

**MODOC JOINT UNIFIED SCHOOL DISTRICT
ALTERNATIVE EDUCATION PROGRAMS**

ENROLLMENT FORM FOR: _____

Student's - Last Name	First Name	Middle Initial	Date form submitted	Sex	Grade
Home Address		City	State	Zip	Birthdate
Mailing Address		City	State	Zip	Phone
Father/Male Guardian (First, M.I., Last Name)			Occupation	Work Phone	
Mother/Female Guardian (First, M.I., Last Name)			Occupation	Work Phone	
Name, Phone and Address of Parent or Guardian with whom you reside					
Family Doctor		Phone	Emergency Contact		Phone
Language Spoken at Home		Last School Attended		Address/Phone	
Have You ever received special services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all that apply: <input type="checkbox"/> Special Day Class <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Speech <input type="checkbox"/> Chapter I					
<input type="checkbox"/> Bilingual Education <input type="checkbox"/> Gifted <input type="checkbox"/> Other					
For State funding requirements, please check one ethnic group to which student belongs:					
<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (not Hispanic)	<input type="checkbox"/> White (not Hispanic)
<input type="checkbox"/> Filipino or Pacific Islander			<input type="checkbox"/> Other (Identify)		
Parent/Guardian Signature					Date
Signature of Alternative Education Principal					Date
Official Use Only					
Notes			Date Received: _____		
			Denied: _____ Approved: _____		
			Admin. Signature: _____		
			Date: _____		

