$37,001 to \$40,400
EE	\$20,001 to \$23,400	KK	\$40,401 to \$43,800
FF	\$23,401 to \$26,800	LL	More than \$43,801

IEM Student Enrollment Application- Page 4
Codes to use on page 1 of the Enrollment Application

(This page is for your usage—do not fax or mail back)

Languages

Enter the 2 digit code listed below to answer the 4 language questions on page 1

56 Albanian	50 Khmu
37 American Sign Language	04 Korean
11 Arabic	51 Kurdish (Kurdi, Kurmanji)
12 Armenian	47 Lahu
42 Assyrian	10 Lao
61 Bengali	07 Mandarin (Putonghua)
13 Burmese	48 Marshallese
03 Cantonese	44 Mien (Yao)
36 Cebuano (Visayan)	49 Mixteco
54 Chaldean	99 Other Non-English language
20 Chamorro (Guamanian)	40 Pashto
39 Chaozhou (Chaochow)	41 Polish
15 Dutch	06 Portuguese
<u>00 English</u>	28 Punjabi
16 Farsi (Persian)	45 Rumanian
05 Filipino (Tagalog or Pilipino)	29 Russian
17 French	30 Samoan
18 German	52 Serbo-Croatian (Bosnian, Croatian, Serbian)
19 Greek	60 Somali
43 Gujarati	01 Spanish
21 Hebrew	46 Taiwanese
22 Hindi	32 Thai
23 Hmong	57 Tigrinya
24 Hungarian	53 Toishanese
25 Ilocano	34 Tongan
26 Indonesian	33 Turkish
27 Italian	38 Ukrainian
08 Japanese	35 Urdu
09 Khmer (Cambodian)	02 Vietnamese