

Paradise Unified School District Enrollment Form

(For school use only) School #:		Student #:		Student Permanent ID #:	
• Has your student ever attended Paradise Unified School District schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
• Student Information (please print)					
Legal Last Name		Legal First Name		Legal Middle Name	
Alias Last Name		Alias First Name		Alias Middle Name	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Grade	Date of Birth		Birthplace
			Month	Day	Year
			City		State
					Country
• Parent/Guardian Information					
Primary Telephone Number: ()					
1. Parent/Guardian Name:			Relationship to Student:		
Email Address:			Work Phone: ()		
			<input type="checkbox"/> Best Daytime Phone Number		
Home Phone: ()			Cell Phone: ()		
<input type="checkbox"/> Best Daytime Phone Number			<input type="checkbox"/> Best Daytime Phone Number		
Employer Name:			Employer Location:		
2. Parent/Guardian Name:			Relationship to Student:		
Email Address:			Work Phone: ()		
			<input type="checkbox"/> Best Daytime Phone Number		
Home Phone: ()			Cell Phone: ()		
<input type="checkbox"/> Best Daytime Phone Number			<input type="checkbox"/> Best Daytime Phone Number		
Employer Name:			Employer Location:		
Residential Address (House # & Street Name)			Apt #	City	State
					Zip Code
Mailing Address (IF DIFFERENT THAN RESIDENTIAL)			Apt #	City	State
					Zip Code
• Parent Education (check the response that describes the education level of the more educated parent)					
<input type="checkbox"/> Not A High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, or an Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate Studies					
• Parent/Guardianship Information, for whom the student lives with (please check all that apply).					
<input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Foster/Group Home (please provide name of) <input type="checkbox"/> Mother <input type="checkbox"/> Step-father <input type="checkbox"/> Grandfather					
• Does the student have a parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
• Residence--Where is your child/family currently living? (please check the appropriate box)					
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel/hotel <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> International Exchange Program <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) <input type="checkbox"/> Unsheltered (car, campsite, etc.) <input type="checkbox"/> Other (please specify):					
• Is there a legal custody agreement regarding this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide documentation)					
<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Legally Appointed Guardian(s)					
• Duplicate Mailing (if custody agreement allows duplicate mailing/information to be provided to other parent)					
Full Name:			Relationship to Student:		
Emergency contact for student? <input type="checkbox"/> Yes <input type="checkbox"/> No			To receive: <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only		
Mailing Address:					
House # & Street or P.O. Box			City		State
					Zip Code
Email Address:			Phone Number: ()		

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Please complete both sides of this form

• Home Language Information

1. What language does your child most frequently speak at home? _____
2. Which language did your child learn when he/she first began to speak? _____
3. What language do you (the parents/guardians) most frequently speak to your child? _____
4. What language is most often spoken by adults in the home? _____
5. Has your child ever taken an English Language Proficiency Assessment? Yes No I don't know

- 1. What is your child's ethnicity?** (please check one box then continue to question two)
- Hispanic or 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

- 2. What is your child's race?** (please check up to 5 racial categories)
- | | | |
|--|---|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native
(persons having origins in any of the original people of North, Central, or South America) | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> White (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| | <input type="checkbox"/> Korean | |
| | <input type="checkbox"/> Laotian | |
| | <input type="checkbox"/> Other Asian | |

3. Did your child have a current Individualized Education Program (IEP) at the previous school? Yes No

4. Did your child have a current Section 504 Plan at the previous school? Yes No

- 5. What special services did your child receive at the previous school?** (please check all that apply)
- | | | |
|--|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> English Language Development | <input type="checkbox"/> Help to improve attendance/behavior |
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Resource (RSP) |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Student Study Team | <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Special Day Class (SDC) |

6. Has your child ever been suspended? Yes No **7. Has your child ever been expelled?** Yes No

• Emergency Contacts (in addition to parents/guardians listed on front page)

1. Name: _____	Relationship to Student: _____
Address: _____	
Home Phone: ()	Work Phone: ()
Cell Phone: ()	
2. Name: _____	
Relationship to Student: _____	
Address: _____	
Home Phone: ()	Work Phone: ()
Cell Phone: ()	
3. Name: _____	
Relationship to Student: _____	
Address: _____	
Home Phone: ()	Work Phone: ()
Cell Phone: ()	

• Most Recent Schools Attended

Name of School	City	State	Grade	School Year

The Board of Education is committed to equal opportunity for all individuals in education. PUSD programs, activities, and practices shall be free from discrimination based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information (Title VI, Title IX, and Section 504).

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. By signing this I declare under penalty of perjury that I am the parent or legal guardian of the above-named student.

Parent/Guardian Name (please print): _____ **Date:** _____

Parent/Guardian Signature: _____