



Sutter Middle School

Home of the Cougars

Tarik McFall, Principal

Christine Sonnenkreuz – Assistant Principal (A-G)

Brian Zan – Assistant Principal (H-O)

Kevin Garmston – Assistant Principal (P-Z)

2024/2025

Registration For Students New To FCUSD

Please come to Sutter Middle School and bring the following with you:

- **Birth Certificate (Copy)**
- **1 Current Proof of Residency:**
SMUD, PGE, Lease Agreement, City of Folsom, Internet/Cable, etc.
- **Immunization Record** – All students need 2 Varicella shots and 7th/8th graders must have TDAP
- **Pre-Enrollment Information Sheet (Attached)**
- **Request for Student Records (Attached)**
- **Elective Selection Form**
- **Current Grades or Transfer Sheet**

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 the paperwork is completed and the online portion is completed.**

**Sutter Middle School Personal Information Form
2024-2025 School Year**

Circle grade level of enrollment: 06 07 08

Circle any supports your child receives: 504 Plan IEP/Special Ed Speech

Please Print Clearly:

Student's Legal Name: _____
Last First Middle

Also Known as (AKA) Name: _____

Student's Birth Date: _____ Birthplace: _____ Male ___ Female___ Nonbinary___

Home (Resident) Address: _____ City: _____ Zip Code: _____

Mailing Address (if different) _____ City: _____ Zip Code: _____

Parent I/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Email address: _____

Home Address (if different): _____ City: _____ Zip Code: _____

Parent II/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Email address: _____

Home Address (if different) _____ City: _____ Zip Code: _____

If parents are divorced or separated, to who has physical custody been granted? (Please attach verification)

_____ Custody papers are on file. Yes ___ No ___

School Last Attended: _____
(Name of School) (City) (State) (Zip Code)

***** PLEASE COMPLETE BOTH SIDES OF THIS FORM *****

Sutter Middle School Personal Information Form
2024-2025 School Year

STATE REGISTRATION REQUIRES THAT THE FOLLOWING QUESTIONS BE ASKED AT THE TIME OF REGISTRATION:

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

No: ___ Yes: ___ If Yes, what school district: _____

No: ___ Yes: ___ Has this student ever been enrolled in a juvenile court school? What grade: _____

Please attach 1 ***Current Proof of Residency*** to this form.

Residence Verification: SMUD, PG&E, City of Folsom, Rental/Sales/Escrow Agreement, Government Document, etc.

In accordance with Folsom Cordova Unified School District Board Policy 5117, I hereby declare that I reside with my student at the address listed on this document. ***Falsifying this address will result in immediate disenrollment.***

Your signature below verifies all the information on this form to be true under penalty of perjury.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____



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Tarik McFall - Principal
Kevin Garmston - Assistant Principal
Christine Sonnenkreuz - Assistant Principal
Brian Zan - Assistant Principal
Jocelyn Hammerstrom - Registrar

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

Request for Student Cumulative Records

Last Name First Name M.I. Grade DOB:

PLEASE FORWARD THE FOLLOWING RECORDS AS SOON AS POSSIBLE:

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

Fax# _____

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 #

1st Request _____ Received _____

2nd Request _____

3rd Request _____