



Enrollment Application for 2020-21

STUDENT INFORMATION									
Legal First Name		Legal Middle Name		Legal Last Name		Other Legal Name (if applicable)			
<input type="checkbox"/> Female <input type="checkbox"/> Male		Birthdate:				Grade in 2020-21			
Preferred Gender:			Month	Day	Year				
PARENT INFORMATION									
Parent/Guardian First Name		Last Name		Home Phone		Cell Phone		Work Phone	
		Email							
Parent/Guardian First Name		Last Name		Home Phone		Cell Phone		Work Phone	
		Email							
Mailing Address				Apt#	City	State	Zip		
Your Student's Neighborhood Chico Unified School:									
Residence Address (IF DIFFERENT)				Apt #	City	State	Zip		
SIBLING INFORMATION									
Please list all siblings: (a separate form is required for each sibling attending or applying for WOC)									
Full Name			Age	Grade in 20-21	Current School			Applying to WOC?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
STUDENT DIRECTORY RELEASE (IF YOUR CHILD BECOMES A WILDFLOWER STUDENT)									
<input type="checkbox"/> I do NOT allow Wildflower Open Classroom to release directory information about my family to the school community. Directory information includes: student name, grade, teacher, classroom, age, gender, and home phone, and parent or guardian names, home and cell phone numbers, and email addresses.									
IMAGE/VOICE RELEASE (IF YOUR CHILD BECOMES A WILDFLOWER STUDENT)									
<input type="checkbox"/> I do NOT allow Wildflower Open Classroom to use my child's image, voice or name in any public media. If you do not select this option, you give Wildflower Open Classroom the irrevocable right to use the name, picture, portrait, photograph, image or voice of the minor for whom this form is being completed, in all forms and media and in all manners, and waive any right to inspect or approve the finished product.									
SPECIAL EDUCATION INDIVIDUALIZED EDUCATION PLAN (IEP) OR SECTION 503 ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
<input type="checkbox"/> If yes, from which school? (Include city/state if not in Chico): _____									

This form demonstrates your intention of enrolling your child at Wildflower Open Classroom. It does not guarantee enrollment. A separate registration form is required to complete the application process for your child. You will be notified, after a public lottery if necessary, regarding your child's enrollment.

Parent/Guardian Name (Print): _____ Signature: _____ Date: _____