



# Dunham Elementary School's Enrollment Application

## **Frequently Asked Questions**

### **What is Dunham's School Priority List?**

Children will be admitted based on the following priorities:

1. Children who live in the District boundaries
2. Children with siblings who currently attend Dunham
3. Children who are actively attending a daycare/preschool within the District boundaries
4. Children of Dunham employees
5. Children on the lottery waiting list

\*\*Note: There are admission rights unique to homeless and foster youth. Contact Lori Nommsen to learn more.

### **How will I know if my child got in?**

Applications will be randomized by a random drawing aka lottery, then given a waiting list number. Enrollment is not guaranteed with a waiting list number. Enrollment begins late spring, and continues throughout summer depending on availability. If your child is accepted, then you will receive a phone call notifying you of his/her admittance. All applications will remain on the waiting list unless requested to be taken off by the parent.

### **What time does school start?**

School starts at 8:00 a.m. - The classroom doors open at 7:50 A.M.. There is supervision in the Daycare Room from 7:30 to 7:50, should you need to drop your child off a little early. There is no cost for morning care.

### **What time does school end?**

- ✓ 1<sup>st</sup> – 6<sup>th</sup> Grade dismisses at 2:30 P.M. on Monday, Tuesday, Thursday, and Friday.  
1:30 pm. on Wednesdays
- ✓ Kindergarten dismisses at 11:45 A.M. After Thanksgiving break, Kindergartners will stay at school until 1:30 p.m. Monday - Friday.
- ✓ Transitional Kindergarten dismisses at 11:45 A.M. Monday - Friday.

*Our Mission: In partnership with our families, Dunham Elementary School is committed to providing an educational experience that will ready students for successful living in the 21st Century.*



DUNHAM SCHOOL DISTRICT

Dunham Charter School (TK - 6<sup>th</sup> Grade) & Dunham Elementary (6<sup>th</sup> Grade)

4111 Roblar Road, Petaluma, CA 94952 Phone: (707)795-5050 Fax: (707) 795-5166 Dunhamsd.org

Application/Registration for the \_\_\_\_\_ School Year.

Child's LEGAL Name (as listed on Birth Certificate or equivalent official document):

\_\_\_\_\_  
Last Name First Name Middle Name

Grade Entering: \_\_\_\_\_ Male  Female  Nonbinary  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mailing Address (IF DIFFERENT) City State Zip

**Mother's/Guardian's Name**

Mother's Maiden Name

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Email Address: Occupation

**Father's/2<sup>nd</sup> Guardian's Name**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Email Address: Occupation

Your Child's last school: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When did your child first enroll in a school (month/year)? \_\_\_\_/\_\_\_\_ California school (month/year)? \_\_\_\_/\_\_\_\_

APPLICATION RECEIVED:

OFFICE USE

- Lives in District
- In-District Employment
- In-District Childcare
- Sibling
- Homeless Youth

Proof of Residency:

- Utility/Telephone Bill
- Rent/Lease Agreement
- Affidavit of Residency
- Tax Documents
- Homeless Documentation per AR 5111.13

Employment

- Proof In-District

\_\_\_\_ CSIS Number

\_\_\_\_ Emergency Form

\_\_\_\_ Immunizations

\_\_\_\_ Proof of Residency

\_\_\_\_ Proof of Child's Age (permissible documents include birth record, birth certificate, baptism certificate, passport, or affidavit)

\_\_\_\_ Cum. Requested

Father  Mother  Both  Step-Mother  Step-Father  Guardian  Foster/Group Home  Other: \_\_\_\_\_

Is the above checked person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit".

Is there any LEGAL or GUARDIANSHIP information about your child we should be aware of?  Yes  No

If yes, please check one:  Joint Custody  Sole Custody  Guardian Please attach copies of LEGAL DOCUMENTS.

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number: Name: \_\_\_\_\_ House # \_\_\_\_\_ cell # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
 Not Hispanic or Latino

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <b>American Indian or Alaskan Native (100)</b><br>(Person having origins in any of the original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203)<br><input type="checkbox"/> Vietnamese (204)<br><input type="checkbox"/> Asian Indian (205)<br><input type="checkbox"/> Laotian (206)<br><input type="checkbox"/> Cambodian (207)<br><input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hawaiian (301)<br><input type="checkbox"/> Guamanian (302)<br><input type="checkbox"/> Samoan (303)<br><input type="checkbox"/> Tahitian (304)<br><input type="checkbox"/> Other Pacific Islander (399)<br><input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)<br><input type="checkbox"/> White (700)<br>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--|--|--|---|
- Chinese (201)  
 Hmong (208)

- Not a high school graduate  Some college (incl. AA degree)  Graduate school/post graduate training  
 High school graduate  College graduate

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: \_\_\_\_\_

- Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504 Accommodation Plan  
**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  
 English Language Development  Medical Health Plan

Has the student been expelled or is the student in the process of being expelled from any school? Yes  No

If yes: Name of school: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

- 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)  
 Other \_\_\_\_\_

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
_____	_____	_____	_____

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 _____			

Animals <input type="checkbox"/>	Drugs <input type="checkbox"/>	List specific item(s) student is allergic to: _____ _____
Insects <input type="checkbox"/>	Food <input type="checkbox"/>	
Bee Stings <input type="checkbox"/>	Plants <input type="checkbox"/>	
Other <input type="checkbox"/> Explain: _____		Describe allergic reaction and/or treatment: _____ _____

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

***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: \_\_\_\_\_