

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 <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 () _____

Mother Father Stepmother Stepfather Guardian Cell Work Home () _____ Cell Work Home () _____

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

Address (Street) _____ (City) _____ (Zip Code) _____ Primary Phone Number () _____

Mother Father Stepmother Stepfather Guardian Cell Work Home () _____ Cell Work Home () _____

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

Address (Street) _____ (City) _____ (Zip Code) _____ Primary Phone Number () _____

Mother Father Stepmother Stepfather Guardian Cell Work Home () _____ Cell Work Home () _____

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

Address (Street) _____ (City) _____ (Zip Code) _____ Primary Phone Number () _____

Mother Father Stepmother Stepfather Guardian Cell Work Home () _____ Cell Work Home () _____

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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? Is this due to loss of housing, economic hardship or similar reason?

Questionnaire

- Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture... Is student part of a Military Family? Has student ever received Special Education Services? Has student ever received 504 Accommodations? Has student ever received English Learner Services? Has student ever been retained or advanced a grade? Has student ever attended San Marcos schools before? Has the student been previously suspended or expelled or is he/she currently recommended for expulsion?

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? How long did the student attend the program selected above? How often did the student attend the program selected above?

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