



# ENROLLMENT FORM

## 2016-17 School Year

*Parents/Guardians: Please complete this form to confirm your child's enrollment in a Camden school.*

### Student Information \*You must fill out one form for each child you are enrolling.\*

<b>First Name:</b>	<b>MI:</b>
<b>Last Name:</b>	<b>Date of Birth:</b> ____/____/____ <small>MONTH DAY YEAR</small>
<b>Sending (Current) School (2015-16SY):</b>	<b>Current Grade (2015-16SY):</b>
<b>Receiving (Enrolling) School (2016-17SY):</b>	<b>Enrolling Grade (2016-17SY):</b>

### Parent/Guardian Information \*Should be the person completing the form and confirming residency\*

<b>First Name:</b>	<b>Last Name:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

### Enrollment Confirmation \*To be completed by the parent/guardian\*

I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school. By accepting this seat, I am declining any other offers at Camden schools.

I understand that if I intend to enroll at another school for the 2016-17SY, I must notify Camden Enrollment of my desire to transfer.

### Request for Records \*To be completed by the parent/guardian\*

I hereby authorize the Principal, Registrar, School Nurse, and Child Study Team of my child's sending school to release and make available my child's school records.

<b>Parent/Guardian Signature:</b>	<b>Date:</b> ____/____/____ <small>MONTH DAY YEAR</small>
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### THIS SECTION IS TO BE COMPLETED BY STUDENT'S 16-17SY RECEIVING (ENROLLING) SCHOOL:

Date CE Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Please mail original student records to (address): \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY STUDENT'S SENDING (CURRENT) SCHOOL:

Date Records Released: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

#### Attach original records and check all that apply:

- |  |   |
|--|---|
| _____ Assessment of Basic Skills   | _____ Progress Grades to date of withdrawal                     |
| _____ Report Cards   | _____ Transcript grades and credits earned                      |
| _____ Immunization Records   | _____ State Test Scores   |
| _____ Attendance Record  | _____ Special Education – current IEP and Psychological Testing |
| _____ Section 504 Record   | _____ Discipline Record   |
| _____ Please indicate if student is currently suspended or under expulsion proceedings |   |



# FORMULARIO DE INSCRIPCIÓN año escolar 2016-17

*Padres/Tutores: Favor de completar este formulario para confirmar la matricula de su hijo/a en una escuela de Camden*

**Datos del Estudiante** \*Necesita completar un formulario para cada niño/a que esté inscribiendo.\*

<b>Nombre:</b>	<b>Inicial:</b>
<b>Apellido:</b>	<b>Fecha de Nacimiento:</b> ____/____/____ <small>mes      día      año</small>
<b>Escuela Actual (2015-16):</b>	<b>Grado Actual (2015-16):</b>
<b>Escuela de Inscripción (2016-17):</b>	<b>Grado de Inscripción (16-17):</b>

**Información del Padre/Tutor** \*Debe ser la persona completando el formulario y confirmando la residencia\*

<b>Nombre:</b>	<b>Apellido:</b>	
<b>Dirección:</b>		
<b>Ciudad:</b>	<b>Estado:</b>	<b>Código Postal:</b>

**Confirmación de Inscripción** \*Para ser completado por el padre/tutor\*

Entiendo que al enviar éste formulario, estoy confirmando la inscripción del estudiante listado arriba en la escuela de inscripción. Al aceptar este asiento, estoy rechazando otras ofertas en las escuelas de Camden.

Entiendo que si tengo la intención de matricular el estudiante en otra escuela para el año escolar 2016-17, debo notificar a la Oficina de Inscripción de Camden mi deseo de transferir al estudiante.

**Solicitud de Registros** \*Para ser completado por el padre/tutor\*

Por la presente autorizo al Principal, Registrador, Enfermera de la Escuela, y el Equipo de Evaluaciones del niño/a para liberar y hacer disponibles los registros escolares de mi hijo/a.

<b>Firma de Padre/Tutor:</b>	<b>Fecha:</b> ____/____/____ <small>mes      día      año</small>
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**THIS SECTION IS TO BE COMPLETED BY STUDENT'S 16-17SY RECEIVING (ENROLLING) SCHOOL:**

***¡Esta sesión es para uso oficial solamente!***  
 Date CE Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_  
 Please mail original student records to (address): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY STUDENT'S SENDING (CURRENT) SCHOOL:**

***¡Esta sesión es para uso oficial solamente!***  
 Date Records Released: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_  
**Attach original records and check all that apply:**

_____ Assessment of Basic Skills	_____ Progress Grades to date of withdrawal
_____ Report Cards	_____ Transcript grades and credits earned
_____ Immunization Records	_____ State Test Scores
_____ Attendance Record	_____ Special Education – current IEP and Psychological Testing
_____ Section 504 Record	_____ Discipline Record
_____ Please indicate if student is currently suspended or under expulsion proceedings	