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?
✓ 1st – 6th 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.
Application/Registration for the _________________ School Year.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Grade Entering: ________ Male ☐ Female ☐ Nonbinary ☐ Date of Birth: _____/_____/

Home Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mailing Address (IF DIFFERENT)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mother’s/Guardian’s Name

( )____________________ ( )____________________ ( )____________________

Home Phone  Cell Phone  Work Phone

______________________________________________________________

Email Address: ___________________________ Occupation

Father’s/2nd 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)? _____/_____
PARENT/GUARDIANSHIP INFORMATION:

Who does this child live with? (Please check all that apply)

☐ 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.

DUPLICATE MAILING
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: ____________

ETHNICITY:  Mark ethnicity with which the student most closely identifies:  (only one)  (Confidential Information needed for Federal/State Reports)

☐ 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

☐ American Indian or Alaskan Native (100) (Person having origins in any of the original peoples of North and South America (including Central America)

☐ Chinese (201)

☐ Hmong (208)

☐ Korean (203)

☐ Vietnamese (204)

☐ Asian Indian (205)

☐ Laotian (206)

☐ Cambodian (207)

☐ Japanese (202)

☐ Hawaiian (301)

☐ Guamanian (302)

☐ Samoan (303)

☐ Tahitian (304)

☐ Other Pacific Islander (399)

☐ Other Asian (299)

☐ African American or Black (600) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

☐ 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: ________________________________________________

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED?  (Please check all boxes that apply)

☐ 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: _______________________
# Student Information Form

### OTHER CHILDREN IN THE FAMILY:

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Relationship</th>
<th>Lives at Home</th>
<th>Birth date</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
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</tr>
</tbody>
</table>

### OTHER ADULTS IN THE HOME:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

### HEALTH PROBLEMS (Check all that apply)

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

### Other or further details of above

__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

### ALLERGIES (Check all that apply)

- Animals ☐
- Drugs ☐
- List specific item(s) student is allergic to: ______________________________________________
- Insects ☐
- Food ☐
- ______________________________________________
- Bee Stings ☐
- Plants ☐
- ______________________________________________
- Describe allergic reaction and/or treatment: ______________________________________________
- ______________________________________________
- ______________________________________________
- Other ☐ Explain: ____________________________________________________________________

### OTHER or further details of above

__________________________________________________________________________________________________________________________________________

### CURRENT MEDICATION(S)

- No ☐
- Yes ☐
- Epi-Pen ☐ If medication is needed at school a medication consent form must also be completed.

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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: