**2024-2025 PRE-ENROLLMENT APPLICATION FORM**

Mail or fax to: Sonoma Charter School,17202 Sonoma Hwy., Sonoma, CA 95476

Phone (707) 935-4232 or Fax (707) 935-4207

Email to: kbounds@scs.k12.ca.us

If you have any questions, please call (707) 935-4232

**IMPORTANT INFORMATION:** Submission of this application does not constitute enrollment. It is an application for enrollment pending space available and/or lottery results. Do not disenroll from your current school until confirmation from our registrar!

**Today’s Date:**

**2024-25 Grade level:**

**Student Legal Name:**

 Last First Middle

**Student's Physical Address: City Zip:**

Street **(No P.O. Box)**

**Student's Mailing Address: City Zip:**

**Birth Date: Gender:** Male Female Non-binary **Legal Gender:**

**School District of Residence: County of residence:**

**Has sibling(s) in Charter? Yes / No Name(s): Grade(s):**

**Previous School Information**

**Previous School: Address/Registrar Phone # (Required):** **Previous Retention? Yes / No If yes, what grade**

## Parent/Guardian #1 (Primary Contact) Parent/Guardian #2

**Name (Last, First):**

**Primary Phone #** ( )

**Secondary Phone #** ( )

 **Address if different from Student**: \_\_\_\_\_

( )

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:**

**Parent #1 Education Level:** ▢ Not a High School Graduate ▢High School Graduate ▢Some College or AA Degree

▢ College Graduate ▢ Graduate Degree or Higher ▢ Decline to State

**Parent #2 Education Level:** ▢ Not a High School Graduate ▢High School Graduate ▢Some College or AA Degree

▢ College Graduate ▢ Graduate Degree or Higher ▢ Decline to State

**Is either parent/guardian on active duty in the US armed forces?** ☐ Army ☐ Navy ☐Air Force ☐Marine Corps

# PLEASE COMPLETE FORM ON BACK

**DOCUMENTS required to be submitted along with the Pre-Enrollment Application form:**

**(Please attach/fax required documents with this application. If received without will be returned and must be resubmitted.)**

**Required for all applicants:**

▢ Proof of Age

▢ Copy of Vaccine Record

▢ ▢ Caregiver Authorization Affidavit (If person enrolling student is NOT the parent or legal guardian)

(Check all attached)

**Additional for K-1st grades:**

▢ Heath Exam Form

▢ Oral Health Exam or Waiver

**7th/8th Grade:**

▢Proof of 7th grade immunizations

## Additional Student Information (optional)

Special Health Considerations:

Does Student have an active IEP or 504?

*If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports.*

## ▢ I acknowledge that enrollment with the Sonoma Charter School is voluntary.

**Parent/Guardian Signature: Date:**

***FOR OFFICE USE ONLY***

* Proof of Age EL Language: Homeless: Medical Issues:

Custody Issues: YES / NO

Court Papers received: YES / NO

 Enroll new student acct. \_\_\_ Waitlist

\_\_Enter student data in CalPads

\_\_ Health info rec’d. \_\_\_Proof of vax

\_\_ Cumulative record created/received

 \_\_ Reviewed by admin

\_\_ Special Ed? \_\_ 504 plan? \_\_Other? \_\_\_\_\_

\_\_ Assigned to class

\_\_ E-mail for student