

Gateway Community Charters Enrollment Form 202__ - 202__ School Year

CCCS COA Elem COA Middle EPIC FUTURES GIS HLA SAVA: EGUSD SAVA: SCUSD SAVA: TRUSD GCC VA



Please check one

Student Legal Name: Last	First	Middle	Birth Date: _____ / _____ / _____ Birth Place: _____
			Verified <input type="checkbox"/> Method of Verification :
Residence Address: Street		City <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	County
			Zip
Mailing Address: (If different from mailing address)		City <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	County
			Zip
Primary phone number including area code: _____			
Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	Student's cell phone number including area code: _____	
Student's preferred name (if different): _____			
Student's email address: _____			
District of Residence: 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.			
DISTRICT: _____		SCHOOL: _____	
RACE/ETHNICITY (California Government Code Section 8310.5 requires that we collect this data.)		Parent/Guardian Name: _____ Home Phone: _____	
Part A. What is this student's Ethnicity?		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	
<input type="checkbox"/> Hispanic or Latino (American, or other Spanish culture or origin, regardless of race)		Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only	
<input type="checkbox"/> Not Hispanic or Latino		Email: _____	
Part B. What is this student's race? (Select one or more)		<i>If address/home phone is the same as the student (above) then check here ____ and do not enter</i>	
<input type="checkbox"/> American Indian or Alaskan Native		Address _____ City _____ State _____ Zip _____	
<input type="checkbox"/> Chinese <input type="checkbox"/> Laotian		Parent/Guardian Highest Education Level:	
<input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian		<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	
<input type="checkbox"/> Korean <input type="checkbox"/> Filipino/Filipino American		Parent/Guardian Name: _____ Home Phone: _____	
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong		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	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian		Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only	
<input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan		Email: _____	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Tahitian		<i>If address/home phone is the same as the student (above) then check here ____ and do not enter</i>	
<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Hispanic or Latino		Address _____ City _____ State _____ Zip _____	
<input type="checkbox"/> Black or African American <input type="checkbox"/> White		Parent/Guardian Highest Education Level:	
		<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	