



Dunham School District

Dunham Charter School (TK-6th Grade) & Dunham School (6th Grade)

4111 Roblar Road * Petaluma, CA * 94952 * Phone: (707)795-5050 Fax: (707) 795-5166

Application/Registration for the _____ School Year

Child's LEGAL Name (as listed on Birth Certificate): _____
Last Name First Name Middle Name

Grade Entering: Male Female Date of Birth: _____

Home Address _____ City State Zip

Mailing Address (IF DIFFERENT) _____ City State Zip

Mother's/Guardian's Name _____ () _____ ()
Home Phone Cell Phone

Mother's/Guardian's Email: _____ Mother's Occupation _____

Mother's Birthplace _____ Mother's Citizenship _____ Mother's Maiden Name _____ ()
Mother's Work Phone

Father's/Guardian's Name _____ () _____ ()
Home Phone Cell Phone

Father's/Guardian's Email: _____ Father's Occupation: _____

Father's Birthplace _____ Father's Citizenship _____ ()
Father's Work Phone

Last School Attended: _____
Name of School City/State Phone Number

Student's Birthplace: _____
City/State /Country

If your child was not born in the United States, when did he/she enter the U.S.? _____/_____
Month / Year

When did your child first enroll in a U.S. school? _____/_____
Month / Year In a California school? _____/_____
Month / Year

PARENT/GUARDIANSHIP INFORMATION: Who does this child live with? (Please check all that apply)

Father Mother Both Step-Mother Step-Father Guardian Foster/Group Home Other: _____

Is the above checked person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit".

Is there any LEGAL or GUARDIANSHIP information about your child we should be aware of? Yes No

If yes, please check one: Joint Custody Sole Custody Guardian Please attach copies of LEGAL DOCUMENTS.

DUPLICATE MAILING

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Name: _____ Phone Number: _____ cell: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

FOR OFFICE USE

- Lives in District
- In-District Childcare
- In-District Employment
- Sibling
- Lottery Waiting List:
- Month: _____
- Year: _____

Proof of Residency:

- Utility/Telephone Bill
- Rent/Lease Agreement
- Affidavit of Residency
- Tax Documents
- Proof In-District Employment
- Proof In-District Childcare

- _____ CSIS Number
- _____ Emergency Form
- _____ Immunization Record
- _____ Proof of Residency

ETHNICITY: Mark ethnicity with which the student most closely identifies: (only one) (Confidential Information needed for Federal/State Reports)

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE: Select one or more boxes to indicate what you consider your child's race to be. (Confidential Information needed for Federal/State Reports)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | |
| | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) | |
| | <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Other Asian (299) | |

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home: _____

HIGHEST EDUCATION LEVEL OF EITHER PARENT: (Information needed for State Testing)

- | | | |
|---|---|---|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Some college (incl. AA degree) | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | |

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 the student been expelled or is the student 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 all that apply)

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program | <input type="checkbox"/> Other _____ |

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	Birth date	Grade
_____	_____	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
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HEALTH PROBLEMS (Check all that apply)

- Diagnosed ADD or ADHD
- Asthma
- Bladder Problems
- Bleeding Disorder
- Color Vision Deficiency
- Diabetes.....
- Eczema/Skin Trouble
- History of Ear Problem
- Heart Problem
- Head Injury
- History of Fractures
- History of Hospitalization
- History of Surgery
- Known Hearing Loss
- Known Vision Loss
- Physical Limitations
- Wears Contact Lens.....
- Wears Glasses.....

- Epilepsy.....
- Eye Injury
- Hypoglycemia
- Frequent Nosebleeds.....
- Scoliosis
- Seizure Disorder.....
- Chicken Pox.....

Describe _____

Describe _____

Describe _____

Describe _____

Describe _____

Describe _____

Right Left

Right Left

Describe _____

For close work For distance only At all times

Other or further details of above _____

ALLERGIES (Check all that apply) none:

- Animals
- Insects
- Bee Stings
- Other
- Drugs
- Food
- Plants
- Explain: _____

List specific item(s) student is allergic to: _____

Describe allergic reaction and/or treatment: _____

CURRENT MEDICATION(S) No Yes Epi-Pen *If medication is needed at school a medication consent form must also be completed.*

MEDIA PERMISSION

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

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we 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.

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. By signing below, I declare under penalty of perjury that I am the parent or legal guardian of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____