



Chico Country Day School
 102 W. 11th Street
 Chico, CA 95928
 (530) 895-2650
 FAX (530) 895-2646

APPLICATION FOR ADMITTANCE 2011-2012

Date _____ Current grade _____

Current School and phone number _____

Student Name (first, middle, last) _____

Birthdate _____ Age _____ Circle: Male / Female Home phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Parent/Guardian Name(s) _____

Father's Employer _____ Work/cell ph # _____

Mother's Employer _____ Work/cell ph # _____

Please list siblings/grades submitting applications for enrollment:

CCDS does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sexual orientation, perceived sexual orientation, home language, or disability (Education Code Section 47605(b) (5) (G).) CCDS does adhere to all provisions of federal law related to students with disabilities. If your child has an IEP or Section 504 Plan, it is the policy of CCDS **to require a copy of the IEP or 504 Plan to be submitted and on file in the school office upon enrollment.**

In order for the school to better serve your child's needs, please complete the following:

Is your child currently receiving or has your child received Special Services in the past?

Yes No If yes, check which type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> Speech and/or Language | <input type="checkbox"/> Auditory Processing Problems |
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Chapter I / Title I | <input type="checkbox"/> Visual Perception Problems |
| <input type="checkbox"/> Gifted (GATE) | <input type="checkbox"/> Indian Education | <input type="checkbox"/> Behavior intervention plans |
| <input type="checkbox"/> Adaptive P.E. | <input type="checkbox"/> 504 | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Other | | |

- | | |
|--|---|
| Does your child have a current and signed IEP or 504 Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a copy.) |
| Does your child wear glasses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child currently expelled from another school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your child ever been suspended from school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child currently on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have a SARB contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your child been retained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If this is an application for Kindergarten, do you prefer morning (AM) or afternoon (PM) Kindergarten? Circle one.

By signing below, parent/guardian guarantees that the information in this application is accurate and complete. If information is incomplete or inaccurate, student may be subject to dismissal.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Application must be in school office by 4:00pm Thursday, January 13, in order to be entered in Lottery January 14, 2011.