

ROUND VALLEY JOINT ELEMENTARY SCHOOL DISTRICT
Inter-District Enrollment Application

(School use only)

Date application was submitted _____ **Received by** _____
School Official

PLEASE PRINT

APPLYING FOR:

School Year (i.e. 2010-11)

Grade (i.e. 4th)

STUDENT'S NAME:

LAST NAME FIRST NAME MIDDLE NAME GRADE GENDER BIRTHDATE PLACE OF BIRTH

MAILING ADDRESS:

NUMBER/STREET OR P.O.BOX

CITY/ZIP CODE

CELL PHONE

HOME PHONE

RESIDENCE ADDRESS (if different than mailing address):

IS THIS ON BISHOP INDIAN
RESERVATION LAND?

____ Yes ____ No

NUMBER/STREET/CITY/ZIP CODE

MOTHER'S NAME

OCCUPATION/PLACE OF EMPLOYMENT

WORK PHONE

FATHER'S NAME

OCCUPATION/PLACE OF EMPLOYMENT

WORK PHONE

WITH WHOM IS STUDENT LIVING:

(PLEASE CIRCLE)

1) MOTHER

2) FATHER

3) STEPMOTHER

5) STEPFATHER

6) GRANPARENT(S)

6) FOSTER PARENT(S)

7) GUARDIAN

IF YOU ARE SEPARATED OR DIVORCED, WHO HAS LEGAL CUSTODY? _____

IS THERE A RESTRAINING ORDER ON FILE? _____ IF YES, PLEASE PROVIDE A COPY

PREVIOUS SCHOOL:

SCHOOL NAME

ADDRESS

CITY/STATE/ZIP CODE

HAS STUDENT EVER BEEN IN A SPECIAL PROGRAM?

____ ESL ____ Bilingual Ed ____ Special Day ____ Resource ____ Speech ____ GATE ____ Other

SPECIAL NEEDS: _____ ****(IEP obtained/requested)***

OTHER CHILDREN IN FAMILY:

NAME	BIRTH DATE	RELATIONSHIP TO PUPIL	LIVING AT HOME?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME LANGUAGE SURVEY:

- 1. WHICH LANGUAGE DID YOUR SON/DAUGHTER LEARN WHEN HE/SHE FIRST BEGAN TALKING? _____
- 2. WHAT LANGUAGE DOES YOUR SON/DAUGHTER MOST FREQUENTLY USE AT HOME? _____
- 3. WHAT LANGUAGE DO YOU USE MOST FREQUENTLY TO SPEAK TO YOUR SON OR DAUGHTER? _____
- 4. NAME THE LANGUAGE MOST OFTEN SPOKEN BY THE ADULTS AT HOME. _____

In what language would you like to receive your school correspondence? (circle one) English / Spanish

ETHNIC ORIGIN:

Hispanic or Latino _____ Not Hispanic or Latino _____

- ___ AMERICAN INDIAN OR ALASKAN NATIVE(100)
- ___ CHINESE(201)
- ___ JAPANESE(202)
- ___ OTHER ASIAN(299)

- ___ PACIFIC ISLANDER(399)
- ___ FILIPINO(400)

- ___ BLACK, (600)
- ___ WHITE, (700)

PARENT EDUCATION:

OUR SCHOOL ACHIEVEMENT SCORES ARE COMPARED TO OTHER SCHOOLS IN THE STATE BASED UPON THE INFORMATION WE PROVIDE. THIS INFORMATION IS ONLY SHARED IN A NON-IDENTIFIABLE MANNER WITH THE STATE AND WILL REMAIN CONFIDENTIAL.

PLEASE MARK THE HIGHEST LEVEL COMPLETED BY EITHER PARENT:

- ___ Not a high school graduate
- ___ High school graduate
- ___ Trade School Graduate
- ___ Some college (includes AA degree)
- ___ College graduate
- ___ Graduate school/post-graduate training

Round Valley Joint Elementary School District is a "District of Choice" as defined by the California Department of Education per Ed. Code Section 48301 and renewed and amended by Senate Bill 680 of 2009. Round Valley Elementary School will accept students who do not reside within the district boundaries. The District reserves the right to determine the number of students it will accept and in which grades and classes. Pupils will be accepted on an unbiased basis that prohibits an evaluation of whether the pupil should be enrolled based upon academic or athletic performance. The District will not exclude the transfer of a special needs pupil, including individuals with special needs or an English learner. Siblings of current students in the District will be given first priority. Pupils accepted for admission by transfer shall have fulfilled the requirements of Ed. Code Section 48204.

Declaration:

- 1. I declare under penalty of perjury that the information I have given is accurate and complete to the best of my knowledge.
- 2. I further acknowledge that attendance in a non-resident District is a privilege and not a right.
- 3. I acknowledge that the District of attendance and District of residence shall have the right to revoke and end this agreement at any time for any reason including but not limited to attendance and discipline issues. The stipulation of the terms and conditions under which this agreement may be revoked is the responsibility of the District of attendance and District of residence.
- 4. I understand that I have the right to appeal any decision not to grant this inter-district attendance request within thirty (30) calendar days of the failure or refusal to issue an inter-district attendance agreement or to enter into an agreement allowing the attendance to the county board of education having jurisdiction over the District of residence of the parent or legal guardian or person having legal custody.
- 5. I understand that failure to appeal within the required time is good cause for denial of an appeal.
- 6. An appeal to the county board of education shall be accepted only upon verification by the county board's designee that appeals within the districts have been exhausted. If new evidence or grounds for the request are introduced, the county board may remand the matter for further consideration by the district of districts. In all other cases, the appeal shall be granted or denied on its merits.

Signature:* _____ Date: _____

Print Name: _____ Relationship to Student(s): _____