

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

COPY OF BIRTH CERTIFICATE REQUIRED

PRINT Legal Name (No Nicknames): _____ Enrolling in: _____ School _____ Grade: _____ Student ID# _____

STUDENT: Last Name _____ First Name _____ Middle _____ Male Female Date of Birth: _____
Month/Day/Year

PLACE OF BIRTH _____ Social Security # _____
City State Country

Student resides with? _____ (Father / Mother / Guardian / Caregiver)
 Student's E-mail Address _____

Father's Name _____ (Note: Father / Guardian / Caregiver) Mother's Name _____ (Note: Mother / Guardian / Caregiver)

Home Phone _____ Work Phone _____ No Yes
 Father's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____
 Mother's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____

Father's Home Address _____ City _____ State _____ Zip Code _____
 Mother's Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (If Different from Above Address) City _____ State _____ Zip Code _____
 Mailing Address (If Different from Above Address) City _____ State _____ Zip Code _____

Father needs interpreter for phone calls / meetings: No Yes
 Mother needs interpreter for phone calls / meetings: Yes No

Last School your Student Attended _____ City _____ State _____ Zip Code _____ School's Fax Number _____ School's Telephone Number _____

Has student previously attended school in the San Dieguito Union High School District? No Yes, School: _____

When did your student begin school in the United States? _____ When did your student begin school in California? _____
Month/Day/Year Month/Day/Year

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 schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months? Yes No
2. What language did your child speak when he/she first began to talk? _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. Name the language in the order most often spoken by the adults at home. 1st _____ 2nd _____
6. I prefer materials sent home in: English If available in: Spanish Other: _____

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?** Yes, Hispanic or Latino No, Not Hispanic or Latino

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

<input type="checkbox"/> White	<input type="checkbox"/> Pacific Islander →	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian/Asian American →	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Laotian
		<input type="checkbox"/> Asian Indian
		<input type="checkbox"/> Cambodian
		<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Homng

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:** 1) Not a high school graduate 2) High school graduate 3) Some college 4) College graduate 5) Graduate school/Graduate training 6) Decline to state or unknown

Parent/Guardian Signature _____ **Date** _____

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

OFFICE USE ONLY: _____ **Emergency Card** _____ **Health Card** _____ **Birth Cert.** _____ **AUP** _____
 _____ **Imm. Verified** _____ **Chicken Pox** _____ **Hep. #1** _____ **Hep. #2** _____ **Hep. #3** _____