Gateway Community Charters Enrollment Form 202___ - 202___School Year

☐CCCS (TK-8, 9-12, Connections Academy, Virtual Academy) ☐COA (Elementary, Middle) ☐EPIC ☐FUTURES ☐GIS ☐ HLA ☐SAVA: EGUSD ☐SAVA: SCUSD ☐SAVA: TRUSD
Please check a school above.

Student Legal Name: Last **First** **Middle**

Birth Date:_____/_____/_____ **Birth Place:** _____

Residence Address: Street **City** **County** **Zip**
☐ **Sacramento** ☐ **other:**

Mailing Address: **City** **County** **Zip**
(If different from mailing address)
☐ **Sacramento** ☐ **other:**

Primary phone number including area code:

Age: _____ **Grade:** _____ **Gender:** ☐ **M** ☐ **F** ☐ **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.)

Part A. What is this student's Ethnicity?

☐ Hispanic or Latino
(American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

Part B. What is this student's race? (Select one or more)

☐ American Indian or Alaskan Native
☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Asian Indian
☐ Hawaiian
☐ Guamanian
☐ Other Pacific Islander
☐ Black or African American
☐ Laotian
☐ Cambodian
☐ Filipino/Filipino American
☐ Hmong
☐ Other Asian
☐ Samoan
☐ Tahitian
☐ Hispanic or Latino
☐ White

Parent/Guardian Name: _____ **Home Phone:**_____

Relationship to Student: ☐Father ☐Step-Father ☐Mother ☐Step-Mother ☐Legal Guardian ☐Other

Cell Phone: _____ ☐ OK to send text msg /Work Phone: _____
☐Work phone Emerg. only

Email: _____

If address/home phone is the same as the student (above) then check here _____ and do not enter)

Address _____ City_____ State_____ Zip_____

Parent/Guardian Highest Education Level:
☐Not a High School Graduate ☐ High School Graduate ☐ Some College ☐ College Degree ☐ Graduate Degree

Parent/Guardian Name: _____ **Home Phone:**_____

Relationship to Student: ☐Father ☐Step-Father ☐Mother ☐Step-Mother ☐Legal Guardian ☐Other

Cell Phone: _____ ☐ OK to send text msg /Work Phone: _____
☐Work phone Emerg. only

Email: _____

If address/home phone is the same as the student (above) then check here _____ and do not enter)

Address _____ City_____ State_____ Zip_____

Parent/Guardian Highest Education Level:
☐ Not a High School Graduate ☐ High School Graduate ☐ Some College ☐ College Degree ☐ Graduate Degree

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____