

**~Enrollment Form ~**  
**OUR COMMUNITY SCHOOL**

16514 Nordhoff Street North Hills, California 91343  
 (818) 920-5285 phone (818) 920-5383 fax

**STUDENT INFORMATION**

Legal Last Name	Legal First Name	Legal Middle Name	Other Name/Nickname	Grade Applying for:
Street address				School Year:
Unit #		City		Zip Code
Home Telephone # ( )	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Place of Birth (City, State and Country)	
Please Indicate Student's Ethnicity (Check all that apply)				Information for statistical use only
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Filipino	<input type="checkbox"/> Pacific Islander		
Student Lives With (Check all that apply)				
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother/Stepparent	<input type="checkbox"/> Father/Stepparent	<input type="checkbox"/> Both parents alternately
<input type="checkbox"/> Guardian	<input type="checkbox"/> Relative _____		<input type="checkbox"/> Foster Home	<input type="checkbox"/> Other _____

**FAMILY INFORMATION**

<b>(Mother) Email address:</b>		<b>(Father) Email Address:</b>	
Last Name	First Name	Last Name	First Name
Home Address (if different than student)		Home Address (if different than student)	
Home Telephone	Cell Phone	Home Telephone	Cell Phone
Employer	Work Telephone	Employer	Work Telephone
Work Address	Education Level	Work Address	Education Level
<b>(Stepmother/Guardian/Foster Parent) Email Address:</b>		<b>(Stepfather/Guardian/Foster Parent) Email Address:</b>	
Last Name	First Name	Last Name	First Name
Home Address (if different than student)		Home Address (if different than student)	
Home Telephone	Cell Phone	Home Telephone	Cell Phone
Employer	Work Telephone	Employer	Work Telephone
Work Address	Education Level	Work Address	Education Level

**LICENSED CHILDREN'S INSTITUTION/FAMILY FOSTER HOME**

Facility Name	LCI/FFH#	Contact Person
Complete Address	Facility Telephone #	Alternative Telephone #

**COURT ORDERS**

<b>ARE THERE ANY COURT ORDERS RESTRICTING THE LEGAL RIGHTS OF EITHER PARENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YOU ANSWERED "Yes" PLEASE PROVIDE A COPY OF THE COURT ORDER TO THE SCHOOL.</b>
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**EMERGENCY INFORMATION (Authorized person(s) to pick up and or care for student if parent(s)/guardian(s) cannot be reached.**

Name	Relationship	Home Telephone	Work Telephone	Cell Phone
1.				
2.				

**SIBLING INFORMATION**

First & Last Name	Age	Are the child's siblings applying for placement at OCS at this time?	Grade
1.			
2.			
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 use most frequently to speak to this student? \_\_\_\_\_

What language is most often used by the adults at home? \_\_\_\_\_

Has this student received any formal English language instruction (listening, speaking, reading or writing)? ?  Yes  No

**PREVIOUS SCHOOL INFORMATIN**

Previous Schools 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

**SPECIAL SERVICES**

A. Did this student receive special education services at his/her previous school?  Yes  No  
If Yes, what services were they? \_\_\_\_\_

B. Did this student have an Individualized Education Program (IEP) at his/her previous school?  Yes  No  
If Yes, please submit copy of the student's IEP to our school.

C. Did this student have a Section 504 Plan at his/her previous school?  Yes  No  
If Yes, please submit a copy of the students Section 504 Plan to our school.

D. Does this student have difficulties that interfere with his/her ability to go to school ?  Yes  No

E. Does this student have difficulties that interfere with his/her ability to learn?  Yes  No

F. Has this student been identified for gifted and talented educational services (GATE)?  Yes  No

G. Please provide a copy of your child's IEP with this application.

**SIGNATURE**

I verify that this information is true and correct.

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of: (Check one)  Parent  Legal Guardian  Other \_\_\_\_\_

**SPECIAL SERVICES FOLLOW-UP (OFFICE USE ONLY)**

If the student had an IEP or a Section 504 Plan at his/her previous school, has this school received a copy?  Yes  No

If No, than a copy of the Plan was requested from \_\_\_\_\_

Requested by _____	Received on _____	Forwarded to _____
Name	Date	Name
Date	Date	Date

Verification student received special services: \_\_\_\_\_

Name and Title	School or Office	Phone#	Date
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If difficulties were reported, information was forwarded to : \_\_\_\_\_

Name and Title	School or Office	Phone#	Date
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GATE verification requested by: \_\_\_\_\_

Name and Title	School or Office	Phone#	Date
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