



FOR OFFICE USE ONLY	
DATE:	_____
SCHOOL YEAR:	_____
SPECIAL EDUCATION SERVICES:	
<input type="checkbox"/> IEP	<input type="checkbox"/> 504 <input type="checkbox"/> NONE

Sacramento California Unified School District

## Sacramento New Technology High School

1400 Dickson St. ♦ Sacramento, CA 95822 ♦ (916) 395-5254 ♦ FAX: (916) 433-2840 ♦ [www.newtech.scusd.edu](http://www.newtech.scusd.edu)

### Application for Admission

#### STUDENT INFORMATION:

Last Name		First Name		Middle Name	
Student Email:					
Student Cellphone:			Last School Attended:		
Street Address		City		State	Zip
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		Date of Birth		Current Grade <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	
Home Phone		Parent Cellphone		Work Phone	
Parent Email					
1) Full Name of Guardian whom Student Lives With			Relationship		
2) Full Name of Guardian whom Student Lives With			Relationship		

Admission to New Tech is based on a first-come first served basis. If the number of applications exceeds enrollment capacity at the registration deadline a lottery will be held. Students who are not chosen for admission through a lottery process will be placed on the waiting list based on lottery results.

If enrollment capacity is not filled by the registration deadline, then students are accepted until capacity is reached. All students applying after the lottery process has occurred will be placed on the waiting list in the order that their enrollment packet is submitted. As space becomes available, students will be offered enrollment based on their position on the waiting list.

For more information visit [www.newtech.scusd.edu](http://www.newtech.scusd.edu) or email Mr. Hernandez, our school Registrar at [Hugo-Hernandez@scusd.edu](mailto:Hugo-Hernandez@scusd.edu) or call his office at 916-395-5257.

## Enrollment Packet

Student Name	Current Grade
Where or how did find out about New Tech?	
Where you referred to New Tech by one of our current students or parents?	
If so, what is the name of the student or parent?	

### KEY UNDERSTANDINGS

*As New Tech is an innovative program, parents and students must acknowledge they understand these vital components to the school. The intent of this form is to make sure all partners—student, family, and school personnel – are in agreement as to what the program entails.*

#### Program Objectives:

New Tech considers college admission the goal for all students. Please be aware of these elements of the program.

- ❖ Coursework at New Tech is challenging: students complete 260 credits for graduation.
- ❖ Students complete university A-G requirements to graduate.
- ❖ Students enroll in community college coursework and *complete college credits prior to graduation*.
- ❖ Struggling students participate in interventions to assure success by graduation.

New Tech is a small, inclusive program, which will offer many advantages. However, there are some constraints.

- ❖ Students can participate in CIF team based athletics, and play for West Campus per the SCUSD Small Schools Agreement.
- ❖ Additionally, students may participate in the Small School League for selected sports (i.e. soccer, flag football, basketball, and ultimate Frisbee).

New Tech offers the most personalized program possible:

- ❖ Students are in advisories to help guide them through high school and into college or career.
- ❖ Digital Portfolios are works in progress that involve the student, parent, and staff.
- ❖ We strive to have a teacher to student ratio of 1:25 in every class.
- ❖ We value student voice and choice in developing projects.

Project Based Learning (PBL model) is the bedrock of the New Tech program.

- ❖ Students are teamed to work on projects for almost all major assignments.
- ❖ Students are expected to exhibit flexibility and responsibility.
- ❖ The discipline to stay on task and maintain focus on project timelines is critical.
- ❖ Project content and concepts are based on the California State Standards.
- ❖ Students not participating with their group may be “fired” from that group.
- ❖ Projects are graded by peers, teachers, field experts, and parents.

## BEHAVIOR CONTRACT

### Parent-Student-School:

Congratulations on your choice of Sacramento New Technology High School! As you know, New Tech is a dependent charter school. In choosing New Tech, you and your child agree to maintain our supportive and safe learning environment. In addition, you concur that the focus of school is to promote student growth and academic achievement. The staff, students, and parents at New Tech agree that it is everyone's job to protect the educational experience of all students.

***We, the undersigned, understand that any student engaging in any of the following behaviors may be dropped from the New Tech program and returned to her/his school of residence:***

- ❖ Fighting,
- ❖ Possession of, distribution of, or being under the influence of alcohol or any other controlled substance.
- ❖ Stealing.
- ❖ Attendance less than 95%.
- ❖ Severe abuse or misuse of the technology.
- ❖ Engaging in classroom behaviors that consistently interfere with the learning environment.

Sacramento New Technology High School reserves the right to ask any student to leave as a consequence of inappropriate behavior, lack of academic progress, or attendance. Students asked to leave are to return to their school of residence.

We have read and understand the above removal/dismissal policy for Sacramento New Technology High School.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## SPECIAL EDUCATION SERVICES: IEP / 504 PLAN

***Does the student receive Special Education Services, IEP or 504 Plan?***

☐

YES

☐

NO

*If you answered yes, please provide a copy of your student's most current/latest IEP or 504 services you're your student's enrollment application so that there is no delay in delivering appropriate services.*

***Name of School District or School where the student last received Special Education services:***

***Type of Special Education Services received:***

☐

IEP

☐

504

☐

ED

☐

RSP

☐

SDC

If the student has received Special Education/504 services in the past, but is not currently using them, please explain: \_\_\_\_\_

I understand that New Tech uses a full inclusion model where students with disabilities receive their education within the general education classroom. New Tech believes students with learning disabilities benefit from being served in the general education classroom whenever possible. To aid with the appropriate delivery of instruction and services, New Tech special education teachers consult with general education teachers to ensure that students with disabilities receive the support they need.

New Tech recognizes that the general education classroom may not always be the appropriate placement 100% of the time for some students with learning disabilities. When a student needs an alternative instructional environment for a portion of the time, one will be provided. However, collaboration is a schoolwide learning outcome, a component of every student's grade in every class, and a fundamental element of PBL. Therefore it is essential that students be fully included as much as is appropriate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Small Schools Release Form

To the Parent or Guardian,

Completing this form instructs the Office or Registrar at your child's school of residence to release your child from their enrollment. Once the student has been released from their local school of residence, New Tech will complete your child's enrollment.

### ***Student Contact Information:***

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous or current school: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### ***Parent Contact Information:***

I request that my child be dis-enrolled from his/her current school as of the date indicated below;

*Released date from school of residence:* \_\_\_\_\_

Parent/Guardian Cellphone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### ***To the School of Residence:***

The parent and student named above have requested to enroll at Sacramento New Technology High School.

The student is expected to begin school on \_\_\_\_\_ and is to be dropped from your school's enrollment as of this date: \_\_\_\_\_.

## STUDENT REGISTRATION FORM

### SECTION A: DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Legal name of person registering student:		Relationship to student:	Incoming Grade

**IS YOUR CHILD** Hispanic or Latino?   ☐ Yes   ☐ No

**WHAT IS YOUR CHILD'S RACE?** (Check all that apply; mark "P" next to your child's primary race.)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese		

**Date of Birth**    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
 (Verification: ☐ Birth Certificate   ☐ Other: \_\_\_\_\_)

**Place of Birth**    **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

Date student first attended school in California?    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Date student first attended school in the United States?    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**PARENT EDUCATION:** Check the box that best describes the highest education level of *either* parent/guardian.

<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College (includes AA degrees)
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Graduate Degree or Higher	

**WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE?** (Check all boxes that apply)

<input type="checkbox"/> Resource (RSP)	<input type="checkbox"/> 504	<input type="checkbox"/> Speech & Language	<input type="checkbox"/> Gifted (GATE)
<input type="checkbox"/> Special Day Class (SDC)	<input type="checkbox"/> IEP	<input type="checkbox"/> English Learner Support	<input type="checkbox"/> NONE

**HAS YOUR CHILD EVER BEEN EXPELLED?**   ☐ No   ☐ Yes (Name of school and district: \_\_\_\_\_)

**NON-HOUSEHOLD EMERGENCY CONTACTS:** *Place a checkmark next to people who may also check your child out of school.*

<input type="checkbox"/> Name:	Relationship:	Primary Phone Number:
<input type="checkbox"/> Name:	Relationship:	Primary Phone Number:
<input type="checkbox"/> Name:	Relationship:	Primary Phone Number:

**PLEASE READ:** California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

**SECTION B: HEALTH AND EMERGENCY INFORMATION**

☐ Check here if student has **NO KNOWN HEALTH PROBLEMS**.

☐ Check here if student has **KNOWN HEALTH PROBLEMS** and check all that apply below.

☐ ADD/ADHD

☐ Asthma

☐ Heart Problems

☐ Seizures

☐ SEVERE Allergy to: \_\_\_\_\_

☐ Diabetes: Type I \_\_\_\_\_ Type II \_\_\_\_\_

☐ Epi-Pen

☐ Other: \_\_\_\_\_

☐ Check here if student wears glasses/contact lenses.

☐ Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in

☐ Classroom

☐ Physical Education

If so, explain:

**List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school, or both.** *Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME \_\_\_\_\_

AT SCHOOL \_\_\_\_\_

***Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):***

**EMERGENCY AUTHORIZATION**

*In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.*

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Facility and Phone Number \_\_\_\_\_

**Does this student have health insurance?** ☐ Yes ☐ No

**Does this student have dental insurance?** ☐ Yes ☐ No

Name of Insurance or Health Plan Provider: \_\_\_\_\_

Student's Medical Record Number: \_\_\_\_\_

*If none, I give permission to SCUSD to share this information to help apply for health insurance for my child.* ☐ Yes ☐ No

***The information provided is accurate to the best of my knowledge, and I understand my responsibility.***

***Signature of Person Registering Student***

***Relationship to Student***

***Date***

**SECTION C: HOUSEHOLD INFORMATION***Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?*☐ No

(Skip to Primary Household.)

☐ Yes

(Complete the table below. Attach additional paper if needed.)

1 <sup>st</sup> student's LEGAL name:	Date of Birth:	Grade & School:	Relationship to student:
2 <sup>nd</sup> student's LEGAL name:	Date of Birth:	Grade & School:	Relationship to student:
3 <sup>rd</sup> student's LEGAL name:	Date of Birth:	Grade & School:	Relationship to student:
4 <sup>th</sup> student's LEGAL name:	Date of Birth:	Grade & School:	Relationship to student:
5 <sup>th</sup> student's LEGAL name:	Date of Birth:	Grade & School:	Relationship to student:

Is there a legal custody agreement regarding this student? ☐ Yes ☐ No

If yes, check:

☐ Sole Custody☐ Joint Custody☐ Guardian☐ Foster/Group HomeIs the student involved in any active court orders? ☐ No ☐ Yes *If yes, what kind?***PRIMARY HOUSEHOLD****Address** (*This is the address where the student primarily lives*):

Number	Street	Apt/Lot	City	State	Zip
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**1<sup>st</sup> Parent/Guardian**

Full Legal Name:

Date of Birth

Home Phone

Cell Phone

Work Phone

Has this person ever been a student in SCUSD?

☐ No ☐ Yes

Email Address:

**Relationship to Student:**Contact Preferences (*check preferred methods*):☐ Infinite Campus Parent Portal ☐ Email ☐ Mailings**Other Adult in Household**

Full Legal Name:

**Relationship to Student:**

Date of Birth

Cell Phone

Work Phone

Has this person ever been a student in SCUSD?

☐ No ☐ Yes**SECONDARY HOUSEHOLD: Complete this section if parents do not live in same household.**



# New Tech Enrollment Packet

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<b>Address:</b>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> <span>Apt/Lot</span> <span>City</span> <span>State</span> <span>Zip</span> </div>					
Mailing Address (if different):	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> <span>Apt/Lot</span> <span>City</span> <span>State</span> <span>Zip</span> </div>					
<b>Parent/Guardian 2</b>		Full Legal Name:				
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Birth	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Home Phone	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Cell Phone	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Email Address:		<b>Relationship to Student:</b>		Contact Preferences ( <i>check preferred methods</i> ): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings		
<b>Other Adult in Household</b>		Full Legal Name:				
<b>Relationship to Student:</b>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Birth	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Cell Phone	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>AUTOMATED MESSENGER CONTACT INFORMATION:</b> Check to <i>receive automated messages</i> .						
	Attendance	Behavior	General	Teacher	Priority	
Primary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SCHOOL MOST RECENTLY ATTENDED</b>						
<b>School</b>	<b>City and State</b>		<b>Grade Level</b>	<b>Date Started</b>	<b>Date Left</b>	
<b>TYPE OF REGISTRATION</b>						
<input type="checkbox"/> Neighborhood <input type="checkbox"/> Charter School <input type="checkbox"/> SHPD	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> Over Enrollment – Neighborhood School: <input type="checkbox"/> Foster Youth	<input type="checkbox"/> Program Improvement <input type="checkbox"/> In-Transition	<input type="checkbox"/> Intra-district Transfer Receiving School: _____	<input type="checkbox"/> Inter-district Transfer <input type="checkbox"/> Special Education – Placement: _____		

## Home Language Survey: (English/Spanish/Hmong (Leng-Der)).

1. Which language did your child learn when he or she first began to talk? \_\_\_\_\_

¿Qué idioma aprendió su hijo/a cuándo empezó a hablar?

Yaam lug twg yog yaam kws koj tug mivnyuas kawm thaud nwg pib xyum has lug?

Thaum koj tus menyuam pib hais lus ntawd nws hais lus ab tsi?

2. Which language does your child most frequently use at home? \_\_\_\_\_

¿Qué idioma usa su hijo/a en la casa?

Koj tug mivnyuas has (siv) yaam lug twg heev tshaaj nyob tom tsev?

Nyob hauv tsev, feem ntau koj tus menyuam hais lus ab tsi?

3. Which language do you use most frequently to speak to your child? \_\_\_\_\_

¿Qué idioma usa usted regularmente con su hijo/a?

Koj has yaam lug twg heev tshaaj rua koj tug mivnyuas?

Feem ntau koj hais hom lus dab tsi rau koj tus menyuam?

4. Which language is most often spoken by adults in the home? \_\_\_\_\_

¿Qué idioma usan los adultos más a menudo en casa?

Yaam lug twg yog yaam kws cov tuab-neeg laug has heev tshaaj nyob huv koj tsev?

Nyob hauv tsev, feem ntau cov neeg laus hauv tsev hais lus ab tsi?

**If your child was not born in the United States, please answer the following questions.**

**Si su hijo/a no nació en los Estados Unidos, por favor conteste las siguientes preguntas.**

**Yog has tas koj tug mivnyuas tsi yug nyob tebhaws Asmesliskas nuav, thov teb cov lug-nug nraag qaab nuav.**

**Yog koj tus menyuam tsis yug nyob teb chaws Asmesliskas no, thov teb cov lus hauv qab no.**

1. Where was your child born? \_\_\_\_\_

¿Dónde nació su hijo/a?

Koj tug mivnyuas yug nyob rua qhov twg?

Koj tus menyuam yug nyob qhov twg?

2. What was his/her entry date to the first school in the US? \_\_\_\_\_

¿Cuál fue su fecha de entrada a la primera escuela en los Estados Unidos?

Nub kws nwg tuaj kawm ntawv rua thawj lub tsev kawm-ntawv huv Asmesliskas yog nub twg?

Hnub twg yog hnub nws nkag kawm ntaw rau thawj lub tsev kawm ntawv hauv Asmesliskas no?

\_\_\_\_\_  
Parent Signature/Firma del Padre  
Nam-txiv suam npe/Niam Txiv Kos Npe

\_\_\_\_\_  
Date/Fecha  
Nub-tim/Hub tim

**Home Language Survey: Chinese/ Vietnamese/Russian**

學生姓名: \_\_\_\_\_ 學校名稱: \_\_\_\_\_ 第 \_\_\_\_\_ 年級

1. 當你的子女初學講話時他/她學的什麼語言? \_\_\_\_\_

2. 現在你的子女在家中談話時最常用的什麼語言? \_\_\_\_\_

3. 你在家中最常用的什麼語言? \_\_\_\_\_

4. 你家中的成年人大多數用什麼語言談話? \_\_\_\_\_

如果你的子女不是在美國出生, 請填寫下列問題。

1. 你的子女在什麼國家出生? \_\_\_\_\_

2. 你的子女在美國第一次入讀學校的入學日期是 \_\_\_\_\_

家長簽名: \_\_\_\_\_ 日期: \_\_\_\_\_

**Vietnamese**

Trường \_\_\_\_\_ Tên học-sinh \_\_\_\_\_ Lớp \_\_\_\_\_

1. Con của Quý Vị học ngôn ngữ nào lúc em bắt đầu biết nói? \_\_\_\_\_

2. Con của Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? \_\_\_\_\_

3. Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? \_\_\_\_\_

4. Trong gia đình, người lớn nói ngôn ngữ nào thường xuyên nhất? \_\_\_\_\_

Nếu con của Quý Vị không sinh ra tại Hoa Kỳ, xin trả lời những câu hỏi sau đây.

1. Con của Quý Vị sinh ở đâu? \_\_\_\_\_

2. Ngày vào học trường đầu tiên ở Hoa Kỳ là ngày nào? \_\_\_\_\_

\_\_\_\_\_  
Chữ ký của phụ-huynh

\_\_\_\_\_  
Ngày

**Russian**

\_\_\_\_\_  
Название школы

\_\_\_\_\_  
Имя и фамилия ученика

\_\_\_\_\_  
Класс

1. На каком языке ваш ребёнок начал говорить с рождения? \_\_\_\_\_

2. На каком языке ваш ребёнок чаще всего говорит дома? \_\_\_\_\_

3. На каком языке вы чаще всего говорите дома? \_\_\_\_\_

4. На каком языке взрослые чаще всего говорят дома? \_\_\_\_\_

Если ваш ребёнок родился за пределами Америки, пожалуйста, ответьте на следующие вопросы

1. Где ваш ребёнок родился? \_\_\_\_\_

2. Укажите число, когда ваш ребёнок начал посещать школу в Америке первый раз? \_\_\_\_\_

\_\_\_\_\_  
Подпись родителей

\_\_\_\_\_  
Число

**Check-Off List:** Along with the application, we will be needing copies of the following:

- ☐ *Birth Certificate*
- ☐ *Immunization Records*
- ☐ *Official Transcript*
- ☐ *IEP/504 copies of most recent services, if any.*
- ☐ *Parent/Guardia Photo ID*
- ☐ *Utility Bill (for valid address verification)*

Please attach your child's transcript. We may be unable to create an accurate schedule for your student without this information.

This concludes the enrollment process, thank you.

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**Lista de verificación:** Junto con la aplicación, necesitaremos copias de los siguientes documentos:

- ☐ *Acta de nacimiento*
- ☐ *Registro de vacunas*
- ☐ *Boleta oficial de calificaciones*
- ☐ *Plan de educación individual (IEP) o plan 504 más reciente – si es que lo hay.*
- ☐ *Identificación del padre/guardián*
- ☐ *Factura de servicio público (para verificar la dirección de casa)*

Por favor asegúrese de adjuntar la boleta de calificaciones de hijo(a) o de lo contrario no podemos crear un horario preciso sin esta información.

Esto concluye el proceso de inscripción, gracias.