

# ENROLLMENT/SURVEY FORM

Date: \_\_\_\_\_

## STUDENT INFORMATION:

Full Legal Name: \_\_\_\_\_

First

Last

M.I.

Street Address \_\_\_\_\_

Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Student Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Country/City of Birth: \_\_\_\_\_

Student Email: \_\_\_\_\_

**Please check all that apply:**

No Permanent Home at this time  
Employed Full-Time

Foster Home  
Employed Part-Time

Group Home

Parenting

## PARENT/GUARDIAN INFORMATION:

**(If applicant is a minor)**

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

Parent/Guardian Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## PREVIOUS SCHOOLING INFORMATION:

Previous Schooling Information: Transcript Provided?	YES	NO
Has this applicant ever been in a Special Education Program?	YES	NO
Was this applicant in a Special Education Program at the last school attended?	YES	NO
Does this applicant have an active IEP (Individualized Education Plan)?	YES	NO
If yes, what is the last District/SELPA that issued the IEP: _____		
IEP Provided?	YES	NO
Does this applicant have an active 504 plan?	YES	NO

## PROBATION / COURT INVOLVEMENT INFORMATION:

Is this applicant currently on probation or parole? YES NO

P.O.'s Name: \_\_\_\_\_

Phone: \_\_\_\_\_

CA W&I Code Section

601 Referred by Probation

602 Formal Probation

300 Social Services

**STATE REQUIRED INFORMATION:**

The California Education Code requires each school to collect information about its students. Each school is required to submit this information to the State. The required information includes parent education, home language, race / ethnicity, and family income. Thank you for your help filling out the following four surveys.

**PARENT/GUARDIAN EDUCATION LEVEL:**

Check the box that describes the highest education level of either parent:

- Not a high school graduate                      Some College                      Graduate school / post graduate training
- High School graduate                      College graduate                      Declined to state or unknown

**HOME LANGUAGE SURVEY:**

What language did this applicant learn when he/she first began to talk: \_\_\_\_\_

What language does this applicant most frequently use at home? \_\_\_\_\_

What language is most often spoken by the adults at home? \_\_\_\_\_

Is this student fluent in the English language (speaking, reading, and writing)?	YES	NO	NOT SURE
Has the student ever taken the CA English Learner Development Test (CELDT)?	YES	NO	NOT SURE

**RACE / ETHNICITY SURVEY:**

Check the group(s) with which the student most closely identifies:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> African/African American       |
| <input type="checkbox"/> Asian/Asian American              | <input type="checkbox"/> Hispanic/Latino            | <input type="checkbox"/> White (not of Hispanic origin) |
| <input type="checkbox"/> Pacific Islander                  |   |   |

**If Asian or Pacific Islander is marked, check all that apply:**

- |                                       |                                  |                                   |                                      |                                    |                                       |
|---------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> Laotian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Cambodian   | <input type="checkbox"/> Korean    | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other: _____ |

**PARTNERSHIPS:**

May participate in activities, especially job training programs and paid internships take place in partnership with other community organizations. They often need information – like attendance reports – to serve the students.

I give my permission for school staff to exchange information with organizations serving (my) student.

I do NOT give my permission for school staff to exchange information. (Student may not be able to participate.)

Signature of Student:		Date:
Signature of Guardian: (if applicable)		Date:

## Opportunity Academy TRANSCRIPT REQUEST

<b>Attention:</b>	Student Records Release Department
<b>Date:</b>	
<b>Student name:</b>	
<b>Date of birth</b>	
<b>CELDT/ELPAC records:</b>	YES      NO
<b>504 PLAN REQUEST (If applicable)</b>	YES      NO

High School Name	City, State
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Thank you,

\_\_\_\_\_

(Student signature)

Please fax my last, updated transcript to:

Daisy T. Guzman  
 Student Programs & Services  
 Records Database Specialist  
 510.670.7738-Ph.  
 510.670.3738-Fax

