

~Enrollment Form ~
OUR COMMUNITY SCHOOL
 16514 Nordhoff Street North Hills, California 91343
 (818) 920-5285 phone (818) 920-5383 fax

STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name		Other Name/Nickname		Grade Applying for:	
								School Year:	
Street address						Unit #		City	
								Zip Code	
Home Telephone # ()		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		Place of Birth (City, State and Country)			
Please Indicate Student's Ethnicity (Check all that apply)								Information for statistical use only	
American Indian/Alaskan Native		Asian		Black (not of Hispanic origin)		Hispanic			
White (not of Hispanic origin)		Filipino		Pacific Islander					
Student Lives With (Check all that apply)									
Mother Guardian		Father Relative _____		Mother/Stepparent		Father/Stepparent Foster Home		Both parents alternately Other _____	

FAMILY INFORMATION

Parent				Parent			
Last Name		First Name		Last Name		First Name	
Home Address (if different than student)				Home Address (if different than student)			
Home Telephone		Cell Phone		Home Telephone		Cell Phone	
Employer		Work Telephone		Employer		Work Telephone	
Work Address		Education Level		Work Address		Education Level	
Email Address				Email Address:			
(Stepparent/Guardian/Foster Parent)				(Stepparent/Guardian/Foster Parent)			
Last Name		First Name		Last Name		First Name	
Home Address (if different than student)				Home Address (if different than student)			
Home Telephone		Cell Phone		Home Telephone		Cell Phone	
Employer		Work Telephone		Employer		Work Telephone	
Work Address		Education Level		Work Address		Education Level	
Email Address				Email Address			

LICENSED CHILDREN'S INSTITUTION/FAMILY FOSTER HOME

Facility Name		LCI/FFH#		Contact Person	
Complete Address			Facility Telephone #		Alternative Telephone #

COURT ORDERS

ARE THERE ANY COURT ORDERS RESTRICTING THE LEGAL RIGHTS OF EITHER PARENT?	Yes	No
IF YOU ANSWERED "Yes" PLEASE PROVIDE A COPY OF THE COURT ORDER TO THE SCHOOL.		

EMERGENCY INFORMATION (Authorized person(s) to pick up and or care for student if parent(s)/guardian(s) cannot be reached.

Name	Relationship	Home Telephone	Work Telephone	Cell Phone
1.				
2.				

SIBLING INFORMATION

First & Last Name	Age	Are the child's siblings applying for placement at OCS at this time?	Grade
1.			
2.			
3.			

HOME LANGUAGE SURVEY

What language did this student learn when he or she first began to talk? _____
What language does this student most frequently use at home? _____
What language do you use most frequently to speak to this student? _____
What language is most often used by the adults at home? _____
Has this student received any formal English language instruction (listening, speaking, reading or writing)? ? ___ Yes ___ No

PREVIOUS SCHOOL INFORMATIN

Previous Schools Attended	City/State	Dates Attended	Grade Levels	LAUSD School
1.				___ Yes ___ No
2.				___ Yes ___ No
3.				___ Yes ___ No

SPECIAL SERVICES

<p>A. Did this student receive special education services at his/her previous school? ___ Yes ___ No If Yes, what services where they? _____</p> <p>B. Did this student have an Individualized Education Program (IEP) at his/her previous school? ___ Yes ___ No If Yes, please submit copy of the student's IEP to our school.</p> <p>C. Did this student have a Section 504 Plan at his/her previous school? ___ Yes ___ No If Yes, please submit a copy of the students Section 504 Plan to our school.</p> <p>D. Does this student have difficulties that interfere with his/her ability to go to school ? ___ Yes ___ No</p> <p>E. Does this student have difficulties that interfere with his/her ability to learn? ___ Yes ___ No</p> <p>F. Has this student been identified for gifted and talented educational services (GATE)? ___ Yes ___ No</p> <p>G. Please provide a copy of your child's IEP or 504 Plan with this application.</p>
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SIGNATURE

I verify that this information is true and correct.			
X _____		Date:	_____
Signature of: (Check one)	Parent	Legal Guardian	Other _____