



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information will be published in the school directory unless you request to be excluded by initialing here: _____ (Do NOT Publish)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: _____