

## ENROLLMENT APPLICATION 2017-2018

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Student Last Name	First Name	Middle Name	Suffix	Nickname, if any
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Date of Birth	SSID, if known	<input type="checkbox"/> Male <input type="checkbox"/> Female <b>Grade Level Applying for</b>		<input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>

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Birthplace	City	State	Country
<hr/>	<hr/>	<hr/>	<hr/>

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Primary Address	Street Address	City	CA	Zip
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Current Grade and school 

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Parent 1 Address if different from student

Parent 2 Address if different from student

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Parent Last Name, First Name	Relationship
<hr/>	<hr/>
Street Address	
<hr/>	
City, Zip	
<hr/>	
Cell #	Home #      Work#
<hr/>	<hr/>
Occupation	Parent E-mail
<hr/>	<hr/>

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Parent Last Name, First Name	Relationship
<hr/>	<hr/>
Street Address	
<hr/>	
City, Zip	
<hr/>	
Cell #	Home#      Work#
<hr/>	<hr/>
Occupation	Parent E-mail
<hr/>	<hr/>

**What is the Parents Highest Education Level:**

- Not a High School Graduated
- High School Graduate
- Some College or Associate's Degree
- College Graduate
- Graduate Degree or Higher
- Decline to State

**Residency Questionnaire**

- Temporarily Doubled Up
- Temporary Shelter
- Foster Family Home or Kinship Placement
- Hotel/Motel
- Other Temporary Living Situation
- Permanent housing

When did student first attend school in the United States? 

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Has student been enrolled in U.S. School for less than 3 cumulative years?  Yes    No

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<p>Who does the student live with? (Please check all that apply)</p> <p><input type="checkbox"/> Mother      If there is a legal custody agreement  <input type="checkbox"/> Father      regarding this student, please check one</p> <p><input type="checkbox"/> Step-mother      <input type="checkbox"/> Joint custody  <input type="checkbox"/> Step-father      <input type="checkbox"/> Sole custody  <input type="checkbox"/> Grandmother      <input type="checkbox"/> Guardian  <input type="checkbox"/> Grandfather  <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Other _____</p>	<p>Has your child been suspended in the last 12 months?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Has your child ever been expelled?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><i>(If you answered yes to either question, please attach a document describing the incident, including date and name of the school.)</i></p>
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Do you have brothers or sisters who attend or graduated from SOHS?  Yes  No If so, please include name(s) \_\_\_\_\_

Has the student ever attended a Montessori school?  Yes  No What grade(s)? \_\_\_\_\_

<p>What language does your student most frequently use at home? (Check ONE only)</p> <p><input type="checkbox"/> English   <input type="checkbox"/> Tagalog  <input type="checkbox"/> Spanish   <input type="checkbox"/> Other: _____  <input type="checkbox"/> Cantonese</p>	<p>What language did your student learn when he/she first began to talk? (Check ONE only)</p> <p><input type="checkbox"/> English   <input type="checkbox"/> Tagalog  <input type="checkbox"/> Spanish   <input type="checkbox"/> Other _____  <input type="checkbox"/> Cantonese</p>	<p>Which language do you (the parents or guardians) most frequently use when speaking with your child? _____</p> <p>Which language is most often spoken by adults in the home?          _____</p>
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**OTHER SERVICES & PROGRAMS, please check all that apply**

<p><input type="checkbox"/> Resource Specialist (RSP)  <input type="checkbox"/> Speech &amp; Language  <input type="checkbox"/> Gifted &amp; Talented (GATE)  <input type="checkbox"/> Free or Reduced-Price Lunch  <input type="checkbox"/> 504 Plan</p>	<p><input type="checkbox"/> English Learner (EL)  <input type="checkbox"/> Reclassified Fluent-English-Proficient (RFEP)  <input type="checkbox"/> Title 1  <input type="checkbox"/> Special Education</p>
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Has your student ever taken the California English Language Development Test (CELDT)?  Yes  No  I don't know

Is your student part of special education, have a diagnosed specific learning disability, or have an Individualized Education Plan (IEP) or 504 Plan  Yes  No  I don't know

If you checked 'yes' above, please attach a copy of your child's IEP or 504 Plan.

Are there psychological/confidential reports available from Student's former school(s)?  NO  Yes

Do you have any concerns that your child has a physical or mental impairment which might affect his/her behavior at school or ability to learn?  NO  YES

What is your assigned Hayward Neighborhood High School?  Hayward High  Mt Eden High  Tennyson High

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Is the Student Hispanic or Latino?

NO, not Hispanic or Latino

YES, Hispanic or Latino

<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Laotian	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Black African American	<input type="checkbox"/> Hawaii Native	<input type="checkbox"/> Samoan	<input type="checkbox"/> Decline To State
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/>	
Others: _____			

STUDENT	PARENT/GUARDIAN(S)
<p>I understand that if I enroll at SOHS, I am making a commitment to: <i>(Please check these off and sign/date below)</i></p> <p><input type="checkbox"/> Work hard to develop college preparatory skills.</p> <p><input type="checkbox"/> Demonstrate personal responsibility by completing assignments with care, seeking help when I need it, attending school at least 95% of the time, and arriving on time.</p> <p><input type="checkbox"/> Demonstrate social responsibility by contributing positively to the Silver Oak community rules and expectations.</p>	<p>I understand that if my student enrolls at SOHS, I will be involved in my child's education and the school community by: <i>(please check off and sign/date below)</i></p> <p><input type="checkbox"/> Attending Family Meetings two times a year with my student and his/her advisor.</p> <p><input type="checkbox"/> Regularly attending school and parent events such as Back to School Night, College Nights, and special events.</p> <p><input type="checkbox"/> Working in collaboration with school staff to hold my student to high standards of academic achievement and to enforce school rules and expectations.</p> <p><input type="checkbox"/> Supporting my student to arrive to school every day on time and to attend school at least 95% of school days.</p>
<p>_____ Student Signature</p> <p>_____ Date</p>	<p>_____ Parent Signature</p> <p>_____ Date</p>

PERMISSION FOR CURRENT SCHOOL TO RELEASE ACADEMIC RECORD	
<p>By Signing here, I give permission for my student's current school to release his/her academic record <i>(including grades, test scores, attendance records, Cumulative file, and disciplinary records)</i> to SOHS.</p> <p>School Name: _____</p> <p>School Phone: _____</p>	<p>_____ Student Name:</p> <p>_____ Parent/Guardian Name:</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

FOR SILVER OAK STAFF USE ONLY			
Current/past sibling(s)	Application Complete	Application Submitted on	Application Received by

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