



Freshwater Elementary School Enrollment Form 2022-23



Date _____

Student's Legal Name _____ Male Female Non Binary
(Last) (First) (Middle)

Grade _____ Date of Birth _____ Place of Birth _____
(City) (State)

Home Address _____ Home Phone _____
(Street) (City) (Zip)

Mailing address (if different) _____ Cell Phone _____

School District of Residence _____

Last School Attended _____ Address _____

Date of withdrawal _____ Reason for withdrawal _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply)

- Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 IEP
 Other: GATE Remedial Math Remedial Reading Counseling English Language Development

Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Step-Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Parent or guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard) on active duty or full-time National Guard duty.

EMERGENCY INFORMATION

In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable:

Name _____ Phone _____ Relationship _____
Work Phone _____ Cell Phone _____

Name _____ Phone _____ Relationship _____
Work Phone _____ Cell Phone _____

Doctor _____ Phone _____

In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?

Yes _____ No _____

Does this student have any special health problems and/or physical handicaps? If yes, please specify _____

Is this student taking any long-term medication? If yes, please specify _____

List siblings under age 18 and living at home:

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

RESIDENCE -- where is your child/family currently living? (Federally mandated by NCLB) -- Please check appropriate box:

- checkbox In a single family permanent residence (house, apartment, condo, mobile)
checkbox In a motel/hotel
checkbox Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
checkbox Unsheltered (car/campsite)
checkbox In a shelter or transitional housing program
checkbox Other _____

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Language Background

- What language did your child learn when he/she first began to talk?
What language does your child use most frequently at home?
What language do you use most frequently to speak to your son/daughter?
What language is most often spoken by the adults at home?

If a language other than English is indicated above, please answer this question:

Has your child ever received formal instruction in the English language? Yes _____ No _____

If your child was not born in the United States, please answer the following questions:

When did you arrive in the United States? Month: _____ Year: _____
When did you arrive in Humboldt County? Month: _____ Year: _____

Federal Race & Ethnicity Survey

Part A. Is this student Hispanic or Latino? _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino

Part A. is about ethnicity, not race. No matter what you selected above, please continue to answer Part B. by marking one or more spaces to indicate what you consider the student's race to be.

Part B. What is this student's race? Check one or more.

- checkbox 100 American Indian or Alaskan Native checkbox 301 Hawaiian checkbox 304 Tahitian checkbox 202 Japanese
checkbox 600 Black or African American checkbox 302 Guamanian checkbox 399 Other Pacific Islander checkbox 203 Korean
checkbox 700 White checkbox 303 Samoan checkbox 201 Chinese checkbox 204 Vietnamese
checkbox 205 Asian Indian checkbox 206 Laotian checkbox 207 Cambodian checkbox 400 Filipino
checkbox 208 Hmong checkbox 299 Other Asian

PARENT E-MAIL (S) _____ / _____

Parent/Guardian Signature: _____ Date: _____

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT

for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2022-2023

Date Request Received
by DOR

Part A

Parent/Guardian: Complete applicable steps on page 1 and 2 shaded in gray and then submit it to your **District of Residence (DOR)**. If it is approved, it will be forwarded to the **District of Proposed Enrollment (DPE)**. **Only new requests submitted between December 1st and February 1st are assured of approval by the DOR, subject to reasonable enrollment activities.** (See the DOR district office for exceptions and for information on reasonable enrollment activities). If both districts approve, and you agree to any additional terms and conditions required by the district(s), you may enroll your student in the DPE.

District of Residence _____ District of Proposed Enrollment _____

Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Homeless/McKinney-Vento Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes or Unknown to either of the above please contact the district of residence Foster/Homeless liaison or the Humboldt County Office of Education Foster & Homeless Youth Education Services office at 707-445-7187 before proceeding with application.	

COMPLETE ALL SECTIONS	STEP 1: To be completed by parent/guardian (PLEASE PRINT)	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal
		<input type="checkbox"/> Sibling(s) at school? Sibling Grade(s): _____	<input type="checkbox"/> No change in address
		Sibling Name(s): _____	<input type="checkbox"/> Address change
	Have you applied for a transfer to any other district for this same school year?	Student Grade in 2022-2023:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, list all:		
	Student Name (Last, First)	Birth Date	
	Current or Last School of Attendance		
	Student Address	City, Zip Code	
Parent / Guardian Name			
Primary Phone	Other Phone	Email address	

STEP 2: To be completed by parent/guardian for NEW applications only
Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)
If reason is parent employment or childcare, provide name, address, and phone number of childcare or work below. Any additional information you wish to provide may be included below (use additional pages as needed):
If reason is "Other", please explain as thoroughly and clearly as possible. Include all relevant details.
What special services has the student received? (Check all that apply)
<input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> None
If the student is receiving Special Education services, what is their current placement (Please attach IEP)
<input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Speech Services <input type="checkbox"/> Pending Assessment
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the terms and conditions and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I also understand that approval or denial of this application and revocation of the Permit is subject to the terms of this Permit and the policies and/or regulations of the individual districts. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief. I also understand and agree to the above terms.

Parent/Guardian Signature _____ Date _____



Student Name _____

PART B: Terms and Conditions:

The following terms and conditions apply to this Permit if it is approved by both districts:

1. Students will be required to re-apply for interdistrict attendance for any subsequent school year.
2. As permitted by law, the Permit may be revoked by either district pursuant to its policies and regulations and any applicable terms and conditions in Part C and/or D. Grounds for revocation of the Permit include, but may not be limited to, the failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance, as determined by the district of proposed enrollment.
3. Neither district will be responsible for pupil transportation unless required by law.
4. The District of Proposed Enrollment (DPE) will be responsible for special education services and related costs.
5. Approval of this Permit does not guarantee athletic eligibility.

PART C: Action of District of Residence (to be completed by DOR):

Decision: Approved Denied for the school year 2022-2023

Comments:

Authorizing Signature: _____

Title: _____

District: _____

Date of action by DOR

PART D: Action of District of Proposed Enrollment (to be completed by DPE):

Decision: Approved Denied Denied, but on waitlist for the school year 2022-2023

Comments:

Authorizing Signature: _____

Title: _____

District: _____

Date of action by DPE

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 707-445-7171 if you wish information on the appeal process or go online at <https://www.hcoe.org/inter-district/>. **(An interdistrict attendance appeal request must be filed with the Humboldt County Board of Education within thirty (30) calendar days of notification that the request was denied.)**

The parent/guardian and each district shall be provided with and retain a copy of this form.

**Freshwater School District
Incoming Interdistrict Attendance Approval**

The Governing Boards of the _____ District of Humboldt
(District of Residence)
County, and the Freshwater School District of Humboldt County, hereby agree to permit
the within named pupils, while residing in the first-named district to attend the
elementary school in the second-named district.

(Please initial each line to indicate that you have read these terms)

- ____ 1. Freshwater School District assumes no obligation for pupil transportation. **Students must arrive on time.**
- ____ 2. The failure of a pupil to maintain appropriate academic effort, behavior (as outlined in Education Code and Freshwater School Board Policy), and attendance/punctuality records which are satisfactory to the Superintendent of the Freshwater School District shall constitute sufficient grounds for the cancellation of this permit.
- ____ 3. The Freshwater School District Board of Trustees has the right to review the above-listed criteria in regard to the pupils listed below at any time during the length of this permit.

NAMES OF PUPILS

ADDRESS OF PARENTS/GUARDIANS

Superintendent, Freshwater School District

Parent/Guardian

Date: _____

Date: _____

Please RETURN BOTH COPIES to the Freshwater School District, 75 Greenwood Heights Drive, Eureka, CA 95503. When the attendance permit is granted, you will receive a copy signed by the Superintendent.