



Cordova High School

2239 Chase Drive, Rancho Cordova, CA 95670
Phone (916) 294-2450 <http://www.fcusd.org/CordovaHigh>
Folsom Cordova Unified School District

New Student Enrollment Information 2022-2023

Dear Parents/Guardians of New Students,

Welcome to Cordova High School, Home of the Lancers, an International Baccalaureate World School. Our enrollment process consists of two parts. In **Part One**, you will start the process by completing and submitting the following **REQUIRED** documents:

PART ONE

Pre-Enrollment Informational Sheet

Records from the previous school including:

- Withdrawal Grades
- Unofficial Transcript
- Discipline Report

Photo ID or non-governmental issued photo ID

Proof of Residency (current) – provide **one** of the following (originals will NOT be returned)

Per Education Code 48204.1, residency documentation includes, ***but is not limited to the following:***

- Property tax payment receipts
- Rental property contract, lease or payment receipts
Verification of rental contract or lease will be performed with the owner/lessee.
- Utility service contract, statement, receipt, SMUD, PG&E or City/County
- Pay stub
- Voter registration
- Correspondence from government agency
- Declaration of Residency

Staff reserves the right to ask for additional documentation

Proof of Immunization

Age Verification Ed Code [48002](#) states that any of the documents listed as proof of age is acceptable

Certified copy of birth record or statement by the local register or county recorder certifying birth date

Baptism certificate duly attested

Passport

An Affidavit of the parent, guardian or custodian of the minor

Or, any other means of providing the age of the child as proscribed by the governing board of the school district

Signed Authorization for Release of School Records

Signed Course Request Form

Custody Paperwork (***if applicable***)

Copy of most current I.E.P. (Special Education) or 504 plan (***if applicable***).

Once you have the above documentation, please call for a registration appointment to proceed to Part Two. 916-294-2450 ext. 810130

PART TWO

Folsom Cordova Unified School District uses an online registration system called **InfoSnap**. Once you have submitted the **Pre Enrollment Documents to our Counseling Department**, an **InfoSnap** login and password will be emailed to you. At this point, you will be able to enter your student's emergency contacts, medical information and complete the additional FCUSD required registration documents.

- If you need to stop during the InfoSnap data entry process, click on the "save and log out" button at the top right of the screen and your information will be saved for your return visit.
- Once submitted, you will no longer be able to edit your student's information so please proof read.

THIS INFORMATION NEEDS TO BE COMPLETED AS SOON AS POSSIBLE AFTER RECEIVING YOUR LOGIN INFORMATION OTHERWISE YOUR STUDENT'S REGISTRATION WILL NOT BE COMPLETE.

**If you need assistance or do not have access to a computer please contact the counseling office
916-294-2450 ext 810116.**

CORDOVA HIGH SCHOOL

2239 Chase Drive
Rancho Cordova, CA 95670
916-294-2450
Fax 916-294-9080



Request for Student Information and/or Records Request for Enrollment in the FCUSD at CHS

Former School Information:

Name: _____

Address _____

Phone # _____ Fax # _____

The student is enrolling in our school. Please fax **(916-294-9080)** or email
(ccraft@fcusd.org) the documents marked below.

(Name of Student)

(Birthdate)

(Grade)

*****This Section for office use only*****

- | | | |
|--------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="radio"/> Age Verification | <input type="radio"/> Transcripts | <input type="radio"/> Withdrawal Grades |
| <input type="radio"/> Immunization Records | <input type="radio"/> IEP / 504 | |
| <input type="radio"/> Discipline Records | <input type="radio"/> Attendance Records | <input type="radio"/> All Records |

_____ Please return this form along with the OFFICIAL TRANSCRIPTS and the cumulative records to Cordova High School at the address listed above.

If you have any questions, please contact Christine Craft, Registrar at 916-294-2450 ext 810130 or ccraft@fcusd.org please fax records to 916-294-9080.

Date: 1st Request _____ 2nd Request _____ 3rd Request _____

NOTES

*****Above for office use only*****

Parent/Guardian Signature

In accordance with the **Family Education Rights and Privacy Act of 1974**, I hereby give permission for **Cordova High School** to obtain from any appropriate person or agency any confidential, educational, psychological, and medical records.

Signature: _____ Relationship: _____ Date: _____



Folsom Cordova Unified School District Pre-Enrollment Informational Sheet

For Office Use Only:

Received Date: _____

Student ID Number: _____

PS Registration Code: _____

Check Grade Student Will Be Entering: 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Print Student's Legal Full Name: _____ Age: _____
Last First Middle

Student's Date of Birth: _____ Birthplace: _____ Gender: ☐ M ☐ F
MM/DD/YYYY City State Check One

Student's Residence Address: _____ City: _____ State: _____ Zip Code: _____

Student's Mailing Address: _____ City: _____ State: _____ Zip Code: _____
If different from resident address

Student's Home Phone: _____ Other Contact Phone Number: _____

School Student Last Attended: _____
Name of School City State Zip Code Ph. No

Mother/Guardian Name: _____ Contact Phone Number: _____ Resident

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Father/Guardian Name: _____ Contact Phone Number: _____

Resident Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Has this student previously been expelled or is currently being considered for expulsion from this or any other school district?

No ☐ Yes ☐ if yes, list school district: _____ This is a State Legislative required question.

In accordance with Folsom Cordova Unified School District Policy 5117, I hereby declare that I reside with my student at the address shown above. *Falsifying this address will result in immediate disenrollment of my student. My signature below verifies all of the information on this form to be true under penalty of perjury.*

Parent/Guardian Signature: _____ Date: _____

Check any programs in which your child participates: GATE ☐ Speech ☐ 504 Plan ☐ Special Ed ☐

FOR OFFICE USE ONLY: Verification of Required Enrollment Documentation as defined Ed Code 48002:

- ☐ Certified copy of birth record or statement by the local register or county recorder certifying birth date
- ☐ Baptism certificate duly attested
- ☐ Passport
- ☐ Affidavit of the parent, guardian, or custodian of the minor
- ☐ Any other means of providing the age of the child as prescribed by the governing board of the school district

Verification of Residency as defined Ed Code 48204.1:

- ☐ PG&E/SMUD, ☐ Government Documents, ☐ Driver's License or ☐ non-government issued photo ID,
- ☐ Voter Registration, ☐ Property Taxes, ☐ Pay Stub, ☐ correspondence from a government agency, ☐ Declaration of residency (affidavit)

Verified by: _____ School Site: _____