

University Preparation Charter School at CSU Channel Islands

STUDENT ENROLLMENT FORM

Student's Legal Last Name First Name Middle

School	Grade	Gender M/F	Birth Date: Month/Day/Year	

Residence Address	City	Zip Code	Home Telephone	Nickname

Birthplace:	City	State	Country	Military Base?

Mailing Address - If different from residence: _____

Currently living with following:

Father's Name (Stepfather / Legal Guardian): _____
 Last Name First Name Middle Initial Occupation

Place of Employment: _____

Company Name	No. and Street	City	State	Zip	Area Code/Telephone
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Mother's Name (Stepmother/ Legal Guardian): _____
 Last Name First Name Middle Initial Occupation

Place of Employment: _____

Company Name	No. and Street	City	State	Zip	Area Code/Telephone
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Siblings: Brothers, Sisters - Names and Birth Dates: _____

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

☐ Living with Both Parents
 ☐ Living with Legal Guardian
 ☐ Living with Foster Parents
 ☐ Sp. Custody / Ward of Court
☐ Living with Real Father Only
 ☐ Living with Real Father and Stepmother
 ☐ Sole Legal Custody
 ☐ Restraining Order(s)
☐ Living with Real Mother Only
 ☐ Living with Real Mother and Stepfather
 ☐ Joint Legal Custody
 ☐ Caregiver (5111.11)

RESIDENCE-Where is your child/family currently living? (Federally mandated by NCLB)-Please check appropriate line:

☐ In a single family permanent residence (house, apartment, condo, mobile home)
 ☐ In a shelter or transitional housing program
☐ In a motel/hotel
 ☐ Doubled up (sharing housing with other families/individuals)
 ☐ Unsheltered (car/campsite)
☐ Other (please specify) _____

Is either parent/guardian on active duty in the US armed forces: ☐ Army, ☐ Navy, ☐ Air Force, ☐ Marine Corps or ☐ Coast Guard or on full-time ☐ National Guard Duty? ☐ YES ☐ NO

If student resides outside Camarillo boundaries, please list District of Residency: _____

Last School Attended: _____
 School Address City State Zip Code Area Code/Telephone

In what month & year did your child first enroll in any United States school (K-12): _____

List grade(s) student may have skipped _____ List grade(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)

☐ Reading/Math Intervention
 ☐ Speech/Language Services
 ☐ EL/Bilingual/Dual
 ☐ Counseling
☐ IEP/Special Ed
 ☐ GATE
 ☐ 504 Plan
 ☐ Other: _____

Does your child have (or has he had) any illness or injuries which are important for the school nurse 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.

Signature of Parent/Guardian _____ Date _____

(Please Do Not Write Below this Line)

FOR SCHOOL USE ONLY: Date Packet Received: _____