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| *INSTRUCTIONS: Please print using black or blue ink. If you have any questions ask for assistance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A.** | **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | |  | |  | | | | | | | | |  |  | | | | | | 2. |  | | | | | |  |  | |  |
|  | Legal Name: Last | | |  |  | |  | | First | | | | | | |  | Middle | | | | | |  | Alias/Nickname | | | | | |  | | 3. GR | |
| 4. |  | | | | | | |  | |  | | |  |  | | | | |  | |  | | | |  |  | | | | | | | |
|  | Home Address | | | | | | |  | | City | | |  | State | | | | |  | | Zip | | | |  | 5. Home Phone Number | | | | | | | |
|  |  | |  | | | | | |  | |  | | | | | | |  | |  | | | | | | | |  |  | | | | |
| 6. | Sex:  Male  Female | | 7. Date of Birth | | | | | |  | | 8. Birth City | | | | | | |  | | 9. State/Province | | | | | | | |  | 10. Country | | | | |
|  |  | |  | | | | | |  | |  | | | | | | |  | |  | | | | | | | |  |  | | | | |

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| **B.** | **PARENT/LEGAL GUARDIAN** *with whom the student lives* | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | |  | |  | |  |  | |  | |  | | | 2. | |  | | |  | |  | | | | | |  | |  | | |  | |  | | |
|  | Last | | | |  | | First | |  | M-Initial | | |  | | DOB | |  | | | Last | | |  | | | First | | | | |  | | M-Initial | | |  | | DOB | |
|  |  | | | |  | |  | |  |  | | |  | |  | |  | | |  | | |  | | |  | | | | |  | |  | | |  | |  | |
| 1A | Does the student live with this parent/legal guardian: Yes  No | | | | | | | | | | | | | | | | 2A | | | Does the student live with this parent/legal guardian: Yes  No | | | | | | | | | | | | | | | | | | | |
| 1B | Relationship to Student | | | | |  | | | | | | | | | | | 2B | | | Relationship to Student | | | | | | | |  | | | | | | | | | | | |
| 1C | Contact Phone Numbers- Please check number to call in each case | | | | | | | | | | | | | | | | 2C | | | Contact Phone Numbers-Please check number to call in each case | | | | | | | | | | | | | | | | | | | |
|  | Home |  | | | | | | Emergency Home Cell  Work | | | | | | | | | Home | | | |  | | | | | | | | Emergency Home Cell  Work | | | | | | | | | |  |
|  | Cell |  | | | | | | Attendance Home Cell  Work | | | | | | | | | Cell | | | |  | | | | | | | | Attendance Home Cell  Work | | | | | | | | | |  |
|  | Work |  | | | | | | General Info Home Cell  Work | | | | | | | | | Work | | | |  | | | | | | | | General Info Home Cell  Work | | | | | | | | | |  |
| 1D | Email Address | |  |  | | | | | | | | | | | |  | 2D | | | Email Address | | | | | | |  | | | | | | | | | | | | |
| 1E | Active Military | | Yes No if YES, Branch | | | | | | | |  | | | | |  | 2E | | | Active Military | | | | | Yes No if YES, Branch | | | | | | | | |  | | | | | |
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| **C.** | | **SIGNATURE-I hereby verify that the information contained in this document is true and correct to the best of my knowledge.** | | | | |
|  |  | |  |  |  |  |
|  | **Signature** | |  | **Print Name** |  | **Date** |
|  | Relationship to Student  Parent Legal Guardian  Other (Specify*)* | | | | | |

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| **OFFICE USE ONLY** | | | | | | | | | |
|  | | | | | | | | | |
| **D.** | | | **PREVIOUS SCHOOL** | | | | **E. REASON FOR TRANSFER-ENROLLMENT** | **F. Transferring to:** |  |
|  |  | | | | | |  | Challenges | Cameron |
|  | | Cameron | | | Challenges | | IEP Placement | School of Opportunity | Crestline |
|  | | Crestline | | | BHS | | SDC Success | Independent Study | Henderson |
|  | | Henderson | | | CHS | | Residency-(proof of residency required) | BHS | Lenwood |
|  | | Lenwood | | | BJHS | | Intra (attached) /Inter District Transfer | CHS | Montara |
|  | | Montara | | | B STEM A | | Yes  No | BJHS | Skyline |
|  | | Skyline | | | School of Opportunity | |  | B STEM A |  |
|  | |  | |  | |  |  |  |  |
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| **G.** | **PROGRAMS** |
|  | English Leaner (notify EL Coordinator) |
|  | Specialized Academic Instruction (notify Special Ed. Coordinator) |
|  | GATE Identified |
|  | Other |
|  | |

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| **HEALTH OFFICE USE ONLY** | | | | | | | | |
| **H.** | |  |  | | | | |  |
|  | | 1. IMMUNIZATION | Complete  Not Complete  Waiver | | | | |  |
|  | | 2. Screenings | Complete  Not Complete  Appointment Date      \_\_\_\_\_\_\_\_\_\_\_\_  Waiver  N/A | | | | |  |
|  | |  |  | | | | |  |
|  | Signature of Health Clerk | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |