

For Office Use Only

- _____ Proof of Residency
- _____ Immunization Records
- _____ Birth Certificate
- _____ Report of Health Checkup
- _____ IEP/504

Chawanakee Unified School District

P.O. Box 400, North Fork, CA 93643
(559) 877-6209

SCHOOL _____
 Today's Date _____
 Date of Entry _____
 Grade _____ Room # _____
 Teacher _____
 Student I.D.# _____

ENROLLMENT FORM
2018-2019 School Year

STUDENT IDENTITY INFORMATION

(Please Print Clearly)

LEGAL NAME:

LAST _____ FIRST _____ MIDDLE _____ Suffix _____

Former/Preferred Name: Last _____ First _____ Middle _____

Gender: ___ Male ___ Female Birth date: ___/___/___ Grade Level _____

Birthplace: City: _____ State: _____ Country: _____

Student's Home Phone: [_____] _____ Student's Cell Phone: [_____] _____

Address (physical) _____

City _____ State _____ Zip _____

Address (mailing) _____

City _____ State _____ Zip _____

Has student ever attended school in the Chawanakee Unified School District? ___ Yes ___ No

Specialized Services: (check all that apply)

Special Education IEP (supply most recent) Specialized Academic Instruction Speech/Language

Other: Gifted (GATE) 504 (supply most recent) English Language Development

Other (Specify) _____

Has your child ever been **retained** in a grade? Yes No If yes, which grade repeated? _____

Are there **psychological or confidential reports** available from your child's former school? Yes No

Has your child **ever been expelled**? Yes No If yes: Date: _____ School: _____

Student's Ethnicity: (federally mandated information) Please check one ___ Hispanic or Latino ___ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (federally mandated information) You may mark up to five racial categories:

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

- | | | |
|---|-----------------------|-------------------------------------|
| ___ American Indian or Alaskan Native (100) | ___ Laotian (206) | ___ Samoan (303) |
| ___ Chinese (201) | ___ Cambodian (207) | ___ Tahitian (304) |
| ___ Japanese (202) | ___ Hmong (208) | ___ Other Pacific Islander (399) |
| ___ Korean (203) | ___ Other Asian (299) | ___ African American or Black (600) |
| ___ Vietnamese (204) | ___ Hawaiian (301) | ___ White (700) |
| ___ Asian Indian (205) | ___ Guamanian (302) | |

FORMER SCHOOL INFORMATION

School Name _____ School District _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (Rev:1/2018 mb)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent. <i>(federally mandated information)</i> <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or Associate’s Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate	Date Student first attended school in the United States. <hr/> <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div> Date Student first attended school in California. <hr/> <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div>
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Residence – where is your child/family currently living? (federally mandated information) **Please check appropriate box:**

In a single family permanent residence (house, apartment, condo, mobile home) (200)
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)
 In a shelter or transitional housing program (100)
 In a motel/hotel (110)
 Unsheltered (car/campsite) (130)
 Foster Care or Kinship Placement (210)
 Other (please specify) (300) _____

Parent / Guardianship Information (with whom the student lives)- check all that apply

Father
 Mother
 Both
 Step-Father
 Step-Mother
 Guardian
 Foster/Group Home
 Other _____

Is the above (checked) person (s) the student’s LEGAL guardian? Yes No **If No**, please complete a “Caregiver Affidavit”.

If Yes, and there is a *legal custody agreement* regarding this student, please check type: Joint Custody Sole Custody Guardian

PLEASE COMPLETE THE INFORMATION BELOW FOR PARENT(S) / GUARDIAN(S) WITH WHOM THE STUDENT LIVES.

Primary Head of Household (Last Name) _____

Name: _____ **DOB** _____

Relationship to Student: _____ Legal Guardian: _____ Yes _____ No

Employer: _____ Bus. Phone: [_____] _____

Cell Phone: [_____] _____ Email: _____

Name: _____ **DOB** _____

Relationship to Student: _____ Legal Guardian: _____ Yes _____ No

Employer: _____ Bus. Phone: [_____] _____

Cell Phone: [_____] _____ Email: _____

Duplicate mailing: If divorced /separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, phone number and email.

Name: _____ **DOB** _____

Relationship to Student: _____ Legal Guardian: _____ Yes _____ No

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Bus. Phone: [_____] _____ Cell Phone: [_____] _____ Email: _____

SIBLINGS: Full name of Brothers and Sisters (oldest first) living in this household

1.	DOB ____/____/____	4.	DOB ____/____/____
2.	DOB ____/____/____	5.	DOB ____/____/____
3.	DOB ____/____/____	6.	DOB ____/____/____

HOME LANGUAGE SURVEY

Which language did the student learn when he/she first began to talk? _____

What language does the student most frequently use at home? _____

What language do you use most frequently to speak to your student? _____

What language is most often spoken by the adults at home? _____

Has the student ever been enrolled in a US school for 3 or more full Years? _____ Yes _____ No

_____ _____ _____
 Signature of Parent/Legal Guardian Relationship to Student Date