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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

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.

☐ American Indian or Alaskan Native (100)

☐ Laotian (206)

☐ Tahitian (304)

☐ Cambodian (207)

☐ Chinese (201)

☐ Hmong (208)

☐ Other Pacific Islander (399)

☐ Japanese (202)

☐ Other Asian (299)

☐ Filipino/Filipino American (400)

☐ Korean (203)

☐ Guamanian (302)

☐ African American or Black (600)

☐ Hawaiian (301)

☐ Vietnamese (204)

☐ White (700)

☐ Samoan (303)

☐ 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: ____ Special Education - Informal ____ IEP ____ 504 Plan ____ Speech ____ Behavioral ____ Other _____

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