



**Folsom Cordova Unified School District
NEW STUDENT MIDDLE SCHOOL
REGISTRATION FORM
2025-2026 School Year**

Check grade level of enrollment: 6 7 8

Circle any supports your child receives: 504 Plan IEP/Special Ed Speech

(Please Print)

Student's Legal Name: _____ Birthdate: _____
Last First Middle

Also Known as (AKA) Name: _____ Legal Sex : Male Female Nonbinary

Home (Resident) Address: _____ City: _____ Zip Code: _____

Mailing Address (if different) _____ City: _____ Zip Code: _____

(circle one)

Parent I/Guardian Name: _____ Check one: Natural Step Guardian/Foster

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(circle one)

Parent II/Guardian Name: _____ Check one: Natural Step Guardian/Foster

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Student lives with: _____

If parents are divorced or separated, to who has physical custody been granted? (Please attach verification)

_____ Custody papers on file

School Last Attended: _____
(Name of School) (City) (Zip Code)

STATE LEGISLATION REQUIRES THAT THE FOLLOWING QUESTIONS BE ASKED AT THE TIME OF REGISTRATION:

Has this student previously been expelled, or is currently being considered for expulsion, from this or any other school district?

No Yes If Yes, in what school district: _____

No Yes Has the student ever been enrolled in a juvenile court school? If yes, 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)



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REQUEST FOR SCHOOL ATTENDANCE OUTSIDE RESIDENCE REQUIRES A SCHOOL CHOICE AGREEMENT.
SUBJECT TO SPACE AVAILABILITY.

Time Received _____ Date Received _____

Affidavit 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:

Received Date: _____

Student ID: _____

Snap Code: _____

Immunizations: _____

Verified by: _____