



# Rolling Hills Public Charter School

## 2018-2019 Enrollment Form

Please complete one form for EACH student enrolled at RHPCS

Student's Full LEGAL Name: \_\_\_\_\_  
First Middle Last/Family Name

Also known as/Goes by Name: \_\_\_\_\_ Gender: Male [ ] Female [ ]

Grade Level (2018-2019): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If born outside of the U.S., month/year of U.S. Entry: \_\_\_\_\_ What is the PRIMARY Language spoken in home? \_\_\_\_\_

Ethnicity (Optional), check all that apply: Special Services at previous school or expected to be needed at RHPCS? No [ ] Yes [ ]

[ ] American Indian

[ ] Alaska Native If yes, briefly describe: \_\_\_\_\_

[ ] Asian

[ ] Black/African American

[ ] Hispanic/Latino

[ ] Native Hawaiian/Pacific Islander

[ ] White

Circle any that apply: IEP 504 Gifted/Talented LEP Title 1 Other \_\_\_\_\_

Please provide a copy of current documentation related to these or other Special Services.

Last school attended (if other than RHPCS): \_\_\_\_\_

School Address: \_\_\_\_\_ School Ph# & Fax#: \_\_\_\_\_  
Street Address City/State/ZIP

Student lives with: [ ] Both parents in same household, [ ] Both parents but in separate households, [ ] Mother only,  
[ ] Father only, [ ] Legal guardian(s), Other (specify) \_\_\_\_\_

Custodial Information (if applicable): Be sure to provide RHPCS with copies of necessary physical/legal custody documentation.

Physical custody: [ ] Mother, [ ] Father, [ ] Joint, Other (specify) \_\_\_\_\_

Non-custodial Parent has: Permission to see student - [ ] Yes, [ ] No, Permission to pick up student - [ ] Yes, [ ] No

Educational Decision Making Authority: [ ] Mother, [ ] Father, [ ] Joint, Other (specify) \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Student's PRIMARY Address and Contact Information:

The student's primary contact information will be published in the school directory unless you request to be excluded by initialing here: \_\_\_\_\_ (Do NOT Publish)

Student's Primary Physical Home Address:

Street Address City State ZIP

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Cell# for \_\_\_\_\_ Cell # for \_\_\_\_\_

Best Parent/Guardian Email address(es) to use for school communications: \_\_\_\_\_

Parent/Guardian (Living at Student's primary address)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email (if different than above): \_\_\_\_\_ Best Ph#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work/Alt Ph#: \_\_\_\_\_

Parent/Guardian/Other Responsible Adult (Living at Student's primary address)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email (if different than above): \_\_\_\_\_ Best Ph#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work/Alt Ph#: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**SECONDARY Household** (if applicable) – If the student lives in both households, please check here [ ]

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Cell# for \_\_\_\_\_ Cell # for \_\_\_\_\_

Best Email address(es) to use for school communications: \_\_\_\_\_

Parent/Guardian (Living at Student's secondary address)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email (if different than above): \_\_\_\_\_ Best Ph#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work/Alt Ph#: \_\_\_\_\_

Parent/Guardian/Other Responsible Adult (Living at Student's secondary address)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email (if different than above): \_\_\_\_\_ Best Ph#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work/Alt Ph#: \_\_\_\_\_

**Siblings:** List all children living in the same household(s) as the student

Name	Birthdate	Grade	School child attends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Contacts:** List two local people other than student's parent(s) who can be contacted and who are authorized to pick child up in case of emergency/illness if parent is unable to be reached.

#1). Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

#2). Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

The information provided on this form is accurate and complete to the best of my knowledge.

Parent Guardian/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Student demographic information added to/updated in Lumen: [ ], date entered: \_\_\_\_\_

Birth certificate: On file [ ], STILL NEED [ ]

Immunization records: On file [ ], STILL NEED [ ] Immunization Verified Complete: Yes [ ], No [ ], Exemption on file [ ]

Immunization Information Entered in Lumen [ ], date entered: \_\_\_\_\_

Student Health Information Form: On file [ ], STILL NEED [ ]. Info Entered in Lumen [ ]: date entered: \_\_\_\_\_

Authorization to Give Non-Prescription Medication: On file [ ], STILL NEED [ ]. Info Entered in Lumen [ ], date entered: \_\_\_\_\_