

Paradise Unified School District Enrollment Form

◆ Has your student ever attended Paradise Unified School District schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student's LEGAL Name – Please Print				Birthdate	
Legal Last Name	Legal First Name	Legal Middle Name	Month	Day	Year
Nickname or alias			Grade Level		<input type="checkbox"/> Male <input type="checkbox"/> Female Gender
Residence Address (house # & street name)		Apt #	City	State	Zip
Mailing Address (P.O. Box or house # & street name IF DIFFERENT)		Apt #	City	State	Zip
Parent/Guardian Last Name	First Name	() Home Phone	() Work Phone		
E-mail address			() Cell Phone		
Parent/Guardian Last Name	First Name	() Home Phone	() Work Phone		
E-mail address			() Cell Phone		
1. What is your child's ethnicity? (Please check one then continue to part two): <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino					
The above part of the 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 your race to be.					
2. What is your child's race? (Please check up to five racial categories)					
<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"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian		<input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan		<input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> African American or Black <input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)	
Parent Education – Check the response that describes the education level of the <u>more educated parent</u> . <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, or an Associates Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate Studies		Date child first attended school in the U.S.		Month	Day
		Date child first attended school in California		Month	Day
Birthplace: City: _____ State: _____ Country: _____					
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No --If not born in the US, what date did your child enter the US?--			Month	Day	Year
Home Language Survey: Indicate only one language (most frequently used) per line: 1. What language does your child most frequently speak at home? _____ 2. Which language did your child learn when he/she first began to talk? _____ 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? _____ Has your child ever been given the CELDT test (CA English Language Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know					

Permanent ID:

Grade:

First:

Student Last Name:

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Residence – Where is your child/family currently living? (Federally mandated by NCLB) – Please check appropriate box:
 In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) Unsheltered (car/campsite)
 In a shelter or transitional housing program Other (please specify) _____

Parent/Guardianship Information (with whom the student lives) – please check all that apply:
 Father Mother Both Step-father Step-mother
 Grandparent Guardian Foster/Group Home
 Other _____

Please circle the student's LEGAL guardian.
If none, please complete a caregiver affidavit.

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

Please complete information below for parents/guardian with whom student lives:

1. (check one) Father Step-father Grandparent Guardian Other _____

Full Name: _____ Daytime Phone # (_____) _____

Employer: _____ City: _____

2. (check one) Mother Step-mother Grandmother Guardian Other _____

Full Name: _____ Daytime Phone # (_____) _____

Employer: _____ City: _____

Duplicate Mailing: If custody agreement allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number: Emergency contact? Yes No

Full Name: _____ Phone # (_____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address _____ Relationship to Student _____

Most Recent Schools Attended:	City	State	Grades	Dates
School				

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

Has your child ever been suspended? Yes No Has your child ever been expelled? Yes No

What special services has your child received? (please check all boxes that apply)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior Other (Specify) _____

Emergency Contacts: Name	Address	Phone #	Relationship to Student
		()	
		()	
		()	

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.

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth:	Proof of Immunization:	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank
Type: _____	Type: _____					<input type="checkbox"/> ET
Verified by: _____	Verified by: _____					<input type="checkbox"/> RC

Please complete information on the other side of the form

Rev- 1/5/10lr

