

2016-17 Enrollment Form

Thank you for filling out our student enrollment form. We are required by the State and Federal government to ask many of these questions and appreciate your honest answers to this very personal inquiry.

*** 1. Student's Legal First Name:**

2. Student's Middle Name:

*** 3. Student's Legal Last Name:**

4. Student's Suffix

*** 5. Student's Date of Birth:**

Date of Birth MM DD YYYY
 / /

*** 6. Male or Female:**

- Male
- Female

*** 7. City of Birth:**

8. State of Birth:

*** 9. Country of Birth**

Permanent Student Record

*10. Where is your family currently living?

- In a single family home (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families)
- In a shelter on transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)

Other (please specify)

*11. Home/Mailing Address:

Address:

Address 2:

City:

State:

ZIP:

Phone Number:

12. Mailing Address (if different from home address):

Name:

Address:

City:

State:

ZIP:

13. Most Recent School Attended:

Name:

City:

State/Province:

ZIP/Postal Code:

Country:

14. Is the most recent school attended in the San Diego Unified School District (SDUSD):

- Yes
- No

If no, which district is the previous school in?

Permanent Student Record

15. What was the last grade you completed?

- Preschool/Pre-K
- TK
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- No Previous Schooling

*16. Date student first attended any PUBLIC attended school in California:

Date: MM DD YYYY
 / /

17. Date student first attended any Public or Private school in the U.S.: (if student was born outside of the U.S.)

Date MM DD YYYY
 / /

*18. Child lives with:

- Both parents
- Mother
- Father
- Other

Other (please specify)

For state reporting we are required to ask the following questions on ethnicity and race. We understand you may identify as other races not listed, however, these are the only choice we have for state reporting.

Permanent Student Record

*19. Is this student Hispanic or Latino?

- Yes
- No

*20. What is the student's primary race?

- Black or African American
- American Indian or Alaska Native
- Asian
- Filipino
- Hispanic or Latino
- Native Hawaiian
- Pacific Islander
- White
- Two or More Races

Primary Guardian #1 Information:

Parent/guardian this student LIVES WITH:
This person MUST have custody of the student.

*21. Parent/Guardian #1 Information:

First Name:	<input type="text"/>
Last Name	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value=""/>
ZIP:	<input type="text"/>
Email Address	<input type="text"/>
Cell Phone:	<input type="text"/>
Home Phone:	<input type="text"/>

Permanent Student Record

*22. Relationship to Student

- Mother
- Father
- Step Father
- Step Mother

Other (please specify)

*23. Check all that apply:

- Lives with Student
- Contact Allowed
- Has Educational Rights
- Has Custody
- Extra Mail
- Active Duty Military

24. Highest Level of Education:

- Not a High School Graduate
- High School Graduate
- Some College
- College Graduate
- Graduate School/Post Graduate Training

25. Occupation:

26. Employer:

Parent/Guardian #2 Information:

Permanent Student Record

27. #2 Parent/Guardian Information:

First Name:

Last Name:

Address:

City:

State:

ZIP:

Email Address:

Cell Phone:

Home Phone:

*28. Relationship to Student:

- Mother
- Father
- Step Mother
- Step Father

Other (please specify)

*29. Check all that apply:

- Lives with Student
- Extra Mail
- Active Duty Military
- Contact Allowed
- Has Educational Rights
- Has Custody

30. Highest Level of Education:

- Not a High School Graduate
- High School Graduate
- Some College
- College Graduate
- Graduate School/Post Graduate Training

31. Occupation:

Permanent Student Record

32. Employer:

Emergency Contact Information:

Adults other than above who are authorized to pick up your student for medical, emergency release, or other reasons.
(Must be 18 years of age or older)

33. Emergency Contact # 1 Information:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Cell Phone:	<input type="text"/>
Home Phone:	<input type="text"/>
Relationship to student?	<input type="text"/>

34. Emergency Contact # 2 Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Cell Phone:	<input type="text"/>
Home Phone:	<input type="text"/>
Relationship to Student?	<input type="text"/>

*** 35. Does the student have any medical concerns we should be aware of (i.e. allergies, asthma)?**

- Yes
 No

36. What concerns?

Permanent Student Record

Thrive will be collaborating with a free/low cost clinic that will be available to provide nurse-like services and more. Look for more information to come!

Home Language Survey:

The California Education Code Requires schools to determine the language(s) spoken at home by each student. Your cooperation in helping us meet this important requirement is requested.

37. What language did your child learn when her or she began to talk?

38. What language does your child use most frequently at home?

39. What language do you use most frequently to speak to your child?

40. What language is most often spoken by the adults at home?

41. What is your preferred language when the school sends home letters or notices regarding school activities or student progress?

Additional Program Services:

***42. Does the student currently have an Individualized Education Plan (IEP) or receive Special Education Services?**

Yes

No

***43. Has the student ever had an IEP or received Special Education Services?**

Yes

No

If your student has a current IEP or 504 Plan, you MUST submit a photocopy of the plan and Psychological Evaluation (if applicable) in order to complete your registration and so we can best prepare for your child's success at Thrive.

Permanent Student Record

44. Check any of the following in which the student has participated during the last 3 years:

- 504 Plan
- Counseling
- Gifted and Talented (GATE)
- English as a Second Language (ESL)
- English Language Learner (EL)
- Remedial Math
- Remedial Reading
- Free and Reduced Lunch
- Homeschooling
- Independent Study
- None of the Above

Other (please specify)

***45. Has the student been promoted or retained in a grade?**

- No
- Promoted
- Retained

***46. Which grade?**

***47. Has the student been suspended in the last three years?**

- Yes
- No

48. If yes, please explain.

Permanent Student Record

***49. Has the student ever been expelled?**

Yes

No

50. If yes, please explain.

***51. I certify that the information provided on this form is correct and that the student resides at the address listed. I acknowledge that failure to provide accurate information may jeopardize our enrollment in Thrive Public School.**

Parent/Guardian Electronic

Signature:

Date:

STATEMENT OF NON-DISCRIMINATION: Thrive does not discriminate against any person on the basis of gender, race, color, religion, national origin, ethnic group, actual or perceived sexual orientation, marital or parental status, physical or mental disability,. Thrive will take steps to assure that the lack of English will not be a barrier to admission and participation in District programs.

52. Is there anything else you would like us to know about your child or your family?

Please use this box.