



Applicant Information Form

SCHOOL YEAR APPLYING FOR: **2022-2023**

GRADE APPLYING FOR: _____

Male Female

Child's Last Name _____ Child's First Name _____ Child's Middle Name _____

Date of Birth (m/d/year) _____ Birthplace _____ Primary Ethnicity _____ Child's Primary Language spoken at home _____
**Verification of birthday required (original birth or baptismal certificate)*

Residence Address: _____ City _____ Zip _____
**Proof of residence required for all applicants (i.e. utility bill, rental agreement, mortgage statement)*

Mailing Address (if different from Residence address): _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

CURRENT SCHOOL INFORMATION:

Grade* _____ School _____ District _____

*For Kinder applicants, enter N/A, Pre-School or T-K if applicable. Applicant must be entering Kindergarten for the first time.

If applying for Grades 1-8, please submit the following required documentation: Copy of the applicant's attendance record from his/her current school.

SIBLING INFORMATION

Siblings **currently** attending Jefferson Academy (Please list below. Siblings include brother, sister, step-brother, and step-sister)

Name	Grade	Name	Grade
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Name	Grade	Name	Grade
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Additional siblings who do not currently attend Jefferson Academy (Please list below. Siblings include brother, sister, step-brother, and step-sister. Note: if you are interested in adding these siblings to the waiting list, you will need to complete an application for each individual student.)

Name	Grade	Name	Grade
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Name	Grade	Name	Grade
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PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

Email: _____

Does Student reside with you? Yes No

Are you currently employed by HESD*? Yes No
(Employee on a regular contract with HESD – permanent/probationary)

If yes, list position & Site: _____

Parent/Guardian #2

Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

Email: _____

Does Student reside with you? Yes No

Are you currently employed by HESD*? Yes No
(Employee on a regular contract with HESD – permanent/probationary)

If yes, list position & Site: _____

Parental Acknowledgment(s): I hereby declare, that all the information supplied on this application is true and correct. I have read and understand the expectations and enrollment process outlined in this application and agree to provide the required information to enter the open enrollment process for kindergarten and/or to be placed on a waiting list. I, as parent/guardian of this student, agree to the Code of Conduct outlined in the school family compact. Further, I also acknowledge and understand our student's obligation to conduct himself/herself in full compliance with Jefferson Academy and HESD Code of Conduct.

Parent/Guardian Signature _____ Date: _____



ADDITIONAL INFORMATION

Dear Parent/Guardian:

Thank you for your interest in submitting an application to Jefferson Academy for the upcoming school year. In order for your application to be considered the following documents must be included with your child's application.

Please bring the following required documentation:

- Jefferson Academy Application
- Verification of birthday (Birth certificate, baptismal certificate) – please provide original & we will make a copy.
Note: child must be 5 years *old on or before September 1, 2022. Must be entering kindergarten for the first time.*
- Home Language Survey (attached)
- Proof of address Form (attached) and a copy of a utility bill, rental agreement, etc.
- Proof of Immunization. The following immunizations are required:
 - ✓ **5 DTP/DTaP/DT**- 4 meet the requirement for ages 4-6 years if one was given on or after the 4th birthday
 - ✓ **4 Polio**- 3 does meet the requirement for ages 4-6 years if one was given after the 4th birthday
 - ✓ **2 MMR**- both on or after 1st birthday
 - ✓ **3 Hepatitis B Shots**
 - ✓ **Chicken Pox (Varicella)**

Submitting Application:

- **When application is complete with all required documents, please return application to the school office. If you have any questions, please call the office at 585-3700.**

Hanford Elementary School District
HOME LANGUAGE SURVEY

NAME OF STUDENT _____ AGE _____ BIRTHDATE _____ SEX _____
(Last) (First) (Middle)

SCHOOL _____ TEACHER _____ GRADE _____

DATE ENROLLED _____ DATE SURVEY COMPLETED _____

SCHOOL LAST ATTENDED _____
(School Name) (City) (State)

Has your child attended a school within the Hanford Elementary School District before? Yes No

The California Education Code contains legal requirements which direct schools to assess the English Language Proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. **If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.**

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in your home?
(parents, guardians, grandparents, or any other adult) _____

Signature of Parent or Guardian

Date

California Department of Education
Form HLS, Revised December 2016

Original – CUM Folder
Fax copy to Child Welfare and Attendance Office

DO NOT REMOVE FROM CUM FOLDER



HANFORD ELEMENTARY SCHOOL DISTRICT
 Office of Child Welfare and Attendance
 P.O. Box 1067 • Hanford, CA 93232

STUDENT RESIDENCE VERIFICATION FORM

Student Name as listed on Birth Certificate: _____ Date of Birth: _____

Current Address: _____ City: _____ Zip: _____

State law requires the District to enroll students whose parent(s) or legal guardian(s) reside in our District. This form is to assist you in providing the school with verification of your residence. All verifications are subject to District approval (Education Code 48204.1). Post office addresses are not acceptable for residency verification.

Parent/Legal Guardian must provide one (1) of the following forms of verification (current, within last month) in order to enroll a student:

Gas/Electric Company Bill	Rent Receipt from Property Management/home owner
Water Bill	Employment Pay Stub (within current month)
Telephone Bill (excludes cell phone bills)	Renter's Insurance Policy
Letter from a Government agency	Current documents from Social Services
Mortgage Verification with Name and Address	Declaration of Legal Residency
	*Other

*Other forms of verification of residency not listed above are subject to district approval.

If the school district reasonably believes that the parent or legal guardian of a pupil has provided false or unreliable evidence of residency, the school district may take reasonable efforts to determine that the pupil actually meets residency requirements.

I declare or affirm under penalty of perjury that the above information is true and accurate account of my residential status. I understand that fraudulent and misrepresentation of the above will be grounds for denial of my student's enrollment at said school site as per Board Policy.

 Signature of Parent/Guardian Date: _____

The school Principal or other school official has reviewed and verified the required residency verification documentation.

 Signature Date: _____

For District Use Only:

This form to be used for the following students (unless determined to be homeless). Check applicable box.

- TK/kindergarten student
- New student to school
- Place in student's cum