

Student Enrollment Application

Mail or fax to: IEM Enrollment, 4535 Missouri Flat Road, Ste. 1A
 Placerville, CA 95667
 Phone (800)979-4436 or Fax (530)295-3583

Please note: Incomplete applications or applications without the required documents attached will be returned. We do NOT keep copies of returned applications.

Required:

School Requested:

- South Sutter
 Ocean Grove
 Sky Mountain

- Fall/1st Semester
 Spring/2nd Semester
 Transitional Kindergarten (TK)
 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	
School District of Residence		County of Residence		

Parent/Guardian/Adult Student Information

Parent/Guardian/Adult Student	Parent/Guardian
Name (Last, First): _____	_____
Cell/Work Phone: (____) _____	(____) _____
Home phone: (____) _____	(____) _____
E-mail Address: _____@_____._____	_____@_____._____
Education Level: <input type="checkbox"/> Graduate school/post graduate training <input type="checkbox"/> College Graduate <input type="checkbox"/> Some college/AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> Graduate school/post graduate training <input type="checkbox"/> College Graduate <input type="checkbox"/> Some college/AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate

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. _____ School Name (Most Recent)	2. _____ 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:

<input type="checkbox"/> 100 – American Indian/Alaska Native	<input type="checkbox"/> 201 – Chinese	<input type="checkbox"/> 205 – Asian Indian	<input type="checkbox"/> 299 – Other Asian	<input type="checkbox"/> 304 – Tahitian
<input type="checkbox"/> 600 – Black or African American	<input type="checkbox"/> 202 – Japanese	<input type="checkbox"/> 206 – Laotian	<input type="checkbox"/> 301 – Hawaiian	<input type="checkbox"/> 399 – Other Pacific Islander
<input type="checkbox"/> 700 – white	<input type="checkbox"/> 203 – Korean	<input type="checkbox"/> 207 – Cambodian	<input type="checkbox"/> 302 – Guamanian	<input type="checkbox"/> 400 – Filipino
	<input type="checkbox"/> 204 – Vietnamese	<input type="checkbox"/> 208 – Hmong	<input type="checkbox"/> 303 – Samoan	

Language Survey (Use 2-digit code from Page 3)

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 most often spoken by adults in the home (parents, guardians, grandparents, or any other adults) _____

Student Name:

Additional Student Information:

Has your child ever been expelled or pending an expulsion from a school? ___Yes ___No (Please provide a copy of the Expulsion Report with this Enrollment Application)

If Foreign-born, date first enrolled in a US School: _____

Students enrolled at an Independent Study Program are exempt from immunization requirements, however, schools are not exempt from collecting, maintaining, and reporting immunizations

Does your student have record of any immunizations? ___Yes ___No

ALL Applicants must complete A. & B. questions below: Special Education Section
Please call the Special Education Department directly with any questions: (619) 698-5437

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.

Please Note: The submission of this application does not guarantee nor constitute enrollment at an IEM charter school. Do not disenroll from your current school until you have met with your assigned Education Specialist.

Please submit the required documents with your application.

Required Forms: (Refer to "How to Enroll" on the school website for additional document information.)

- Copy of Birth Certificate or other acceptable age verification document – All Students
- Copy of Immunization Record (In accordance with [Senate Bill 277](#), please submit record of any immunizations received. Records will be accepted whether complete or incomplete – All Students
- Report of Health Exam for School Entry - Required for TK, K, and 1st grade students
- Report of Oral Health Exam for School Entry - Required for TK, K, and 1st grade students entering a CA public school for the 1st time

Required Forms if Applicable:

- Most recent copy of students IEP, active or inactive. If child does not have an IEP, but was evaluated for special education, enclose a copy of assessment reports
- Unofficial Transcript copy - High School Students only (Please bring to your first meeting with the Educational Specialist).
- Caregiver Authorization Affidavit (if person enrolling this student is NOT the parent or legal guardian)

Optional Information: Requested ES: _____

Students will be considered for admission without regard to race, ethnicity, national origin, gender, economic status, religion, disability, or achievement level. 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/Adult Student/Signature

Date

IEM Student Enrollment Application- Page 3
Codes and information for 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	21 Hebrew	41 Polish
37 American Sign Language	22 Hindi	06 Portuguese
11 Arabic	23 Hmong	28 Punjabi
12 Armenian	24 Hungarian	45 Rumanian
42 Assyrian	25 Ilocano	29 Russian
61 Bengali	26 Indonesian	30 Samoan
13 Burmese	27 Italian	52 Serbo-Croatian (Bosnian, Croatian, Serbian)
03 Cantonese	08 Japanese	60 Somali
36 Cebuano (Visayan)	09 Khmer (Cambodian)	01 Spanish
54 Chaldean	50 Khmu	46 Taiwanese
20 Chamorro (Guamanian)	04 Korean	32 Thai
39 Chaozhou (Chaochow)	51 Kurdish (Kurdi, Kurmanji)	57 Tigrinya
15 Dutch	47 Lahu	53 Toishanese
<u>00 English</u>	10 Lao	34 Tongan
16 Farsi (Persian)	07 Mandarin (Putonghua)	33 Turkish
05 Filipino (Tagalog or Pilipino)	48 Marshallese	38 Ukrainian
17 French	44 Mien (Yao)	35 Urdu
18 German	49 Mixteco	02 Vietnamese
19 Greek	99 Other Non-English language	41 Polish
43 Gujarati	40 Pashto	