Secondary New Student Enrollment Procedures

All middle and high school age students must register at their home school (attendance/boundary area school). Only a parent or legal guardian may register a student. The following documentation must be provided:

- **Documentation of age** as defined Ed Code 48002 -
  - Certified copy of birth record or statement by the local registrar 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 prescribed by the governing board of the school district

- **Immunization record** – 7th graders must have 1 TDP and 2 varicella

- **Verification of Residency** as defined Ed Code 48204.1 (but not limited to):
  - Rental contract, lease agreement
  - Utility Service Contracts, statements, payment receipts
  - Government Documents
  - Driver’s License or non-government issued photo ID
  - Voter Registration
  - Property Taxes
  - Pay Stub
  - Declaration of residency

Students must reside full time with parent or legal guardian at the residential address given. If you and your child are residing with a family member or friend, the owner of the residence must accompany you to the school and complete an affidavit of residency. The owner of the residence must provide the proof of residency documentation.

- **Transcript, Grades, & Test scores from previous school**: if available

- **Copy of IEP or 504, if applicable**
Folsom Cordova Unified School District Pre-Enrollment Informational Sheet

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

Print Student’s Legal Full Name: ___________________________ Age: ____________

Student’s Date of Birth: ____________ Birthplace: ____________ Gender: ☐ M ☐ F

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 ☐ IEP/SpEd ☐

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

☐ Documentation of age
☐ 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:

☐ Utility Verification ☐ 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: ___________________________
FOLSOM MIDDLE SCHOOL
500 Blue Ravine Road
Folsom, CA 95630-3403
(916) 294-9040 FAX: (916) 294-9078

Terri Daniels, Principal
Michael Bose, Assistant Principal
Alfredo Acosta, Assistant Principal

REQUEST FOR STUDENT CUMULATIVE RECORDS

Registrar:

The student listed below has enrolled in Folsom Middle School.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Grade</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Please forward the following records as soon as possible:

- Academic Records
- Cum Folder
- Health Records
- Psychological Folder/Special Ed Records

__________________________________   ___________________      _____   _______     _____________

Kerry Kasparian
Student Records Clerk

PARENT PERMISSION TO RELEASE RECORDS

“I hereby give:

___________________________________________
Name of School

____________________________________________
School Mailing Address

City                                       State            Zip

__________________________________________   ________________________________   _________________________________    __________

Consent to release to FOLSOM MIDDLE SCHOOL, 500 Blue Ravine Rd, Folsom, CA, 95630, the information requested above.”

Date              Signature                                                  Relationship                                                  Phone