



Sandra Lyon, Ed. D  
Superintendent of Schools

Juanita Perezchica, Principal  
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Jessica Parent, Assistant Principal  
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**Enrollment Application for 2021-2022 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 (with origins in any indigenous tribes of the Americas)
- Filipino
- Black or African (with origins in any of the Black racial groups of Africa)
- White (with origins in European, Middle Eastern or North African peoples)

**Parent/Guardian Name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street City Zip

Primary Phone: \_\_\_\_\_  Home  Cell  Work CVC Employee PSUSD Employee

e-mail address: \_\_\_\_\_@\_\_\_\_\_ PSUSD e-mail \_\_\_\_\_@psusd.us

**Parent/Guardian Name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street City Zip

Primary Phone: \_\_\_\_\_  Home  Cell  Work CVC Employee PSUSD Employee

e-mail address: \_\_\_\_\_@\_\_\_\_\_ PSUSD e-mail: \_\_\_\_\_@psusd.us

Any special programs (mark all that apply)

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

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

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

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

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

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 \_\_\_\_\_

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**Office Use Only: Date Received** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

School of Residence: \_\_\_\_\_

Siblings linked:

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