

Ballico-Cressey Community Charter School
New Enrollment Form (1-8)
(To be completed by the parent or guardian)

Office Use Only:

Student I.D. No. _____
SSID No. _____

Anticipated Start Date in Ballico-Cressey School District: _____

Male Female

Student's LEGAL Name: _____ Date of Birth: _____
(from birth certificate) Last Name First Name Middle Name Mo./Day/Year

_____ | _____ | (_____) | _____ | _____ | _____
Mother's/Guardian's First Name Last Name Home Phone Cell/Work Phone

_____ | _____ | (_____) | _____ | _____ | _____
Father's/Guardian's First Name Last Name Home Phone Cell/Work Phone

_____ | _____ | _____ | _____ | _____
Mailing Address City State Zip

_____ | _____ | _____ | _____
Residence Address (IF DIFFERENT) City State Zip

_____ | _____ | _____ | _____
Last School Attended: Name of School City/State Phone No. Last Day of Attendance

Student's Birthplace: _____ If not born in the U.S., what month/year did your child enter U.S.? ____/____/____
City/State/Country Mo./Year

What month and year did your child first enroll in a U.S. school? ____/____/____ In a California school? ____/____/____
Mo. / Year Mo. / Year

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

WHAT IS YOUR CHILD'S 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 continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> American Indian or Alaskan Native (100) <small>(Person having origins in any of the original people of North and South America (including Central America)</small>	<input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>
<input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202)			

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home: _____

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> Some college (includes AA degree)	<input type="checkbox"/> Graduate school/postgraduate training
<input type="checkbox"/> High school graduate	<input type="checkbox"/> College graduate	

What special services has your child received? *(Please check all boxes that apply)*

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 Accommodation Plan

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling

Medical Health Plan English Language Development

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes: Name of school: _____ Location: _____ Date: _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program | <input type="checkbox"/> Other _____ |

OTHER CHILDREN IN THE FAMILY:

<u>First and Last Name</u>	<u>Relationship</u>	<u>Lives at Home</u>	<u>School</u>	<u>Grade</u> <u>(If graduated, not applicable)</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

OTHER ADULTS IN THE HOME:

<u>Name</u>	<u>Relationship</u>	<u>Name</u>	<u>Relationship</u>
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ALLERGIES (Check all that apply) None:

- | | | |
|-------------------------------------|---------------------------------|--|
| Animals <input type="checkbox"/> | Drugs <input type="checkbox"/> | List specific item(s) student is allergic to: _____ |
| Insects <input type="checkbox"/> | Food <input type="checkbox"/> | Describe allergic reaction and/or treatment: _____
Explain: _____ |
| Bee Stings <input type="checkbox"/> | Plants <input type="checkbox"/> | |
| | Other <input type="checkbox"/> | |

CURRENT MEDICATION(S) No Yes Epi-Pen If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

<u>Name of Medication(s)</u>	<u>Dosage</u>	<u>Time Taken</u>	<u>Purpose</u>
_____	_____	_____	_____

MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes No

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____

Revised: 2/24/09