New Student Registration Information

To register your student for the 2020-2021 school year, the following is REQUIRED.

- Birth Certificate
- 3 Proofs of residency-SMUD and PGE are preferred
  Proofs of residency- SMUD, PGE, Lease agreement, Bank statement, Internet/Cable, Voter Registration, Tax Papers, Pay Stub
- Immunization record- 7th graders MUST have TDAP & 2 Varicella
- Pre-Enrollment Information sheet completed (attached)
- Cumulative request form completed (attached)
- Course selection form completed (Attached) (Choose 1,2,3rd choice)
- Current grades and/or test scores are helpful but not necessary

Your registration packet will not be accepted without all of the Required documents.

Once we receive this completed registration packet, we will input the information and you will receive an email with instructions on how to complete the registration process online. Please complete this as soon as possible. Your student is NOT registered at Sutter until this paperwork is completed and the online portion is completed.
Folsom Cordova Unified School District

Pre-Enrollment Informational Sheet

Check Box for Grade Student Will Be Entering: [ ] 6  [ ] 7  [ ] 8

Print Student’s Legal Full Name: ____________________________ Last First Middle Age: __________

Student’s Date of Birth: ___________ Birthplace: ___________________________ Gender: [ ] M [ ] F

MM/DD/YYYY City State Country

Student’s Residence Address: ___________________________ City: ______ State: ______ Zip Code: ______

If different from resident address

Student’s Mailing Address: ___________________________ City: ______ State: ______ Zip Code: ______

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 and Verification of Residence

Required Enrollment Documentation: [ ] Original Birth Certificate/Passport [ ] Transcript

[ ] Immunization Record [ ] Custody Papernoerwork – (if applicable)

Residence Verification: [ ] SMUD [ ] PG&E [ ] SBC [ ] City of Folsom [ ] City of Rancho

[ ] Rental/Sales/Escrow Agreement

Verified by: __________________________ For School Year: __________________________
Request for Student Cumulative Records

The student listed below has enrolled in Sutter Middle School

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Grade</th>
<th>DOB:</th>
</tr>
</thead>
</table>

Please forward the following records as soon as possible:

- [ ] Academic Records
- [ ] Cum File
- [ ] Health Records
- [ ] Psychological Folder
- [ ] IEP/504 Information

Parent permission to release records:

I hereby give:

NAME OF PREVIOUS SCHOOL

ADDRESS OF PREVIOUS SCHOOL

CITY

STATE

ZIP CODE

My consent to release to Sutter Middle School the information requested above.

Date

Signature

Relationship

Phone #