

2020-2021 PRE-ENROLLMENT APPLICATION FORM

Mail or fax to: Registrar, Charter Office, 325 Marion Ave.
Ben Lomond, CA 95005
Phone (831) 336-5167 or Fax (831) 336-0131
Email to: jhendricks@slvusd.org
If you have any questions, please call (831) 336-5167

Please check the program your applying for:

- QH Homeschool K-5 (6-8)
- Fall Creek Homeschool K-5 (6-8)
- Mountain I/S K-5 (in Soquel)
- Coast Redwood Middle School 6-8
- Coast Redwood High School 9-12
- QH Integrated Arts 6-8*
- Nature Academ 6-8*

* Lottery application required

IMPORTANT INFORMATION: Submission of this does not constitute enrollment. It is requesting an appointment with a teacher from the program requested in order to confirm program specifics, expectations, and discuss start date. Do not disenroll from your current school until confirmation from our registrar!

Todays date: _____ **2020-21 Grade level:** _____ **Gender:** _____ **Legal Gender:** _____

Student Legal Name: _____
(Last) (First) (Middle) (Preferred Name)

Student's Physical Address: _____ **City:** _____ **Zip:** _____
Street (No P.O. Box)

Student's Mailing Address: _____ **City:** _____ **Zip:** _____

Birth Date: _____ **Birth City:** _____ **Birth State:** _____ **Birth Country:** _____

School District of Residence: _____ **County of residence:** _____

Current Student in Charter: YES NO **Has a sibling in Charter? Name:** _____ **Program:** _____

Previous School Information

Previous School: _____ **Address/Registrar Phone # (Required):** _____

Previous Retention? Yes/No If yes, what grade? _____

Special Health Considerations? _____

Parent/Guardian #1

Parent/Guardian #2

Name (Last, First): _____

Primary Phone # () _____ **()** _____

Secondary Phone # () _____

E-mail Address: _____

Parent Education Level: Not a High School Graduate High School Graduate Some College or AA Degree
 College Graduate Graduate Degree or Higher Decline to State

Is either parent/guardian on active duty in the US armed forces? Army Navy Air Force Marine Corps

DOCUMENTS required to be submitted along with the Pre-Enrollment Application form:

(Please attach/fax required documents with this application. If received without will be returned and must be resubmitted.)

Required for all applicants:

(Check all attached)

- Copy of Birth Certificate
- Copy of Vaccine Record
- Copy of IEP or 504 as mentioned on next page
- Caregiver Authorization Affidavit (If person enrolling student is NOT the parent or legal guardian)

Additional for K-1st grades :

- Health Exam Form
- Oral Health Exam or Waiver

High School Level:

- Transcript copy

Please complete back of form

Additional Student Information

Ethnicity/ Race

Hispanic/Latino: ___Y ___N

Check All that Apply. If multiple, please circle the primary:

- 100- American Indian/Alaska Native 201-Chinese 205-Asian Indian 299-Other Asian 304-Tahitian
- 600-Black or African American 202-Japanese 206-Laotian 301-Hawaiian 399-Other Pacific Islander
- 700-White 203-Korean 207-Cambodian
- 204-Vietnamese 208-Hmong 302-Guamanian 400-Filipino
- 303-Samoan

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: _____

Special Education

Has Student Ever Received Special Education Services (Speech, RSP, SDC, Adaptive PE, Ot, Pt, 504 Plan)? **Yes/ NO**

Does student have an active IEP or 504? _____ (If yes, please provide a copy) Date of most recent IEP*: _____

*If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports.

I acknowledge that enrollment with the SLVUSD Charter School is voluntary.

Parent/Guardian Signature

Date

For Office Use Only

Birth Cert. ELL Language: _____ Homeless: _____ IEP SDC 504 GATE

Custody issues: Yes/No Court Papers Received: Yes/No

Vaccines Complete

Polio	<input type="radio"/> 1st	<input type="radio"/> 2nd	<input type="radio"/> 3rd	<input type="radio"/> 4th	
DTP	<input type="radio"/> 1st	<input type="radio"/> 2nd	<input type="radio"/> 3rd	<input type="radio"/> 4th	<input type="radio"/> 5th
MMR	<input type="radio"/> 1st	<input type="radio"/> 2nd			
Hep B	<input type="radio"/> 1st	<input type="radio"/> 2nd	<input type="radio"/> 3rd		
Varicella	<input type="radio"/> 1st	<input type="radio"/> 2nd			
Tdap	<input type="radio"/> 1st				

Kindergarten/1st:

- Oral Health Assessment/ Waiver
- 1st Grade Physical Original/Waiver

High School

- Transcript

Powerschool

- _Enroll new stud account
- _State/Province>Calpads Student Info
- _State/Province>Calpads Gaurdian Info
- _Demographics
- _Scheduling Set-up(nxt scl)
- _Modify Sched(add Teacher)
- _Transfer Info>date(District)
- _Vax
- _Special Programs(2)
- _(SpED)
- _Transcript
- _Email(3)
- _PS Access

G Dox

- _Waitlist
- _Addlist
- _Enroll Spreadsheet
- _>By grade
- _FTE/Prog enroll

Other

- _Online Reg._Med. Info
- _Prog Roster & Email
- _Req CUM