

STUDENT ENROLLMENT FORM

For Office Use Only	
Birth Verif. _____	ATTCAT _____
Res Verif. _____	ELLRC Ref. _____
TRACT Code: _____	

Start Date _____	School _____	Perm ID# _____
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Student Information				
Legal-Last Name	Legal-First Name	Legal-Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade
Birth City	State	Country	Date of Birth (mm/dd/yyyy) / /	

Student's Ethnicity

As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of pupils, and will not be released in a personally-identifiable form.

Is this student's ethnicity Hispanic or Latino? Yes No

Please check one or more of the following to indicate your student's race:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> Asian-Japanese
<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Asian - Vietnamese	<input type="checkbox"/> Asian-Indian
<input type="checkbox"/> Asian - Laotian	<input type="checkbox"/> Asian - Cambodian	<input type="checkbox"/> Asian-Hmong
<input type="checkbox"/> Asian - Other	<input type="checkbox"/> Pacific Islander - Hawaiian	<input type="checkbox"/> Pacific Islander - Guamanian
<input type="checkbox"/> Pacific Islander - Samoan	<input type="checkbox"/> Pacific Islander - Tahitian	<input type="checkbox"/> Pacific Islander - Other
<input type="checkbox"/> Filipino	<input type="checkbox"/> African American/Black	<input type="checkbox"/> White

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services.

- Which language did your child learn when he or she first began to speak? _____
- What language does your child most frequently use at home? _____
- What language do you use most frequently to speak to your child? _____
- Name the language spoken most often by the adults at home. _____

Household Information

1. Parent/Guardian Full Name _____ Email Address: _____

Student's Home Address (Street) _____ (City) _____ (Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State

2. Parent/Guardian Full Name _____ Email Address: _____

Address (Street) _____ (City) _____ (Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State

3. Parent/Guardian Full Name _____ Email Address: _____

Address (Street) _____ (City) _____ (Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State

4. Parent/Guardian Full Name _____ Email Address: _____

Address (Street) _____ (City) _____ (Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State

STUDENT ENROLLMENT FORM

Primary Residency Information - Please select the option that best describes your housing situation:

- Single Family Dwelling Mobile Home Duplex Apartment/Condo Auto/RV or RV Park Hotel/Motel
 Shelter Campground Foster Home Other: _____

Are you temporarily sharing housing with another family? Yes No

Is this due to loss of housing, economic hardship or similar reason? Yes No

Questionnaire

- Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture (such as fieldwork), food processing (such as canneries or packing houses), fishing, lumbering, or dairy work in the last three years? No Yes (Complete Migrant Education Card)
- Is student part of a Military Family? No Yes Active Duty DOD Employee National Guard
 Reserves (Check all that apply)
- Has student ever received Special Education Services? No Yes
- Has student ever received 504 Accommodations? No Yes
- Has student ever received English Learner Services? No Yes
- Has student ever been received retained or advanced a grade? No Yes What Grade: _____
- Has student ever attended San Marcos schools before? No Yes School Name: _____
- Has the student been previously suspended or expelled or is he/she currently recommended for expulsion? No Yes School Name: _____

Last School Attended

Name of Last School Attended _____

Address of Last School (Street) _____ (City) _____ (State) _____ (Zip Code) _____

(Phone Number) _____ (Fax Number) _____

Please complete only if your student is enrolling in Kindergarten

Please select the program in which your student was primarily participating in prior to Kindergarten.

(check one)

- Educational Enrichment Systems (EES) Preschool Program at San Marcos Unified in School: _____
 Head Start Program or other State/Federal subsidized care.
 Private or Center-Based childcare program (e.g. KinderCare, or a Faith-Based Preschool)
 Other: _____
 No Preschool

- How many months did the student participate in the program selected above? _____ months
- How long did the student attend the program selected above? Half-Day Full-Day
- How often did the student attend the program selected above?
 1-Day per week 2-Days per week 3-Days per week 4-Days per week 5-Days per week

Certification

I certify that all the information on this form is true and correct. Falsification of any information or document required for the enrollment of your child in the San Marcos Unified School District may result in denial of this application.

X

Parent/Guardian Signature

Date