



Admissions Application 2019-2020

I. Student Registration Form							
Last Name:		First Name:			Middle Name		Suffix
Other/aka Last Name:		First Name:			Middle Name		Suffix
Gender:	Grade Level For 2019-2020	Birth Date	Birth City	Birth State	Birth Country		
Physical Street Address			City	State	Zip Code		
Mailing Address			City	State	Zip Code		
County of Residence:		School District of Residence:	Home Phone:		Parent Cell Phone:		
Preferred Region: <input type="checkbox"/> Escondido <input type="checkbox"/> Mission Valley <input type="checkbox"/> South Bay			Student Email Address		Requested EF		

II. Enrollment Enhancements	
Does the student have access to a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our school? _____	
How many times has the student's family moved in the last 12 months? _____	
Does this student currently have a sibling(s) enrolled with Dimensions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of sibling: _____	
Has this student ever been expelled or is this student pending expulsion from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide documentation)	
Has this student ever been suspended or is this student pending suspension from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide documentation)	

III. Special Education	
Has your child ever received any Special Education services of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO: SIGN AND DATE 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. Parent/Guardian X _____ Date: X _____	
IF YES: SIGN HERE AND PROVIDE A COPY OF THE IEP, INCLUDING AN EXIT IEP, OR THE 504 PLAN.	
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 with this Charter School. I certify that all statements are true and correct to the best of my knowledge. Parent/Guardian X _____ Date: X _____	

IV. Previous School & Enrollment Details	
In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law; please release to the school named below all records, including cumulative records, health records, psychological tests, special education information, transcript of completed work including grades to date, and any other educational information.	
Name of School in which student was last enrolled:	Date of Withdrawal from last school attended:
Type of School last attended: <input type="checkbox"/> Public school <input type="checkbox"/> Private, non-religiously-affiliated school <input type="checkbox"/> Private, religiously-affiliated school <input type="checkbox"/> School outside of USA <input type="checkbox"/> Institution (example: correctional facility) <input type="checkbox"/> Independent study charter school <input type="checkbox"/> Site-based charter school <input type="checkbox"/> Home schooling (R-4 or PSA) <input type="checkbox"/> Other _____	Has the student participated in independent study/homeschooling before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: How many years has student participated in independent study/homeschooling? _____ Reason for enrolling student in this program: _____ _____ _____
Address of Previous School:	
Was this student expelled or up for expulsion at the time of withdrawal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been retained or skipped a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade Skipped : _____ OR Grade Retained: _____
Is student currently in SARB process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Residence	
Where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:	
<input type="checkbox"/> Permanent Housing (House, apartment, condo or mobile home)-200	<input type="checkbox"/> Temporarily Doubled Up (Shared housing due to economic hardship or loss)- 120
<input type="checkbox"/> Foster Family Home or Kinship Placement-210	<input type="checkbox"/> Temporary Shelters-100
<input type="checkbox"/> Other- 300 (please specify): _____	<input type="checkbox"/> Hotels/Motels-110

VI. Ethnicity/Race of Student (Answer both parts)

Part A: Ethnicity – Is the student Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)

- Yes, Hispanic or Latino
 No, Not Hispanic or Latino

Part B: Race – (Please check up to **five** racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please answer the following by marking one or more boxes to indicate what you consider the student's race to be:

- | | | |
|--|---|---|
| <input type="checkbox"/> African American or Black (600)

<input type="checkbox"/> American Indian or Alaskan Native (100)
(Persons having origins in any of the original people of North and South America, including Central America) | <input type="checkbox"/> Asian— Mark category that applies:
<input type="checkbox"/> Asian Indian (205)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Filipino (400)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Pacific Islander— Mark category that applies:
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Native Hawaiian (301)
<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)

<input type="checkbox"/> White (700)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--|---|---|

***Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth. US Entry date _____/_____/____ MM/YYYY

VII. Home Language Survey

California Education Code (Ed Code 62002) requires schools to determine the language spoken at home by each student. This information is essential in order for the school to provide meaningful instruction for all students. Further assessment will be given to students with languages other than English.

Which language did your child first learn to speak? _____
 Which language does your child most frequently read/speak at home? _____
 Which language do the parents/guardians most frequently speak to the student? _____
 Which language is most often spoken by the adults in the home? _____
 Date first enrolled in a US school (TK-12th) _____/_____/_____ MM/YYYY
 Date first enrolled in a California school (TK-12th) _____/_____/_____ MM/YYYY

Is your child fluent in English?
 Yes No
 Has your child taken the CELDT test?
 Yes No

VIII. Parent/Guardian Information

	Mother/Foster Parent/Guardian	Father/Foster Parent/Guardian	Emergency Contact/Other Adult
Last Name			
First Name			
Relationship to student			
Lives with student	Yes / No If no, provide address below	Yes / No If no, provide address below	
Mailing Street Address			
City, State Zip Code			
Home Phone			
Work Phone			
Cell Phone			
Parent Email address			
Highest Level of Education	<input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> High School Graduate – Holds diploma or GED (13) <input type="checkbox"/> Vocational Certificate (12) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> First-Professional Degree – Hold D.C., D.D.S., J.D., M.D., or Ordination (10) <input type="checkbox"/> Decline to State (15)	<input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> High School Graduate – Holds diploma or GED (13) <input type="checkbox"/> Vocational Certificate (12) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> First-Professional Degree – Hold D.C., D.D.S., J.D., M.D., or Ordination (10) <input type="checkbox"/> Decline to State (15)	

The undersigned parent/legal guardian/student concurs and agrees that enrollment of this student constitutes this student's complete educational program, and the student is not enrolled in any public or private school. The undersigned parent/legal guardian/student has read and understands the above information.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE