

Camarillo Academy of Progressive Education - STUDENT ENROLLMENT FORM



Open School - Open Mind - Equal Opportunity Charter

Student's LEGAL Last Name	First Name	Middle	Nick Name (If any)

Birth City	Birth State	Birth Country	Birth Date (Mo/Day/Year)	Grade	Gender (Male/Female)

Street Address	City	Zip	Home Telephone	Social Security Number

Mailing Address (If different from residence): _____

Duplicate/Additional Mailing (If Needed) - Name, Address, Phone: _____

Please circle one of the following and include their information below: **Father** or **StepFather** or **Male Legal Guardian**

Last Name,	First Name,	Middle	Occupation
Place of Employment: (Company Name, No. and Street, City, State, Zip)			(Area) Telephone
Mailing Address (If different from residence):			

Please circle one of the following and include their information below: **Mother** or **StepMother** or **Female Legal Guardian**

Last Name,	First Name,	Middle	Occupation
Place of Employment: (Company Name, No. and Street, City, State, Zip)			(Area) Telephone
Mailing Address (If different from residence):			

Siblings: Brothers, Sisters - Names and Birth Dates: _____

STUDENT RESIDENT STATUS - Please check appropriate line(s) and provide a copy of any formal court documentation to your child's school.

<input type="checkbox"/> Living with Both Parents	<input type="checkbox"/> Living with Legal Guardian	<input type="checkbox"/> Living with Foster Parents/ Group Home	<input type="checkbox"/> Sp. Custody / Ward of Court
<input type="checkbox"/> Living with Real Father Only	<input type="checkbox"/> Living with Real Father & Step Mom	<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Restraining Order(s)
<input type="checkbox"/> Living with Real Mother Only	<input type="checkbox"/> Living with Real Mom & Step Dad	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caregiver

Last School Attended (Name)	(Address)	(City)	(State)	(Zip)	(Area Code) Telephone

Your student's School District of Residency:

In what year did your child first enroll in a school in the **United States**? _____ List grade(s) student may have **skipped** _____

In what year did your child first enroll in a public school in **California**? _____ List grades(s) student may have **repeated** _____

Special Services - Has your child participated in any of the following programs? If yes, please check the appropriate program(s)

<input type="checkbox"/> Reading/Math Intervention & RSP	<input type="checkbox"/> English Language Development	<input type="checkbox"/> IEP/Special Ed	<input type="checkbox"/> Help Improve Attendance/Behavior
<input type="checkbox"/> Speech/Language Services	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> GATE	<input type="checkbox"/> Other: _____

Does your child have (or has he/she had) any illness or injuries that are important for the school health office to know about? If so, please state and describe. For example: Diabetes, seizures, heart, asthma, severe allergy, kidney disease, T.B., serious injuries, chronic illness, etc:

(Please Do Not Write Below This Line)

(For Office Use ONLY)

Enrollment Date	Teacher	Student #	1st CA	1st USA	Grade	Kindergarten AM / PM / Full Day
Ethnic Code	Language Code	Father's Ed Code	Mother's Ed Code	Family Number	Dwelling	NCLB / HMLSS

Proof of Birth Date Request for Cum/Records Health Card/ Insert Immunizations Blue CSIR Imm. Other: _____

Ethnic/Race & Lang. Form Emergency Card Lunch Application CHDP/Waiver (K/1) Dental (K/1) Not required Kindergarten Information