

**New Student Enrollment**

(To be completed by the parent or guardian)

OFFICE USE ONLY	
Perm ID	School
SSID	Grade
Enrollment Date	Teacher

Student's LEGAL Name (from birth certificate): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name (not initial) Preferred Name if different from legal name

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Residence Phone \_\_\_\_\_

Mailing Address (if different from residence address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

**Guardian #1**

\_\_\_\_\_  
Last Name, First Name Relationship Preferred Phone E-mail address Lives With? Yes No  
Legal Guardian Yes No

Education Not a Highschool Graduate High School Graduate Some College or Associate's Degree College Graduate Graduate Degree or Higher

**Guardian #2**

\_\_\_\_\_  
Last Name, First Name Relationship Preferred Phone E-mail address Lives With? Yes No  
Legal Guardian Yes No

Education Not a Highschool Graduate High School Graduate Some College or Associate's Degree College Graduate Graduate Degree or Higher

**ETHNICITY AND RACE – Both sections must be completed:**

**Ethnicity:** Choose the ethnicity with which the student most closely identifies. Please check one:

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
 Not Hispanic or Latino

**Race:** What is your child's race? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer by marking one or more of the following boxes to indicate what you consider your child's race to be.

American Indian or Alaskan Native (100) (Persons having origins in any of the original people of North, Central or South America )  
 Chinese (201)  
 Japanese (202)

Korean (203)  
 Vietnamese (204)  
 Asian Indian (205)  
 Laotian (206)  
 Cambodian (207)  
 Hmong (208)

Other Asian (299)  
 Hawaiian (301)  
 Guamanian (302)  
 Samoan (303)  
 Tahitian (304)  
 Other Pacific Islander (399)

Filipino/Filipino American (400)  
 African American or Black (600)  
 White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

**PRIOR SCHOOL ATTENDANCE:**

Name of Most Recent School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Grade \_\_\_\_\_ Date last attended \_\_\_\_\_

Has this student ever attended school in our district? If Yes, name of school \_\_\_\_\_ Year last attended \_\_\_\_\_ Grade \_\_\_\_\_

**SPECIAL PROGRAM PARTICIPATION:** What special services has your child received? (Please check all boxes that apply.)

Resource (RSP)  Special Day Class (SDC)  Speech/Language Therapy  Title VII (Indian Ed)  Other \_\_\_\_\_

504 Plan  IEP (Attach Copy)

Education Code 48915.1(b) **requires** parents or guardians of students, or the student if over 18, to inform a school district upon enrollment, if a student was expelled from a previous school district. **I certify that my student** WAS WAS NOT expelled from any previous school.

**PARENT/GUARDIANSHIP INFORMATION – Check all that apply:**

Is either parent/guardian on **active** duty in the U.S. armed forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or on **full-time** National Guard duty? Yes No

Is there a legal custody agreement regarding this student? If yes, please check one:  Joint Custody  Sole Custody  Guardian

Educational Rights for student belong to:  Father  Mother  Both  Other \_\_\_\_\_

**DUPLICATE MAILING** If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, include their information below:

Full Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Address: \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_