



# Northcoast Preparatory and Performing Arts Academy

(To be completed by parent/guardian)

<b>Office Use Only</b>	
SSID No:	_____
DOR:	_____

NAME OF SCHOOL: **Northcoast Preparatory and Performing Arts Academy**

ANTICIPATED START DATE: \_\_\_\_\_

Students SS Number: \_\_\_\_\_

GRADE STUDENT IS IN NOW \_\_\_\_\_

Student's LEGAL Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year

\_\_\_\_\_ ] ( ) ] ( ) ]  
Last Name  Mother  Step Mother  Guardian First Name Home Phone Cell/Work Phone

\_\_\_\_\_ ] ( ) ] ( ) ]  
Mailing Address City State Zip

\_\_\_\_\_ ] ( ) ] ( ) ]  
Residence Address (IF DIFFERENT) City State Zip

\_\_\_\_\_ ] ( ) ] ( ) ]  
Email Address

\_\_\_\_\_ ] ( ) ] ( ) ]  
Last Name  Father  Step Father  Guardian First Name Home Phone Cell/Work Phone

\_\_\_\_\_ ] ( ) ] ( ) ]  
Mailing Address City State Zip

\_\_\_\_\_ ] ( ) ] ( ) ]  
Residence Address (IF DIFFERENT) City State Zip

\_\_\_\_\_ ] ( ) ] ( ) ]  
Email Address

**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:

\_\_\_\_\_ ] ( ) ] ( ) ]  
Last Name First Name Home Phone Cell Phone

\_\_\_\_\_ ] ( ) ] ( ) ]  
Mailing Address City State Zip

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

Last School Attended: \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_  
Name of School City/State Phone No.

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: \_\_\_\_\_

Student Birthplace: \_\_\_\_\_ If not born in the U.S. what month/year did your child enter U.S.? \_\_\_\_\_ / \_\_\_\_\_  
City/State/Country Mo./Year

What month and year did your child first enroll in a U.S. School? \_\_\_\_\_ / \_\_\_\_\_ In a California School? \_\_\_\_\_ / \_\_\_\_\_

What special services has your child received? (Please check all boxes that apply)			
<b>Special Education:</b>	<input type="checkbox"/> Resource (RSP)	<input type="checkbox"/> Special Day Class	<input type="checkbox"/> Speech/Language
<b>Other:</b>	<input type="checkbox"/> Gifted (GATE)	<input type="checkbox"/> Remedial Math	<input type="checkbox"/> Remedial Reading
	<input type="checkbox"/> Medical Health Plan		<input type="checkbox"/> 504 Accommodation Plan
			<input type="checkbox"/> Counseling <input type="checkbox"/> English Lang. Dev.

**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? \_\_\_\_\_

**ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:**

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Non 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 (100) (Person having origins in any of the Original people of North and South America (including Central America))
- Chinese (201)
- Japanese (202)
- Korean (203)
- Vietnamese (204)
- Asian Indian (205)
- Laotian (206)
- Cambodian (207)
- Hmong (208)
- Other Asian (299)
- Hawaiian (301)
- Guamanian (302)
- Samoan (303)
- Tahitian (304)
- Other Pacific Islander (399)
- African American or Black (600)
- White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

**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)
- Foster/Group Home
- 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"/>	_____	_____

**OTHER ADULTS IN THE HOME:**

Name	Relationship	Name	Relationship
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**MEDIA PERMISSION**

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

**I/We have reviewed this two page document and to the best of my/our 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:** \_\_\_\_\_

**BELOW FOR SCHOOL USE ONLY**

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunizations: Type: _____ Verified by: _____	Enrollment Date	Teacher/Class Assignment	Schoolwise/SEIS Completed	Class list completed
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