

# CWCS Student Enrollment Application

Mail or fax to: IEM Enrollment, 1166 Broadway, Suite Q, Placerville, CA 95667  
Phone (800)979-4436 or Fax (530)295-3583  
www.connectingwaters.org

Fall  
 Spring  
Year : 20 \_\_\_\_\_

***Do not disenroll from your current school until you have met with your assigned Education Specialist  
The submission of this application does not constitute enrollment.***

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ Current Grade \_\_\_\_\_

Legal Alias(s) (Adopted/Maiden/Married/other) \_\_\_\_\_ Nickname or other \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth Date (\_\_\_\_/\_\_\_\_/\_\_\_\_) Birth City (\_\_\_\_) Birth State (\_\_\_\_) Birth Country (\_\_\_\_)

Home Phone (\_\_\_\_) Cell Phone (\_\_\_\_) Emergency Contact: Name \_\_\_\_\_ Phone number \_\_\_\_\_

School District of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_

## Adult Student / Parent / Guardian Information

(Circle one) **Mother/ Guardian / Adult Student / Spouse** **Father / Guardian / Adult Student / Spouse**  
Name ( Last, First): \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ @\_\_\_\_\_.\_\_\_\_\_  
 Check if you do not wish to be a part of the school listserv  Check if you do not wish to be a part of the school listserv

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Residence – Where is your child/family currently living? (federally mandated by NCLB) – Please check the appropriate box:  
 in a single family permanent residence (house, apartment, condo, mobile home)  in a motel/hotel  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)  Unsheltered (car/campsite)  
 in a shelter or transitional housing program  Other (please specify) \_\_\_\_\_

## Previous School(s) Information

1. \_\_\_\_\_ 2. \_\_\_\_\_  
School Name (Most Recent) \_\_\_\_\_ School Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Ethnicity:** Hispanic/Latino: \_\_Y\_\_N Check All that Apply. If multiple, please circle the primary:  
 100 – American Indian/Alaska Native  201 – Chinese  205 – Asian Indian  299 – Other Asian  304 – Tahitian  
 600 – Black or African American  202 – Japanese  206 – Laotian  301 – Hawaiian  399 – Other Pacific Islander  
 700 – white  203 – Korean  207 – Cambodian  302 – Guamanian  400 – Filipino  
 204 – Vietnamese  208 – Hmong  303 – Samoan

**See code lists on page 3 to answer these required questions. Enter the code only on this form:**

**Education Level:** Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Overall Household Income(enter Code): \_\_\_\_\_ Overall Household Size: \_\_\_\_\_

## Language Survey (Use 2 digit code from Page 4)

What Language did your child first learn to speak: \_\_\_\_\_ Which language does your child most frequently use at home: \_\_\_\_\_  
Which language do you most frequently speak to your child: \_\_\_\_\_ Which language is spoken most often to your child: \_\_\_\_\_

## Additional Student Information:

Has your child ever been expelled or pending an expulsion from a school?  Yes  No School Name: \_\_\_\_\_  
If Foreign-born: Did you enroll for the first time in a US school within the last 3 years ? \_\_\_\_\_ Date 1<sup>st</sup> Enrolled: \_\_\_\_\_

Student Name:

**ALL Applicants must complete A. & B. questions below: Special Education Section**

Please call the Special Education Department directly with any questions: 619-596-7328 or 1-800-808-9895 ext 4 then 8

Falsification of any information on this application may result in your student being dropped from this school.

**A. Has your child ever been referred and/or evaluated to receive special education services such as Speech, RSP, SDC, Adaptive PE, OT, PT, 504 Plan?**     Yes     No

**B. Has your child ever attended a Special Education Class?**     Yes     No

**If YES to either question, complete questions 1-5 below.**

1. Does your child have a current/active IEP? YES/NO (If NO, what was the date of his/her last IEP \_\_\_\_\_)

2. Which type of class or service did your child attend? Check all that apply

Speech     RSP     SDC     Adaptive PE     OT     PT

Other (please name) \_\_\_\_\_

3. What was the last date your child was in a special education class or received services?

Month of service: \_\_\_\_\_ Year of service: \_\_\_\_\_

4. School name and address where special education referral, assessment, or IEP was developed\*: \_\_\_\_\_

5. Date of most recent IEP\*: \_\_\_\_\_

**\* Enclose a copy of your child's most recent IEP with this application. If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports.**

**No Child Left Behind Opt Out Request**—Check if you wish to **opt out**, otherwise your information will be released when requested as required by Section 9528 of the NCLB regulations.

I wish to opt out from having my private information released to Military Recruiters by this school.

**IMPORTANT ENROLLMENT INFORMATION:** Please read carefully then sign and return these **first 2 pages** to request enrollment in our school. Remember, the student is not enrolled or committed to enrollment by completing this application, but is requesting an enrollment appointment with one of our Education Specialists where enrollment decisions and start dates will be discussed. **Do not disenroll from your current school until you have met with your assigned Education Specialist!**

**Documents required for completion of the enrollment process:** (Please attach/fax required documents to/with this application. Applications received without this required documentation will be returned and must be resubmitted.)

**Check if included:**

Birth Certificate (please send a copy only)

Immunization card (please send a copy only)

Report of Health Exam for School Entry (For K and 1<sup>st</sup> grade)

Report of Oral Health Exam for School Entry (For K and 1<sup>st</sup> grade students who did not attend K)

Most recent active/inactive IEP (For Special Education Students only): (please send a copy only)

Transcript copy (if high school level)

CAHSEE scores (11<sup>th</sup> to 12<sup>th</sup> grade only)

**Optional Information:**

Requested ES: \_\_\_\_\_

**How Did You Hear About Us?**

Radio Ad     Printed Flyer     Newspaper Ad     Friend Referral     Other \_\_\_\_\_

**I attest that the above statements are true to the best of my knowledge. I understand that falsification of any of the information on this enrollment application may result in the student being dropped from the charter school.**

\_\_\_\_\_  
Parent/Guardian/AdultStudent/Signature

\_\_\_\_\_  
Date

# IEM Student Enrollment Application- Page 3

## Codes to use on page 1 of the Enrollment Application

*(This page is for your usage—do not fax or mail back)*

### Ethnicity

*Enter the 3 digit code below on page 1 that corresponds to this student's ethnicity.*

**100 American Indian or Alaska Native.** *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

**Asian—Select from below** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

**201 Chinese**

**202 Japanese**

**203 Korean**

**204 Vietnamese**

**205 Asian Indian**

**206 Laotian**

**207 Cambodian**

**299 Other Asian**

**Native Hawaiian or Other Pacific Islander--Select from below.** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

**301 Hawaiian**

**302 Guamanian**

**303 Samoan**

**304 Tahitian**

**399 Other Pacific Islander**

**400 Filipino.** *A person having origins in any of the original peoples of the Philippine Islands.*

**600 Black or African American (not Hispanic).** *A person having origins in any of the black racial groups of Africa.*

**700 White (not Hispanic).** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

### Parent Education Level

*Enter the 2 digit code of the highest level of education for each parent/guardian*

**10 Graduate school/post graduate training**

**11 College graduate**

**12 Some college (includes AA degree)**

**13 High school graduate**

**14 Not a high school graduate**

### Overall Household Size

*Enter the total number of people who reside in your household, including other dependents*

### Overall Household Income--annual

*Enter the 1 digit code that corresponds to the income level of this student's household:*

Code to use	Income Level	Code to use	Income Level
AA	Less than \$9,800	GG	\$26,801 to \$30,200
BB	\$9,801 to \$13,200	HH	\$30,201 to \$33,600
CC	\$13,201 to \$16,600	II	\$33,601 to \$37,000
DD	\$16,601 to \$20,000	JJ	\$37,001 to \$40,400
EE	\$20,001 to \$23,400	KK	\$40,401 to \$43,800
FF	\$23,401 to \$26,800	LL	More than \$43,801

**IEM Student Enrollment Application- Page 4**  
**Codes to use on page 1 of the Enrollment Application**

*(This page is for your usage—do not fax or mail back)*

**Languages**

*Enter the 2 digit code listed below to answer the 4 language questions on page 1*

56 Albanian	50 Khmu
37 American Sign Language	04 Korean
11 Arabic	51 Kurdish (Kurdi, Kurmanji)
12 Armenian	47 Lahu
42 Assyrian	10 Lao
61 Bengali	07 Mandarin (Putonghua)
13 Burmese	48 Marshallese
03 Cantonese	44 Mien (Yao)
36 Cebuano (Visayan)	49 Mixteco
54 Chaldean	99 Other Non-English language
20 Chamorro (Guamanian)	40 Pashto
39 Chaozhou (Chaochow)	41 Polish
15 Dutch	06 Portuguese
<u>00 English</u>	28 Punjabi
16 Farsi (Persian)	45 Rumanian
05 Filipino (Tagalog or Pilipino)	29 Russian
17 French	30 Samoan
18 German	52 Serbo-Croatian (Bosnian, Croatian, Serbian)
19 Greek	60 Somali
43 Gujarati	01 Spanish
21 Hebrew	46 Taiwanese
22 Hindi	32 Thai
23 Hmong	57 Tigrinya
24 Hungarian	53 Toishanese
25 Ilocano	34 Tongan
26 Indonesian	33 Turkish
27 Italian	38 Ukrainian
08 Japanese	35 Urdu
09 Khmer (Cambodian)	02 Vietnamese