

# STUDENT ENROLLMENT FORM

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

|                  |              |                |
|------------------|--------------|----------------|
| Start Date _____ | School _____ | Perm ID# _____ |
|------------------|--------------|----------------|

| Student Information   |                        |                         |  |             |
|-----------------------|------------------------|-------------------------|--|-------------|
| Legal-Last Name _____ | Legal-First Name _____ | Legal-Middle Name _____ | <input type="checkbox"/> Female<br><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<br>( ) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home<br>( ) _____   |                  |
| <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<br><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<br>( ) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home<br>( ) _____   |                  |
| <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<br><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<br>( ) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home<br>( ) _____   |                  |
| <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<br><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<br>( ) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home<br>( ) _____   |                  |
| <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<br><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 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