

Phone: 707-887-2279

Forestville Union School District
6321 Highway 116 Forestville, CA 95436

Fax 707-887-2185

Student Enrollment Form

▶ STUDENT INFORMATION

Student's Birth Date: _____ Age: _____ Verification: _____ Male Female
Birthplace—City: _____ State: _____ Country: _____

Student's LEGAL Name: _____
(Last) (First—no nickname) (Middle—full name)

Physical Address: _____
(House # and Street Name) (City) (Zip)

Mailing Address ***If Different:*** _____
(Street # and Name or P.O. Box) (City) (Zip)

Do you have a sibling attending this school: No Yes...If "Yes," what is name of sibling: _____ Grade: _____

Residence—Where is your child/family currently living?

This information is federally mandated by No Child Left Behind—Please check appropriate boxes

- In a single family permanent residence—house, apartment, condominium, mobile home (13)
- In or awaiting foster care placement (14)
- With more than one family in a house or apartment (11)
- In a motel, car or campsite (12)
- With friends or other family members—other than parents, grandparents, or legal care giver (11)
- In a group home (14)
- In a shelter or transitional housing program (10)
- Joint Custody

Enrollment Date: _____ Home Phone: _____ if unlisted Cell Phone: _____

Email address #1: _____ Email address #2: _____

If country is other than US, please complete the following:

Arrival date in US: ____/____/____ Date of initial enrollment in a US school: ____/____/____ Date of initial enrollment in a California school: ____/____/____
Mo. Date Year Mo. Date Year Mo. Date Year

▶ PARENT/GUARDIAN INFORMATION

Parent/Guardianship Information (whom the student lives with)

(check appropriate box/es)

- 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 obtain a "Caregiver's Authorization Affidavit" from the school office.

Is there a custody court order regarding this student? Yes No If Yes, please obtain a copy of "Parental Access to Student Information" from the school office.

MUST COMPLETE:

1. Father / Step Father / Guardian (check one): Name: _____

Employer: _____ Work Phone (with area code): _____

2. Mother / Step Mother / Guardian (check one): Name: _____

Employer: _____ Work Phone (with area code): _____

DUPLICATE MAILING—If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name Mailing Address Phone Number

3. If Foster or Group Home, name of organization: _____

Phone Number: _____ Name of Case Worker: _____

My Child should never be released to:

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► PREVIOUS SCHOOL INFORMATION

Student's Previous School: _____

Address: _____
Street Name and # *City* *State* *Zip*

Was student attending this school on an inter-district transfer? Yes No

Date of withdrawal: _____ Reason for withdrawal: _____

Type of school (check one): Regular Academic Continuation Independent Study Home School
 Community School Juvenile Hall Private Jr. High

Is the student now enrolled / or has the student even been enrolled in **special education** classes? Yes No

If yes, please check the program RSP SDC SED

Has the student ever been **Expelled** from school? Yes No If yes, when? _____ School: _____

► EMERGENCY CONTACT (Please list someone in our **LOCAL** area other than whom the student lives with.)

Name: _____ Home Phone: _____ Work Phone: _____ Relation: _____

Name: _____ Home Phone: _____ Work Phone: _____ Relation: _____

Doctor: _____ Phone Number: _____

Insurance: _____

► PLEASE ANSWER ALL QUESTIONS & SIGN BELOW

- Does the student live outside our attendance area? (You may be asked to show proof of residency) Yes No
If yes, do you have an inter or intra district agreement? Yes No
- Is the student now on a 504 Disability Accommodation Plan? Yes No
If "yes", **name of school** and **grade** that the most recent 504 review was completed?
School: _____ Grade: _____
- Is the student GATE identified? Yes No
- Parent education level - If the child resides with both parents, indicate the parent with the highest level only. If the child resides primarily with one parent, indicate that parent's education:
 Not A High School Graduate High School Graduate Some College
 College Graduate Graduate School / Post Graduate Training Decline to Answer / Unknown

► SIGNATURE

I verify that the information on this Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my student.

Parent/Guardian: _____ Date: _____

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Student Name: _____

Grade: _____

Please complete the following information and return it with your enrollment form. The State of California now requires that we document this information for each student enrolled in our District. Please mark the appropriate box. Thank you for your cooperation.

► Home Language Survey

- 1. What language did your son/daughter learn when h/she first began to talk:
- 2. What language does your son/daughter most frequently use at home:
- 3. What language do you use most frequently to speak to your son/daughter?
- 4. Name the language most often spoken by the adults at home:
- 5. Is the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD)? Yes No
- 6. Has the student been an English learner less than 12 months? Yes No

► Ethnicity

- Please mark the box of the group that the student most closely identifies:
- American Indian or Alaskan Native Asian / Asian American African American or Black (not of Hispanic origin)
 - Filipino / Filipino American Hispanic or Latino Pacific Islander White Decline to State
- If Asian or Pacific Islander is marked above, then mark the appropriate box(es) that apply below:
- Chinese Japanese Korean Vietnamese Asian Indian Hawaiian
 - Guamanian Samoan Tahitian Laotian Cambodian Other Asian Other Pacific Islander

► SIGNATURE

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Parent/Guardian: _____ Date: _____