

# Paradise Unified School District Enrollment Form

(For school use only) School Name: \_\_\_\_\_ Stu #: \_\_\_\_\_ Stu Permanent ID #: \_\_\_\_\_

**• Has your student ever attended a Paradise Unified School District school before?**  Yes  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 <input type="checkbox"/> Nonbinary	Grade	Date of Birth			Birthplace	
		Month	Day	Year	City	State

Primary Telephone Number: (        )

**• PARENT/GUARDIAN INFORMATION**

1. Parent/Guardian Name:		Relationship to Student:	
Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone: (        ) <input type="checkbox"/> Best Daytime Number	
Email Address:		Allow Access to Aeries Parent Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Phone: (        ) <input type="checkbox"/> Best Daytime Number		Cell Phone: (        ) <input type="checkbox"/> Best Daytime Number	
Would you like to receive: <input type="checkbox"/> General/Emergency Announcements <input type="checkbox"/> Emergency Announcements Only <input type="checkbox"/> None			

Employer Name: \_\_\_\_\_ Employer Location: \_\_\_\_\_

2. Parent/Guardian Name:		Relationship to Student:	
Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone: (        ) <input type="checkbox"/> Best Daytime Number	
Email Address:		Allow Access to Aeries Parent Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Phone: (        ) <input type="checkbox"/> Best Daytime Number		Cell Phone: (        ) <input type="checkbox"/> Best Daytime Number	
Would you like to receive: <input type="checkbox"/> General/Emergency Announcements <input type="checkbox"/> Emergency Announcements Only <input type="checkbox"/> None			

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)

Not A High School Graduate  High School Graduate  Some College, or an Associate's Degree  
 College Graduate  Graduate School/Post Graduate Studies

**• PARENT/GUARDIANSHIP INFORMATION**, for whom the student lives with (check all that apply)

Father  Step-mother  Grandmother  Guardian(s)  Foster/Group Home (please provide name of)  
 Mother  Step-father  Grandfather

**• Does the student have a parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard?**  No  Yes  
 If yes, please list the parent's name, branch, and rank: \_\_\_\_\_

**• RESIDENCE--Where is your child/family currently living?** (please check the appropriate box)

In a single family permanent residence (house, apartment, condo, mobile home)  
 In a motel/hotel  In a shelter or transitional housing program  International Exchange Program  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)  
 Unsheltered (car, campsite, etc.)  Other (please specify): \_\_\_\_\_

**• Is there a legal custody agreement regarding this student?**  No  Yes (please provide documentation)  
 Joint Custody  Sole Custody  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	
Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number: (        )	

Mailing Address: \_\_\_\_\_  
 House # & Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Allow Access to Aeries Parent Portal?  Yes  No

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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 (ELPAC)?  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 at least one category and a maximum of 5 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<br>(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"/> Special Day Class (SDC)             |
| <input type="checkbox"/> Other:          |   |  |

**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: (     ) _____	

**• SIBLINGS**, please list the sibling's name, grade level, and school, if applicable.


**• 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: _____	