



Sutter Middle School

Home of the Cougars

Keri Phillips, Principal

Leane Linson – Assistant Principal (A-K)

Kevin Garmston – Assistant Principal (L-Z)

New Student Registration Information

Your registration packet will not be accepted without all of the
Following Required Documents:

- **Birth Certificate**
- **3 Proofs of Residency:**
SMUD, PGE, Lease Agreement, Bank Statement, Internet/Cable,
Voter Registration, Tax Papers, Pay Stub, etc.
- **Immunization Record** – 7th graders must have TDAP and 2
Varicella shots
- **Pre-Enrollment Information Sheet (Attached)**
- **Cumulative Request Form (Attached)**
- **Course Selection Form**
- **Current Grades and/or Test Scores are helpful**

Once we receive this completed registration packet, we will enter 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.**

Sutter Middle School 715 Riley St., Folsom, Ca 95630 916-294-9035 916-294-9081 (fax)



Folsom Cordova Unified School District
Pre-Enrollment Informational Sheet

For Office Use Only:
Received Date:
Student ID Number:
Family Info Snap Code:

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: MM/DD/YYYY Birthplace: City State Country Gender: [] M [] F

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

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

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 and Verification of Residence
Required Enrollment Documentation: [] Original Birth Certificate/Passport [] Transcript [] Immunization Record [] Custody Paperwork -- (if applicable)
Residence Verification: [] SMUD [] PG&E [] SBC [] City of Folsom [] City of Rancho [] Rental/Sales/Escrow Agreement
Verified by: For School Year:



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Kevin Garmston/Leane Linson, Assistant Principals

Jocelyn Hammerstrom - Registrar

715 Riley Street
Folsom, CA 95630
916-294-9035
916-294-9081 (fax)

Request for Student Cumulative Records

The student listed below has enrolled in Sutter Middle School

Last Name	First Name	M.I.	Grade	DOB:
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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 #