

# Summer School Student Enrollment Application

Mail or fax to: Student Services/Enrollment  
4535 Missouri Flat Road, Ste. 1A, Placerville, CA 95667  
Phone (800)979-4436 or Fax (530)295-3583

Summer School  
Year: 200\_\_\_\_\_

**The submission of this application does not constitute enrollment. Additionally, enrollment in an IEM School Summer School program does not constitute enrollment for the regular school year. You must submit a regular enrollment application, if you wish to enroll during a regular school year. Summer School enrollment is only available to those who are currently enrolled in the school, or have submitted an application for the Fall semester.**

\_\_\_\_\_  
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)                                      Name of Summer School (circle one)                                      CWCS

(\_\_\_\_\_) \_\_\_\_\_                                      (\_\_\_\_\_) \_\_\_\_\_  
(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: \_\_\_\_\_

## **IMPORTANT INFORMATION:**

Documents required for completion of the enrollment process, **if not currently enrolled** in an IEM School: (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**
- **Did your child receive Special Ed services in the 2004 school year through CWCS?** \_\_\_\_\_  
Through any other public school? \_\_\_\_\_

**Requested Summer School ES: (Optional)** \_\_\_\_\_

## **This section must be completed by the Regular School Year ES.**

This student needs to take or has my permission to take these courses during summer school:

**Course Name:**                                      **Units**                                      **Course Name:**                                      **Units**                                      **ES Name:** \_\_\_\_\_

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      **ES Signature:** \_\_\_\_\_

\_\_\_\_\_                                      \_\_\_\_\_

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**