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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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |