

SCHOOL USE ONLY

Student ID# _____	Date Enrolled _____
Teacher _____	Date Records Requested _____
Lunch # _____	

**CENTRAL UNION ELEMENTARY SCHOOL DISTRICT
ENROLLMENT FORM**

Student Information

Child's Legal Name: _____ F / M
(Last) (First) (Middle) (mark one)

Address: _____ Home Telephone _____
_____ Cell Phone: _____

Is this address permanent? (mark one) Yes / No

If temporary please indicate: Motel Living with Relatives/Friends Other: _____

School Last Attended: _____ Grade For Current School Year: _____

Address of School: _____

Birthplace: _____

Child's Birth Date: _____ First Enrollment in U.S. School _____

Has your child ever attended a public school in the State of California? (mark one) Yes / No

If yes, where? _____

Has your child ever been retained in a grade? (mark one) Yes / No If yes, what grade? _____

Has your child ever been tested by the School Psychologist? (Please Mark One)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever received any of Special Education Services? (Please Mark One)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If Yes—Please Mark a Program & complete release of information on attached form)		
<input type="checkbox"/> Special Day Class (more than 50% of school day)	<input type="checkbox"/> Resource Specialist (less than 50% of school day)	<input type="checkbox"/> Speech <input type="checkbox"/> Other: _____

Parent Information:

Father/Guardian: _____	Mother/ Guardian: _____
Phone (work): _____	Phone (work): _____
Email: _____	Email: _____
Age: _____	Age: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Rate/Rank: _____	Rate/Rank: _____
Squadron/Department: _____	Squadron/Department: _____

Other children in family?

<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other persons (*not stated above*) living in the home and the relationship to the child:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

If the student is currently residing with a legal guardian, please state:

(A) Date of creation of legal guardianship: _____

(B) Name of legal guardian : _____

(C) You must attach a CERTIFIED COPY of the legal document creating the legal guardianship.

(D) The above described legal guardianship is existing and current and has not been revoked, rescinded or otherwise terminated.

Has the student been recommended for expulsion within the last two years? (mark one) Yes / No

Has the student been expelled from any school within the last two years? (mark one) Yes / No

If yes, please state:

_____ (Name of School)
 _____ (School District)
 _____ (City and State)

ADMISSION TO THE SCHOOLS OF THE CENTRAL UNION ELEMENTARY SCHOOL DISTRICT IS CONTINGENT UPON AND CONDITIONAL UPON TRUTHFUL RESPONSES TO THE ABOVE QUESTION AND REQUEST FOR INFORMATION. FAILURE TO RESPONSE TRUTHFULLY MAY RESULT IN DENIAL OF ADMISSION OR REVOCATION OF ADMISSION.

I, _____, DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATED: _____

_____ (Signature)
 _____ (Printed or Typed Name)
 _____ (Residence Address)

STUDENT INFORMATION

As required by California Government code 8310.5 and the Federal ESEA Act.

Student Name _____ Date _____

Grade _____ Date of Birth _____ Sex _____

ETHNICITY

Mark the **ethnicity** with which the student most closely identifies

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

PRIMARY RACE

Mark the **race** with which the student most closely identifies

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- | | |
|---------------------------------------|-------------------------------------|
| <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 | |

Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |

- Filipino** – A person having origins in any of the original peoples of the Philippine Islands.

- Black or African American** – A person having origins in any of the black racial groups of Africa.

- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

SECONDARY RACE

Mark **any additional race** with which the student most closely identifies

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- | | |
|---------------------------------------|-------------------------------------|
| <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 | |

Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |

- Filipino** – A person having origins in any of the original peoples of the Philippine Islands.

- Black or African American** – A person having origins in any of the black racial groups of Africa.

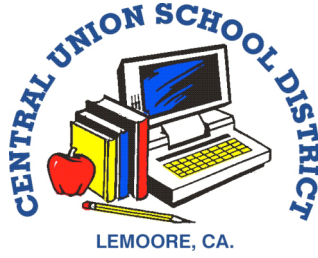
- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

PARENT EDUCATION LEVEL

Check the response that describes the education level of the **most educated parent**.

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> Some college (includes AA degree) | <input type="checkbox"/> Declined to state or unknown |

SCHOOL USE ONLY



Special Education

Enrollment Information
Administration Transfer Procedures

School Use Only

Student Name _____ **School Site** _____

Date of Birth _____

Parent/Guardian indicated student received special education service from prior school.

YES

NO

Signature of Attendance Clerk

Date

Enrollment Date

(This section to be completed by School Site when parent indicates special education service was provided)

1) School Site

- The site attendance clerk in charge of enrollment has notified the Special Education Office (*District Office*) of the student's enrollment.
- Attendance clerk had parent sign the release of information on enrollment form.
- Attendance clerk faxed the following documents to the District Office
 - Copy of Release of Information (*send original through DO mail*)
 - IEP (*if available*)
 - Enrollment Information
- Student was enrolled pending all other enrollment requirements being met.

CENTRAL UNION SCHOOL DISTRICT

Authorization for the exchange/release of information and records of attendance, welfare records, medical and health, psychological testing, special education placement and other.

Student Name:	Birthdate:
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Information to be released/exchanged from:

Name/Agency:
Address:

Information to be released/exchanged to:

Name/Agency:
Address:
Requested by:

Information to be released/exchanged:

- Attendance and welfare records
- Medical and health records
- Psychological test results/Special Education Placement
- Cumulative Educational records
- Discipline records
- Other (*specify*):

Public Law 93-380 (The Family Education Rights and Privacy Act, 1974) states, in part, that when student records are to be transferred to another school outside of the state, or if student records, other than cumulative records, are to be sent to another school and/or agency, parents or guardians of students or students over 18 years of age, be notified of such transfer, receive a copy of the records being transferred, if desired, and have an opportunity for a hearing to challenge the content of the records.

REDISCLASURE: This information is being disclosed from records whose confidentiality is protected by Federal law. Federal regulations (42 CRF Part 2) prohibit you from making any further disclosure of this information except with specific written consent of the person to who it pertains. Exchanges are shared with the designated person(s) or appropriate representatives of agencies specified on the release. The confidentiality of medical and related information is protected by State and Federal Statutes, Rules, and Regulations. Photocopy or fax transmission also is a valid authorization and may be considered adequate substitute for the original on file. I understand that this authorization extends to all or any part of the records/information designated.

Signature:		Relationship:	
Date:		Address:	
Telephone:			