



# Copper State Academy

Learn. Care. Achieve.

**Enrollment Form  
School Year 2021-22**

Student's Legal Last Name	First Name	Middle Name	Suffix	Grade
Date of Birth (mm/dd/yyyy)		Gender (check one) <input type="checkbox"/> male <input type="checkbox"/> female	Place of Birth	
Student's Street Address (include Bldg/Apt#)			City, State, Zip	
Student's Mailing Address (if different from above)			City, State, Zip	

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?"  
 Yes     No     Decline to answer

<b>Information required by the U.S. Department of Education. (OPTIONAL)</b>	<u>Ethnicity (check one)</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Race (check all that apply)</u> <input type="checkbox"/> Asian or Indian Subcontinent <input type="checkbox"/> White: European, North African, Middle East <input type="checkbox"/> American Indian/Alaskan Native: CIB <input type="checkbox"/> Yes <input type="checkbox"/> No    305 <input type="checkbox"/> Yes <input type="checkbox"/> No    506 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Please check any special services previously received.</u> <input type="checkbox"/> Special Education <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> English Language Learner
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<b>Parent Home Language Survey (PHLOTE)</b> <i>Responses to these questions will determine whether your student will be assessed for English Language proficiency.</i>	1. What is the primary language used in the home (regardless of the language spoken by your student)?	2. What is the language most often spoken by your student?	3. What is the language that your student first acquired?
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<b>Please list adults responsible for student.</b>	<u>Last Name, First Name</u>	<u>Relationship</u> <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Emancipated, Married, In transition)	<u>Contact details</u> home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has custody <input type="checkbox"/> Mailing allowed <input type="checkbox"/> Enrolling Parent
	<u>Address</u>			
	<u>Last Name, First Name</u>	<u>Relationship</u> <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Emancipated, Married, In transition)	<u>Contact details</u> home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has custody <input type="checkbox"/> Mailing allowed <input type="checkbox"/> Enrolling Parent
	<u>Address</u>			

I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Educational History</b>	Last school attended	State/Country	Grade	Date (mm/dd/yyyy)	School Type <input type="checkbox"/> High School <input type="checkbox"/> 8th grade <input type="checkbox"/> Other	Expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently considered for Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Migrant Worker**     Yes     No

<b>McKinney Vento Status (student in transition/ OPTIONAL)</b>	1. Is your current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If temporary, is this living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked YES to both questions 1 and 2, please complete the "McKinney-Vento" section of the Extra Services form in this enrollment packet.
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