

# Gateway Community Charters Enrollment Card 202\_-202\_ School Year

CCCS COA Elem COA Middle EPIC FUTURES GIS HLA SAVA: EG SAVA: SCUSD SAVA: TRUSD (Circle One)



<b>Student Legal Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Birth Date:</b> ____/____/____ <b>Birth Place:</b> _____ Verified <input type="checkbox"/>																		
<b>Residence Address: Street</b>		<b>City</b> <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	<b>County</b>																		
<b>Mailing Address:</b> (If different from mailing address)		<b>City</b> <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	<b>County</b>																		
<b>Primary phone number including area code:</b> _____																					
<b>Age:</b> _____ <b>Gender:</b> M F Non-binary <b>Grade:</b> _____		<b>Student's cell phone number including area code:</b> _____																			
<b>Student's preferred name (if different):</b> _____																					
<b>Student's email address:</b> _____																					
<b>District of Residence:</b> Please provide the name of the District and School of Residence that reflects the student's current home address: this may be different than the school your child attended. <b>DISTRICT:</b> _____ <b>SCHOOL:</b> _____																					
<p style="text-align:center"><b>RACE/ETHNICITY</b></p> <p>(California Government Code Section 8310.5 requires that we collect this data.)</p> <p><b>Part A. What is this student's Ethnicity?</b> (Select only one)</p> <p><input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Part B. What is this student's race?</b> (Select one or more)</p> <p><input type="checkbox"/> American Indian or Alaskan Native (Persons having origins in any of the original peoples of North, Central or South America)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Filipino/Filipino American</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Hispanic or Latino</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> White</td> </tr> </table>		<input type="checkbox"/> Chinese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<p><b>Parent/Guardian Name:</b> _____</p> <p>Relationship to Student: <input type="checkbox"/>Father <input type="checkbox"/>Step-Father <input type="checkbox"/>Mother <input type="checkbox"/>Step-Mother <input type="checkbox"/>Legal Guardian <input type="checkbox"/>Other _____</p> <p>Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only</p> <p><b>Email:</b> _____ (If address/home phone is the same as the student (above) then check here ____ and do not enter)</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Home Phone: _____</p> <p style="text-align:center"><b>Parent/Guardian Highest Education Level:</b></p> <p><input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree</p> <hr/> <p><b>Parent/Guardian Name:</b> _____</p> <p>Relationship to Student: <input type="checkbox"/>Father <input type="checkbox"/>Step-Father <input type="checkbox"/>Mother <input type="checkbox"/>Step-Mother <input type="checkbox"/>Legal Guardian <input type="checkbox"/>Other _____</p> <p>Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only</p> <p><b>Email:</b> _____ (If address/home phone is the same as the student (above) then check here ____ and do not enter)</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Home Phone: _____</p> <p style="text-align:center"><b>Parent/Guardian Highest Education Level:</b></p> <p><input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree</p>	
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