

DESERT TRAILS PREPARATORY ACADEMY

SCHOOL CHECK LIST

Thank you for your interest in Desert Trails Preparatory Academy. Please read and fill out the enrollment application **completely - Please do not leave anything blank.**

STUDENT NAME: _____

GRADE: _____

Please bring the following with you upon returning the enrollment packet:

- Enrollment Application
- Oral Health Assessment (Kindergarten and First Grade Only)
- Physical Health Entry Form (Kindergarten and First Grade Only)
- Copy of Immunizations Record (Must Be Current)
- Copy of Birth Certificate
- Copy of Driver License/ID and Copy of Utility Bill for proof of residence
- Guardian/Foster Care Papers
- Caregiver Affidavit Form (if you are a guardian, get from school office)
- Current Report Card Attendance Report and Disciplinary Report
- Copy of Current IEP
- Handbook Agreement
- Non-Prescription Medication
- Physician Prescribed Medication
- Epi-Pen Authorization
- Allergies Description: _____

If you have any questions please call the school office at (760) 530-7680

Staff Use Only

Date

Notes

_____	_____
_____	_____
_____	_____

ENROLLMENT FORM

Student Information:

Last Name _____ First Name _____ Middle Name _____

Former Name Used, if any _____

Birthplace/Country of Origin _____ Birth date _____ Age _____ Sex _____

Street Address _____ City _____ Zip Code _____ Telephone _____

Mailing Address, if different from above _____

Year that scholar first entered a U.S. school? _____

Where is scholar/family currently living? (Check ONE box only)
 This information will be used to determine if your child qualifies for any additional assistance under the "No Child Left Behind Act of 2001".

- Single Family Residence
- Motel, car, or campsite
- Shelter or Transitional Housing Program
- With more than one family in the house or Apartment due to economic hardship
- Foster Care Placement or Group Home

State ID#: _____
 Local ID#: _____
 Grade: _____
 Teacher: _____
 Residence Verification: _____
 Birth date Verification: _____
 Date of Entry: _____
 English Proficiency: _____
 NSLP: Yes No
 Records Requested and Date: _____

- Ethnic Group:** Place a "1" for first ethnic group and a "2" if a second ethnic group applies:
- American Indian /Alaskan Native
 - Filipino
 - Asian/Chinese
 - Hispanic or Latino
 - Asian/Japanese
 - African American or Black
 - Asian/Korean
 - Native Hawaiian
 - Asian/Vietnamese
 - Guamanian
 - Asian/Indian
 - Samoan
 - Asian/Laotian
 - Tahitian
 - Asian/Cambodian
 - Other Pacific Islander
 - Asian/Other
 - White, not Hispanic

Other Children Living in the Home:

Name	Birth date	M	F

Parent/Guardian Information:

Student lives with: Father Mother Stepfather Stepmother Foster Parent Other (Caregiver; Relative)

Name	Occupation/Employer	Telephone		
		Home	Work	Cell
Father				
Mother				
Other				

If parents are separated or divorced, who has legal custody of the scholar? _____
 Are there custodial restrictions? Yes No **Current legal document must be on file in the school office.**
 If either spouse remarried, has step-parent formally adopted this child? Yes No (if no, step-parent does not have rights to student records.)

Parent Education Level: Required by State Wide Testing (Please Check One)

- Mother/Guardian**
- Not a High School Graduate
 - High School Graduate
 - Some College
 - College Graduate
 - Graduate/Post Graduate Training
 - Decline to State

- Father/Guardian**
- Not a High School Graduate
 - High School Graduate
 - Some College
 - College Graduate
 - Graduate/Post Graduate Training
 - Decline to State

DESERT TRAILS PREPARATORY ACADEMY ENROLLMENT FORM

Scholar Discipline Information:

Is scholar currently expelled from another school district? Yes No

If yes, Name of School & District: _____

Has scholar ever been expelled? Yes No

If yes, what grade? _____ What date? _____ Name of School and District _____

Is your scholar currently on Probation? Yes No

If yes, Probation Officer's Name and Phone Number: _____

****The schools of Adelanto Unified School District have the right to provide school information to Probation, Social Services, Police, etc.****

Scholar Educational Program Information:

Has your child ever been retained (held back)? Yes No If yes, at what grade? _____

Has your child ever been in Special Education or Special Instruction Program? Yes No If yes, dates of service: _____

Is your child currently in a Special Education or Special Instruction Program? Yes No

Type of Program: Mainstream Remedial Speech Self-contained Physically Handicapped
 504 Plan Gifted & Talented

(Special Education Students, before this enrollment can be considered complete you must fill out forms at the main office.)

Who holds educational rights for this pupil? (parent, guardian, etc.) _____

Previous School Information:

Please list all schools attended within the last 3 years, starting with the most current school:

Name of School & District:	Type of Program: (Public, Private, Continuation, Alternative Ed., Charter, other)	City, State:	Grade: (K-12)	School Year(s) of Attendance:	Withdrawal Date:
Example: LaVerne Elementary Preparatory Academy Hesperia Unified School District	Public	Hesperia, CA	5th, 6th	2006-2008	May 14, 2008

Parent/Guardian

Name

Date

Student Name

Student Signature

Date

Attendance Specialist/Counselor Name

Attendance Specialist/Counselor Signature

Enrollment Date

