

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

Please check the program

- QH Homeschool (K-8)  
 QH Integrated Arts (6-8)  
 Fall Creek Homeschool (K-5)  
 Mountain I/S (in Soquel)

you prefer to participate in

- Coast Redwood Middle School  
 Coast Redwood High School  
 Nature Academy\*  
 \*Lottery application required

**Do not disenroll from your current school until you have met or spoken to someone from the Charter Office**  
**The submission of this application does not constitute enrollment.**

Student Last Name	First Name	MI	Gender	Legal Gender	2019-20 Grade
Legal Name(s)			Preferred Name		
Birth Date	Birth City	Birth State	Birth Country		
School District of Residence			County of Residence		

**Parent / Guardian Information**

(Circle one)                      Mother/Guardian                                      Father/Guardian

Name (Last, First): \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Education Level:     Graduate school/post graduate training                       Graduate school/post graduate training  
 College Graduate                       Some college/AA Degree     College Graduate                       Some college/AA Degree

Degree                       High School Graduate     Not a High School Grad     High School Graduate     Not a High School Grad

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

**Previous School Information**

Previous School Name	Previous School Address/Registrar Phone number (Required)
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Please list, in order of priority, your needs from this school.

- 1.
- 2.
- 3.

Please complete back of form

**Additional Student Information**

**Ethnicity:** Hispanic/Latino: \_\_\_Y \_\_\_N

- 100- American Indian/Alaska Native
- 600-Black or African American
- 700-White

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

- 201-Chinese
- 202-Japanese
- 203-Korean
- 204-Vietnamese
- 205-Asian Indian
- 206-Laotian
- 207-Cambodian
- 208-Hmong

- 299-Other Asian
- 301-Hawaiian
- 302-Guamanian
- 303-Samoan
- 304-Tahitian
- 399-Other Pacific Islander
- 400-Filipino

**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: \_\_\_\_\_

**ALL Applicants must complete A. & B. questions below: Special Education Section**

**A. Has your child ever been referred and/or evaluated to receive special education services such as Speech, RSP, SDC, Adaptive PE, Ot, PT, 504 Plan?**      Yes      No

**B. Has your child ever attended a Special Education Class?**      Yes      No

**If YES to either question, complete questions 1-5 below.**

1. Does your child have a current/active IEP? YES/NO (If NO, what was the date of his/her last IEP \_\_\_\_\_)
2. School name and address where special education referral, assessment or IEP was developed\*
3. Date of most recent IEP\*: \_\_\_\_\_

\*Enclose a copy of your child's most recent IEP with this application. If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports.

**IMPORTANT ENROLLMENT INFORMATION:** Remember, the student is not enrolled or committed to enrollment by completing this application, but is requesting an enrollment appointment with one of our Teachers where enrollment decisions and start dates will be discussed. **Do not disenroll from your current school until you have heard from our registrar!**

**DOCUMENTS required to be submitted along with the Enrollment Application form: (Please attach/fax required documents to/with this application. Applications received without the required documentation will be returned and must be resubmitted.)**

Check if included:

- Copy of Birth Certificate (required for all applicants)
- Copy of Immunization Card, AND mandatory proof of Tdap/Whooping Cough Booster on or after 7<sup>th</sup> birthday (required for all applicants)
- Report of Health Exam for School Entry (Required for K and 1<sup>st</sup> grade students attending public school for the first time)
- Report of Oral Health Exam for School Entry (Required for K and 1<sup>st</sup> grade students attending public school for the first time)
- Most recent copy of child's IEP, active or inactive. If child does not have an IEP, but was evaluated for special ed, enclose a copy of all assessment reports.
- Transcript copy (if high school level)
- CAHSEE scores (11<sup>th</sup> to 12<sup>th</sup> grade only)
- Caregiver Authorization Affidavit (if person enrolling student is NOT the parent or legal guardian)

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date