



CORNERSTONE PREP SCHOOL Enrollment Form (To be completed by the parent or guardian)

Office Use Only: Student I.D. No. SSID No.

SCHOOL YEAR: \_\_\_\_\_

Grade [ ]

Student's LEGAL Name: Last Name First Name Middle Name Date of Birth: Mo./Day/Year Male Female

Mother's/Guardian's First Name Last Name Home Phone Cell/Work Phone

Father's/Guardian's First Name Last Name Home Phone Cell/Work Phone

Mailing Address City State Zip

Residence Address (IF DIFFERENT) City State Zip

Last School Attended: Name of School City/State Phone No. Last Day of Attendance

Student's Birthplace: City/State/Country If not born in the U.S., what month/year did your child enter U.S.?

What month and year did your child first enroll in a U.S. school? In a California school?

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one: Hispanic/Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be. American Indian or Alaskan Native Korean Vietnamese Hawaiian African American or Black Chinese Japanese Other Asian Other Pacific Islander White

HOME LANGUAGE SURVEY Which language did your child learn when he/she first began to talk? What language does your child most frequently use at home? What language do you use most frequently to speak to your child? Name the language most often spoken by the adults at home:

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s): Not a high school graduate High school graduate Some college (includes AA degree) College graduate Graduate school/post graduate training

What special services has your child received? (Please check all boxes that apply) Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 Accommodation Plan Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development Medical Health Plan Has your child been expelled or is your child in the process of being expelled from any school? Yes No If yes: Name of school: Location: Date:

RESIDENCE - where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box) In a single family permanent residence (house, apartment, condo, mobile home) Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) In a sheltered or transitional housing program In a motel/hotel Unsheltered (car/campsite) Other

**OTHER CHILDREN IN THE FAMILY:**

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

**OTHER ADULTS IN THE HOME:**

Name	Relationship	Name	Relationship
------	--------------	------	--------------

**HEALTH PROBLEMS (Check all that apply)**

Diagnosed ADD or ADHD..... <input type="checkbox"/>	Epilepsy..... <input type="checkbox"/>
Asthma..... <input type="checkbox"/>	Eye Injury..... <input type="checkbox"/>
Bladder Problems..... <input type="checkbox"/>	Hypoglycemia..... <input type="checkbox"/>
Bleeding Disorder..... <input type="checkbox"/>	Frequent Nosebleeds..... <input type="checkbox"/>
Color Vision Deficiency..... <input type="checkbox"/>	Scoliosis..... <input type="checkbox"/>
Diabetes..... <input type="checkbox"/>	Seizure Disorder..... <input type="checkbox"/>
Eczema/Skin Trouble..... <input type="checkbox"/>	Chicken Pox..... <input type="checkbox"/>
History of Ear Problem..... <input type="checkbox"/>	Describe _____
Heart Problem..... <input type="checkbox"/>	Describe _____
Head Injury..... <input type="checkbox"/>	Describe _____
History of Fractures..... <input type="checkbox"/>	Describe _____
History of Hospitalization..... <input type="checkbox"/>	Describe _____
History of Surgery..... <input type="checkbox"/>	Describe _____
Known Hearing Loss..... <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Known Vision Loss..... <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Physical Limitations..... <input type="checkbox"/>	Describe _____
Wears Contact Lens..... <input type="checkbox"/>	
Wears Glasses..... <input type="checkbox"/>	For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>

Other or further details of above \_\_\_\_\_

**ALLERGIES (Check all that apply) None:**

Animals <input type="checkbox"/>	Drugs <input type="checkbox"/>	List specific item(s) your child is allergic to: _____
Insects <input type="checkbox"/>	Food <input type="checkbox"/>	
Bee Stings <input type="checkbox"/>	Plants <input type="checkbox"/>	Describe allergic reaction and/or treatment: _____
	Other <input type="checkbox"/>	Explain: _____

**CURRENT MEDICATION(S)** No  Yes  If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____

**MEDIA PERMISSION**

I give permission for my child to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes  No

**EMERGENCY MEDICAL AUTHORIZATION**

I am the parent/guardian of the above named student. In case I am/ unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student. Yes  No

***I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.***

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_