

613 W. TEAPOT DOME AVE.
PORTERVILLE, CA. 93257
PHONE: 559 784-1064
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FOR OFFICE USE: FIRST DAY OF
ATTENDANCE: ___ / ___ / ___

BOARD OF TRUSTEES:
BOB NUCKOLS, CLERK
TOM CEMO, MEMBER
TIM NEWBY, MEMBER

MELANIE MATTA, SUPERINTENDENT/PRINCIPAL

ENROLLMENT FORM 2022 – 2023

Office Use Only: Teacher: _____ Student ID: _____

NEW ENROLLMENT DISTRICT RESIDENT INTER-DISTRICT AGREEMENT NON-RESIDENT DISTRICT EMPLOYEE

Student Information:

Child's Name _____ Grade _____

Primary Address _____ City _____ Zip _____

Secondary Address _____ City _____ Zip _____

(If joint custody of child exists and allows for mailing/information to be provided to other parent)

Home Phone _____ Parent's Work Phone(s) _____

Male Female Non-Binary Date of Birth _____ Birthplace _____

U.S. Citizen: YES NO

Last School Attended HOPE OTHER _____

City _____ State _____

Has child attended Hope School previously, returning after a period of time away? _____

If yes, date(s) of enrollment: _____

WHAT IS YOUR CHILD'S ETHNICITY: (PLEASE CHECK ONE)?

Hispanic or 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? (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 child's race to be.

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

Date child first attended school in the United States: _____

Date child first attended school in California: _____

Home Language Survey: Indicate only one language (most frequently used) per line:

1. What language/dialect does your child most frequently use at home? _____
2. Which language/dialect did your child learn when he/she began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the California English Language Development or ELPAC Test?

EVERY CHILD, EVERY OPPORTUNITY, EVERY DAY

Residence – where is your child/family currently living? Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) Motel/Hotel (09)
- Doubled-up (sharing housing with other families/individuals due to economic Unsheltered (car or hardship or loss) (10) campsite)
- In a shelter or transitional housing program (11)
- Other (please specify) _____

Parental/Guardian Information: Email address: _____

Father Step-Father Other Name: _____ Living in Home _____

Mother Step-Mother Other Name: _____ Living in Home _____

Legal Guardian or Caregiver Name: _____ Living in Home _____

(Please provide the school with a copy of any relevant child custody or guardianship papers to place in the school record)

Highest Grade completed in School: Check the response that describes the education level of each parent.

Father: Graduate Degree or Higher College Graduate Some College or Associate's Degree
 High School Graduate Not a High School Graduate

Mother: Graduate Degree or Higher College Graduate Some College or Associate's Degree
 High School Graduate Not a High School Graduate

Other Children in Family:

CHILD'S NAME	YEAR OF BIRTH	BOY OR GIRL	ATTENDING HOPE	LIVING IN HOME

In case of injury or illness, please contact:

Name _____ Address _____

Telephone Number(s): _____

Local Doctor _____ Telephone Number _____

If I am not at home and my child becomes ill, please contact the following:

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Relationship to Child _____ Relationship to Child _____

Does your child have a medical diagnosis of any of the following conditions?

Asthma Allergies to medication (Please List) _____ Seizures

Allergies to insect stings (Please List) _____ Heart Problems

Other _____

Will your child need to take medication while at school? YES NO

(If yes, a Medication in School form must be completed by your child's physician and returned to the school)

Parent Signature _____ Date _____

For office use: <input type="checkbox"/> Special Education - Informal <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech <input type="checkbox"/> Behavioral <input type="checkbox"/> Other _____
