

# Documents Required to Register a Student

### 6th grader and new students need the following documents:

- 1. Grades / Transcript / test scores
- 2. Special Ed paperwork if applicable (IEP, 504)
- 3. Birth certificate (only 6<sup>th</sup> grade or New Student to FCUSD)
- 4. Vaccination (shot) record
- 5. One (1) Proofs of Residency:
  - a. Property Tax receipts.
  - b. Rental property contract, lease, or payment receipts
  - c. Utility service contract, statement, payment receipt (SMUD, PG&G City/County)
  - d. Pay stub
  - e. Voter registration
  - f. Correspondence from a government agency / Government documents
  - g. Driver's License or non-government photo ID
  - h. Declaration of residency (affidavit) executed by the parent/legal guardian

### Returning 7th and 8th grade students only need to do the Parent portal to register.

If you have any questions or need assistance, please contact me at 916-294-9050 ext. 720130

Sincerely, Sheila Johnson Student Records / Registrar



#### Folsom Cordova Unified School District NEW STUDENT MIDDLE SCHOOL REGISTRATION FORM 2024-2025 School Year

Check grade level of c	enrollment: [] 6 [			
Circle any supports y (Please Print)	our child receives:	504 Plan	IEP/Special Ed	Speech
Student's Legal Name:	Last	First	Midd	Birthdate:
	_ <del></del>			
Also Known as (AKA) Nai	ne:			_ Legal Sex : Male Female Nonbinary
Home (Resident) Address:			City	: Zip Code:
Mailing Address (if differen	nt)		City:	:Zip Code:
(circle one) Parent I/Guardian Nam	e:		Chec	ck one: □Natural □ Step □Guardian/Foster
Home Phone:			Cell Phone:	
Work Phone:	The second secon		Email:	
(circle one) Parent II/Guardian Nan	ıe:		Chec	ck one: □Natural □ Step □Guardian/Foster
Home Phone:	· · · · · · · · · · · · · · · · · · ·	·	Cell Phone:	
Work Phone:			Email:	
Student lives with:				At the second of
If parents are divorced o	or separated, to who h	as physical cu	ıstody been granted? (	(Please attach verification)
				Custody papers on file
School Last Attended: _				
	(Name of School)		(City)	(Zip Code)
REGISTRATION:				BE ASKED AT THE TIME OF  his or any other school district?
No Yes	If Yes, in what school di	strict:		
No Yes	Has the student ever bee	n enrolled in a j	uvenile court school? If ye	es, in what grade?
Counselor Verification:  Math Level:	English:		SpEd/504:	***************************************
Eff. Reading:	Exploratory Math:			

\*\*\* COMPLETE BOTH SIDES OF THIS FORM\*\*\*COMPLETE BOTH SIDES OF THIS FORM\*\*\*

(MS Registration Revised 10.2023 SB)



Received Date: \_\_\_\_\_

Immunizations:

**Student ID: Snap Code:** 

Verified by:

#### Folsom Cordova Unified School District NEW STUDENT MIDDLE SCHOOL REGISTRATION FORM 2024-2025 School Year

REQUEST FOR SCHOOL ATTENDANCE OUTSIDE RESIDENCE REQUIRES A SCHOOL CHOICE AGREEMENT. SUBJECT TO SPACE AVAILABILITY. Time Received \_\_\_\_\_ Date Received \_\_\_\_ Affidayit of Residency 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. Three pieces of verification may be required. Your signature below verifies all of the information on this form to be true under penalty of perjury. Print Parent/Guardian Name \_\_\_\_\_ Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Verification of Residency as Defined by Ed Code: \_\_\_\_ Utility Statement **Government Document** Driver's License Non-Government Issued Photo ID Voter Registration \_\_ Property Tax Pay Stub Correspondence from a Government Agency Affidavit of Residency (to be signed in person at home boundary school office) For Office Use Only:

(MS Registration Revised 10.2023 SB)



# Folsom Cordova Unified School District

For Office Use Only:			
Received:			
School Year: 2024 - 2025			

# AFFIDAVIT OF RESIDENCY

As parent and/or legal guardian of		
	Print Student's Name	
Student's Date of Birth (DOB)	Print School Site and G	rade
Please list any and all dependent children	living with you, birth through high scl	nool completion, below:
ependent/s Name   Age/DOB   So	1	Age/DOB School/Grade
	4.	
	5.	
	6.	
I hereby declare under penalty of perjury t	hat my student and I reside with	Print Resident's Name
		Print Resident's Name
at		D. M. A. C. A.
Frini Resident's Address	City	Resident's Telephone Number
Print Parent/Guardian Name	Contact Phone Number	Cell Phone Number
Parent/Guardian Signature		Date
Please provide		. and
Please provide		
I hereby declare under penalty of perjurhome at the above listed residence. This office.		
Resident Print Legal Name Relation	onship to Student Signature	Date
Note - Falsifying residency of attendance that School Resource Officer and/or a Dist guardian do in fact reside at the above liste	rict Administrator may visit the reside	e disenrollment of student. Also note ence to verify student and parent/legal
that School Resource Officer and/or a Dist	rict Administrator may visit the reside	e disenrollment of student. Also note ence to verify student and parent/legal
that School Resource Officer and/or a Dist guardian do in fact reside at the above liste	rict Administrator may visit the reside d residence.	ence to verify student and parent/legal
that School Resource Officer and/or a Dist guardian do in fact reside at the above liste Residence Verification	rict Administrator may visit the reside d residence.	ence to verify student and parent/legal



# **Course Selection Form**



Student's Name: _		6th Grade 2024-25
CURRIC	CULUM PROGRAM AT M	ITCHELL MIDDLE SCHOOL
	All students will take th terature (Language Arts) Societies (Social Science) h	-
	inet, flute, trumpet, dr	
Orchestra (  I have ele	(violin, viola, cello) ementary experience	I DO NOT have elementary experience I DO NOT have elementary experience
Choir - NO d	experience required	
Parent/Guardian Signa	ture:	