

**2019-2020 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: [tbergquist@slvusd.org](mailto:tbergquist@slvusd.org)  
If you have any questions, please call (831) 336-5167

Please check the program your applying for:

- |                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> QH Homeschool K-5 (6-8)         | <input type="checkbox"/> Coast Redwood Middle School 6-8 |
| <input type="checkbox"/> Fall Creek Homeschool K-5 (6-8) | <input type="checkbox"/> Coast Redwood High School 9-12  |
| <input type="checkbox"/> Mountain I/S K-5 (in Soquel)    | <input type="checkbox"/> QH Integrated Arts 6-8*         |
|                                                          | <input type="checkbox"/> 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:** \_\_\_\_\_ **2019-20 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 :**

- Heath Exam Form
- Oral Heath Exam or Waivor

**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