



Return this application to:

ISANA Cardinal Academy

7330 Bakman Ave.

Sun Valley, CA 91352

Call (323)479-8842 for information. Fax (323) 289-2133

ENROLLMENT FORM (POST-LOTTERY)

2018-2019

1. STUDENT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name	Other Name/Nickname	Grade 2018-19
Street Address	Apt #/Unit #	City		Zip Code
Home Telephone # ()	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Place of Birth (City, State and Country)	
The following is requested for CALPADS reporting:				
PLEASE INDICATE STUDENT'S ETHNICITY (CHECK ONE OR MORE): Is student Hispanic or Latino?			<input type="checkbox"/> Yes, Hispanic or Latino	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Decline to State
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	
Student lives with: (Check all that apply)				
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother/Stepparent	<input type="checkbox"/> Father/Stepparent
<input type="checkbox"/> Guardian	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Other _____	<input type="checkbox"/> Both parents alternately

2. FAMILY INFORMATION

Father/Legal Guardian Last Name	Father/Legal Guardian First Name	Mother/Legal Guardian Last Name	Mother/Legal Guardian First Name
Home Address (If different than student)		Home Address (If different than student)	
Home or Evening Telephone ()	Pager/Mobile Phone ()	Home or Evening Telephone ()	Pager/Mobile Phone ()
Email Address		Email Address	
Employer (Optional)	Day Telephone ()	Employer (Optional)	Day Telephone ()
Work Address (Optional)		Work Address (Optional)	

3. HOME LANGUAGE SURVEY

What language did this student learn when he or she first began to talk?	
What language does this student most frequently use at home?	
What language do you (the parents or guardians) most frequently use when speaking to your child?	
What language is most often used by the adults at home?	

4. PREVIOUS SCHOOL/PROGRAM INFORMATION (including preschool, child care and early intervention if applicable)

Previous School/Programs Attended	City/State	Dates Attended	Grade Levels	LAUSD School?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No



IN ORDER TO BEST SERVE THE NEEDS OF YOUR CHILD, PLEASE ENSURE THAT THIS INFORMATION IS COMPLETE AND ACCURATE

5. SIBLING INFORMATION

Name	Age	Grade	School of Attendance	Applying to ISANA?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No

6. SPECIAL SERVICES – If your child has ever received Special Education Services:

Type of Services (e.g. speech therapy, special education, etc)	School, program, or agency that provided services	Dates of Service
1.		
2.		
3.		
4.		
A. Did this student receive special education services at his/her previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did this student have an individualized Education Program (IEP) at his/her previous school? If "Yes", do you have a copy of the student's IEP with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Did this student have a Section 504 Plan at his/her previous school? If "Yes", do you have a copy of the student's Section 504 Plan with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Does this student have difficulties that interfere with his/her ability to go to school or to learn?		<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Has this student been identified for gifted and talented educational services (GATE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. COURT ORDERS

Are there any court orders restricting the legal rights of either parent? If you answered "yes", please provide a copy of the court order.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. EMERGENCY INFORMATION (Authorized person to care for student if parent/care provider(s) cannot be reached.)

Name	Evening or Home Telephone	Day or Work Telephone
	()	()
Pager/Mobile	Relationship	Address
()		

9. SIGNATURE

Please fill out this form completely and accurately. Any omissions or misstatements could result in rejection of the application and loss of placement in the school. I verify that this information is true and correct.

X	Date
Signature of: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	

ISANA Cardinal Academy does not discriminate on the basis of race, color, religion, age, citizenship, gender, sexual orientation, disability, nationality, or ethnic origin in administration of its educational policies, admissions policies, and other school administered programs.

FOR OFFICE USE ONLY

Revised 11/2018

Date Received:	Offered Enrollment <input type="checkbox"/>	Offered Waitlist <input type="checkbox"/>	Records Requested on:	
Birth Verification:	Birth Certificate <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>	Passport <input type="checkbox"/>	School Record <input type="checkbox"/> Immunization Cleared <input type="checkbox"/>
Comments:				