

Last Name:		First Name:		Middle Name:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade in 2021-2022 :		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