

Student Enrollment Application

Mail or fax to: IEM Enrollment, 4535 Missouri Flat Road, Ste. 1A
Placerville, CA 95667
Phone (877) 488-4636 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	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. _____	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

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 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 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
<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	