

# Capitol Area Indian Resources, Inc.

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## CAIR STUDENT ENROLLMENT FORM

Valid 2013-2018 School Years

Student Name \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Tribal Affiliation(s) \_\_\_\_\_ Enrollment # \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_

California State Identifier Student Number (CSIS#): \_\_\_\_\_

Number can be located on: report card, transcripts, STAR Test results next to the "Student #", or asking your child's school.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Would you like to receive CAIR emails? \_\_\_ Yes \_\_\_ No

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Who does child live with? \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian/Relative \_\_\_ Other

Mother/Guardian Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Father/Guardian Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Name and Phone  
(if parent is not available) \_\_\_\_\_ Phone: \_\_\_\_\_

***By my signature, I authorize a representative of Capitol Area Indian Resources, Inc. to communicate with schools/school districts and/or agencies/organizations to obtain information about my needs/services, including obtaining copies of my child's records (i.e., Star Test, progress reports) and intervening on my behalf in regard to my child. I may revoke this authorization at any time by notifying Capitol Area Indian Resources, Inc., in writing. I agree that a copy of this authorization shall be considered as effective and valid as the original.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Dear Parent(s):**

Capitol Area Indian Resources, Inc. plans its programs to fit the needs of the Sacramento area community's youth. We value your input and ideas and are asking that you complete this short survey. We thank you in advance for your assistance. Please answer the following to the best of your ability.

**California Standardized Testing and Reporting (STAR) results (please send copy of report if possible):**

Please ✓ here if child did not take test \_\_\_\_\_ School Year reporting: \_\_\_\_\_

**English-Language Arts**

- Advanced
- Proficient
- Basic
- Below Basic
- Far Below Basic

**Mathematics**

- Advanced
- Proficient
- Basic
- Below Basic
- Far Below Basic

**California High School Exit Exam:** (if applicable)

**English-Language Arts:**  Passed  Not Passed

**Mathematics:**  Passed  Not Passed

Please rank **from 1-5** the five most important services for your child. *Please rank only 5 items.*

- \_\_\_ Academic/Study Skills
- \_\_\_ Math Skills
- \_\_\_ Composition/Writing Skills
- \_\_\_ Tutoring
- \_\_\_ Parenting Workshops
- \_\_\_ Summer Sessions
- \_\_\_ Cultural/Traditional Activities
- \_\_\_ Reading Improvement
- \_\_\_ Internet Classes
- \_\_\_ Advocacy & Parent/Student Rights
- \_\_\_ Referrals
- \_\_\_ Test Taking Skills
- \_\_\_ Field Trips
- \_\_\_ Computer Training
- \_\_\_ College Information
- \_\_\_ Youth Groups
- \_\_\_ Community Information/Newsletters

Household size: \_\_\_\_\_ # of children in household in grades: K-12 \_\_\_\_\_ Yearly income \* (optional) \_\_\_\_\_

Children's ages: \_\_\_ 3/4 \_\_\_ 5/6 \_\_\_ 7/8 \_\_\_ 9/10 \_\_\_ 11/12 \_\_\_ 13/14 \_\_\_ 15/16 \_\_\_ 17/18

Names of Siblings: \_\_\_\_\_

How did you find about our program?

- \_\_\_ School District Title VII Program (please specify district) \_\_\_\_\_
- \_\_\_ Child's School
- \_\_\_ Another Parent
- \_\_\_ Community Event or Powwow
- \_\_\_ Indian Organization (which one?) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Do you participate in the following programs?

- \_\_\_ School District Indian Education (Title VII) Program
- \_\_\_ TANF

**\*We sometimes have opportunities for low-income families, such as gifts and food. We keep names for source confidential.**