

# Student Enrollment Application

Mail or fax to: Student Services/Enrollment using the contact information listed on the school website.

(circle one)  
 Fall   Spring   SS  
 Year : 200\_\_

**The submission of this application does not constitute enrollment.**

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

**Adult Student / Parent / Guardian Information**

(Circle one) Mother/ Guardian / Adult Student / Spouse      Father / Guardian / Spouse

Name ( Last, First): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_      City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_      City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous School(s) Information**  
 (Starting with most recent)

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

***Ethnicity 1 ( check one)***      ***\*Note: If selecting Asian or Pacific Islander, please see \* below.***

African American (not of Hispanic origin)   
  American Indian or Alaskan Native   
  \*Asian   
  Filipino  
 Hispanic/Latino   
  \*Pacific Islander   
  White (not of Hispanic origin)   
  Decline to State

***Ethnicity 2 (check all others you identify with)***

African American (not of Hispanic origin)   
  American Indian or Alaskan Native   
  \*Asian  
 Filipino   
  Hispanic/Latino   
  \*Pacific Islander   
  White (not of Hispanic origin)

***\*If you selected Asian or Pacific Islander as your ethnicity, please indicate each specific group:***

Chinese   
  Japanese   
  Korean   
  Vietnamese   
  Asian Indian   
  Laotian   
  Cambodian   
  Other Asian  
 Hawaiian   
  Guamanian   
  Samoan   
  Tahitian   
  Other Pacific Islander

### Language Survey

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: \_\_\_\_\_

**Overall Household Income** (please choose one) \_\_\_\_\_ Total number in household \_\_\_\_\_

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Less than \$16,000    | <input type="checkbox"/> \$22,001-\$28,000 | <input type="checkbox"/> \$34,001-\$39,000 | <input type="checkbox"/> \$50,001-\$75,000  |
| <input type="checkbox"/> \$16,001-\$22,000     | <input type="checkbox"/> \$28,001-\$34,000 | <input type="checkbox"/> \$39,001-\$50,000 | <input type="checkbox"/> \$75,001-\$100,000 |
| <input type="checkbox"/> Greater than \$100,00 | <input type="checkbox"/> Decline to State  |  |   |

**Mark the response that describes the educational level of student's most educated parent:**

\_\_\_ Not a High School Graduate \_\_\_ High School Graduate \_\_\_ Some College (includes AA Degree)

\_\_\_ College Graduate \_\_\_ Graduate School/Post Graduate training \_\_\_ Decline to state or unknown

### Additional Student Information:

Has your child ever been expelled from a school? (circle one) **Yes No** School Name: \_\_\_\_\_

**If Foreign-born:** Did you enroll for the first time in a US school within the last 3 years? \_\_\_\_\_

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

*Please call the Special Education Department directly with any questions: (619)303-9902*

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

(circle one) **Yes No**

**B. Has your child ever attended a Special Education Class?** (circle one) **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? Circle 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.

### **IMPORTANT INFORMATION:**

**Documents required for completion of the enrollment process:** *(Please attach required documents to this application. Applications received without this required documentation will delay the enrollment process)*

- **Birth Certificate** (please send a copy only)
- **Immunization card**
- **Report of Health Exam for School Entry (For K and 1<sup>st</sup> grade)**
- **Current IEP (For Special Education Students only):** (please send a copy only)

Requested ES: (Optional) \_\_\_\_\_ Requested Co-op/Program: (Optional) \_\_\_\_\_

**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/Adult Student/Signature

Date