



Sandra Lyon, Ed. D Superintendent of Schools

Juanita Perezchica, Principal

Jessica Parent, Assistant Principal

650 Paseo Dorotea, Palm Springs, CA 92264

(760) 416-8250 Fax: (760) 416-8253

Enrollment Application for 2020-2021 School Year

WAIT LIST

Student must be registered by Legal Parent or Guardian
We will need to see original birth certificate to verify age

Please print clearly

Student's full legal name: _____

Birth Date: _____ Gender: [] Male [] Female

Current Grade: _____ Grade Applied for: _____ Last school attended: _____

Federal and State reports require school systems to report ethnicity and race statistics. Please select values about student for BOTH items below.

Ethnicity: [] Not Hispanic or Latino [] Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin)

Race: please select this student's primary race within the chosen ethnicity. (if multiple, please note primary race with a "1", secondary race with a "2", etc.)

- Asian: [] Chinese, [] Japanese, [] Korean, [] Vietnamese, [] Asian Indian, [] Laotian, [] Cambodian, [] Hmong, [] other Asian
Hawaiian/Pacific Islander: [] Native Hawaiian, [] Guamanian, [] Samoan, [] Tahitian, [] other Pacific Islander
Other: [] American Indian or Alaska Native, [] Filipino, [] Black or African, [] White

Parent/Guardian Name: _____

Residence Address: _____ Street City Zip

Primary Phone: _____ [] Home [] Cell [] Work [] CVC Employee [] PSUSD Employee

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Residence Address: _____ Street City Zip

Primary Phone: _____ [] Home [] Cell [] Work [] CVC Employee [] PSUSD Employee

Any special programs (mark all that apply)

- [] Speech/Language [] RSP [] SDC [] Adaptive P.E. [] 504
[] ELD [] GATE [] IEP [] Other _____
[] has had SST meetings [] Retained- grade: _____

Name and Grade of children (siblings only) already attending CV Charter:

Table with 4 columns: Name, Grade, Name, Grade. Rows 1-4 for existing children.

Name and Grade of additional children (siblings only) applying:

Table with 4 columns: Name, Grade, Name, Grade. Rows 1-4 for additional children.

I understand that there will be no bus transportation for Cielo Vista Charter School.

Please initial here: _____

I understand that qualified Special Ed. students enroll through PSUSD and NOT through Cielo Vista Charter. PSUSD places the children at the school with the appropriate program to meet the individual needs of the student.

Please initial here: _____

Note: Parents/guardians of the applicant(s) are responsible for updating contact information. All information has been presented accurately. I will notify the school personnel should any residency information change. Inaccurate information will invalidate this application. An application must be submitted for each child annually.

Parent/Guardian Signature _____ Date _____

Office Use Only: Date Received _____ **Staff Initials** _____

School of Residence: _____

Siblings linked:

Name	Grade	Name	Grade
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____