



Dunham School District

GRADE

Dunham Charter School (Kdg-6th Grade) & Dunham School (6th Grade)
 4111 Roblar Road * Petaluma, CA * 94952 * Phone: (707)795-5050 Fax: (707) 795-5166

PLEASE PRINT – STUDENT’S LEGAL NAME				
Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non binary	Birth date:		Please provide a copy of Birth Certificate	
	Month	Day	Year	
Student’s Mailing Address		Apt #	City	State Zip
Student’s Residence Address (IF DIFFERENT)		Apt #	City	State Zip

STUDENT BIRTHPLACE		
City	State	Country

STUDENT ETHNICITY (Please check one):
<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

STUDENT RACE (Please check up to five racial categories. No matter what Ethnicity selected above, you must also indicate what you consider your student’s race to be.)		
<input type="checkbox"/> American Indian or Alaskan Native <small>(Persons having origins in any of the original people of North, Central or South America)</small> <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian	<input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> African American or Black <input type="checkbox"/> White <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>

DATE STUDENT FIRST ATTENDED SCHOOL	DATE STUDENT FIRST ATTENDED SCHOOL IN CALIFORNIA
Month Day Year	Month Day Year

SCHOOL STUDENT MOST RECENTLY ATTENDED			
School	Address/City/State/Zip	Grade (s)	Date(s)
Has your child ever been given the ELPAC (English Language Proficiency Assessment for California)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know			
Are there psychological or confidential reports available from your child’s former school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What special services has your child received? (please check all boxes that apply)			
Special Education: <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504			
Other Services: <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development			
<input type="checkbox"/> Help to Improve Attendance/ Behavior <input type="checkbox"/> Other (Specify)			

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES

<input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other (specify) _____		
Full Name		
Is this person the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete a "Caregiver Affidavit"		
Employer	Occupation	Cellular Phone Number
Email Address		Home Phone Number
Education: <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate		

<input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other (specify) _____		
Full Name		
Is this person the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete a "Caregiver Affidavit"		
Employer	Occupation	Cellular Phone Number
Email Address		Home Phone Number
Education: <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate		

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please provide:				
Full Name		Home Phone Number		
Email Address		Cellular Phone Number		
Mailing Address	Apt #	City	State	Zip

PARENT COMMUNICATION – In which language do you wish to receive written communications? <input type="checkbox"/> English <input type="checkbox"/> Spanish
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HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home: _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check all that apply)

In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel

Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) Unsheltered (car/campsite)

In a sheltered or transitional housing program Other _____

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	Birth date	Grade
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship
_____	_____	_____	_____

HEALTH PROBLEMS (Check all that apply)

Diagnosed ADD or ADHD <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
Asthma <input type="checkbox"/>	Eye Injury <input type="checkbox"/>
Bladder Problems <input type="checkbox"/>	Hypoglycemia <input type="checkbox"/>
Bleeding Disorder <input type="checkbox"/>	Frequent Nosebleeds <input type="checkbox"/>
Color Vision Deficiency <input type="checkbox"/>	Scoliosis <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Seizure Disorder <input type="checkbox"/>
Eczema/Skin Trouble <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>
History of Ear Problem <input type="checkbox"/>	Describe _____
Heart Problem <input type="checkbox"/>	Describe _____
Head Injury <input type="checkbox"/>	Describe _____
History of Fractures <input type="checkbox"/>	Describe _____
History of Hospitalization <input type="checkbox"/>	Describe _____
History of Surgery <input type="checkbox"/>	Describe _____
Known Hearing Loss <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Known Vision Loss <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Physical Limitations <input type="checkbox"/>	Describe _____
Wears Contact Lens <input type="checkbox"/>	
Wears Glasses <input type="checkbox"/>	For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>

Other or further details of above _____

ALLERGIES (Check all that apply) none:

Animals Drugs List specific item(s) student is allergic to: _____

Insects Food Describe allergic reaction and/or treatment: _____

Bee Stings Plants Explain: _____

Other

CURRENT MEDICATION(S) No Yes Epi-Pen *If medication is needed at school a medication consent form must also be completed.*

MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media has been permitted by the principal or designee to be on campus. Yes No

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I have reviewed this two -page document and to the best of my knowledge, the information contained herein is true and complete. By signing below, I declare under penalty of perjury that I am the parent or legal guardian of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____

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PARENT AGREEMENT WITH DUNHAM CHARTER SCHOOL
EXPECTED STUDENT BEHAVIOR

STUDENTS WILL:

- Arrive at school on time
- Have good attendance (no truancy)
- Be prepared and ready to work
- Perform as near to their level of academic ability as possible
- Become aware of all school rules
- Follow all school rules
- Conduct themselves in a manner that allows other students to learn and teachers to teach
- Demonstrate respect for other students and adults
- Respond in an appropriate manner when confronted with a difficult situation and/or when being corrected

The following signature signifies that:

- 1) Both parent and student have read, discussed and agreed to abide by the behaviors listed above, and
- 2) Understand that disregarding one or more of the above rules may lead to the revocation of the charter admission

First and last name of student(s) _____

Parent's signature _____ Date _____