

# 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/1<sup>st</sup> Semester  
 Spring/2<sup>nd</sup> 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	Student First Name	MI	Gender	Grade level for the most current school year
_____	_____	_____	_____	_____
Legal Alias(s)	(Adopted/Maiden/Married/other)	Nickname		
/ / /	_____	_____	_____	_____
Date of Birth	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

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ 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:

- 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

## 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 expulsion from a school? \_\_\_Yes \_\_\_No (Please provide a copy of the Expulsion Report)

If **Foreign-born**, date first enrolled in a US School: \_\_\_\_\_

Does your child have an active **504 Plan**? (Please provide a copy of the 504 Plan) \_\_\_Yes \_\_\_No

**Special Education Section**

Has your child ever been evaluated for special education services through a school district? \_\_\_Yes \_\_\_No

If yes, for which service(s)? Check all that apply:

\_\_\_Speech \_\_\_RSP \_\_\_SDC \_\_\_Adaptive PE \_\_\_OT \_\_\_PT Other (please name) \_\_\_\_\_

Has your child ever received special education services through a school district? \_\_\_Yes \_\_\_No

Does your child have an active IEP? \_\_\_Yes \_\_\_No

**\* 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 1<sup>st</sup> grade students

Report of Oral Health Exam for School Entry - Required for TK, K, and 1<sup>st</sup> grade students entering a CA public school for the 1<sup>st</sup> 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 disability or achievement level, economic status, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation or immigration status. 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
<b><u>00 English</u></b>	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	