

- IDT from _____
- IEP / 504
- RS
- SDC _____
- Attendance Category _____
- Counselor _____

**WILLIAM S. HART UNION
HIGH SCHOOL DISTRICT**

ENROLLMENT FORM

- Proof of Residence
- Documentation of Birth
- Immunizations
- PrimLang_____ CorLang_____
- Records Requested:
- ID#: _____

FOR OFFICE USE ONLY

Incoming Grade _____ **Special Programs** _____ (i.e., RS, SC, GATE, ELA, 504) **Male:** **Female:**

Student's Legal Name: _____
Please PRINT or TYPE (Legal Last Name) (Full Legal First Name) (Full Legal Middle Name)

Birth Date: ____ / ____ / ____ **Student's Cell Phone #** _____ **Student's email:** _____

Student's Primary

Residence: _____
Home Address: Street Address Apt. # City Zip Code

Home/Primary Phone: _____ **Is the student Hispanic or Latino?** Yes No

Select ONE or more of the following race/ethnicities. Use a number "1" to indicate the primary race/ethnicity.

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Laotian | <input type="checkbox"/> Hawaiian Native |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black, not of Hispanic Origin | <input type="checkbox"/> White |

Was student previously enrolled in a William S Hart District school? Yes No

Year enrolled at a Hart District School? _____ Name of School: _____

Parent Employed by Hart District? Yes No, If yes Name of Parent _____

***Parents/Guardians living at the same residence listed above. Please Circle Relationship to student below:**

(Circle One) Student Lives with: Mother / Father / Step / Guardian / Foster / Caregiver	(Circle One) Student Lives with: Mother / Father / Step / Guardian / Foster / Caregiver
Mother/Father/Guardian's Full Legal Last Name Legal First Name 1	Mother/Father/Guardian's Full Legal Last Name Legal First Name 1
Mother/Father/Guardian's Cell Phone Number Including Area Code 2	Mother/Father/Guardian's Cell Phone Number Including Area Code 2
Mother/Father/Guardian's Work Phone Number Including Area Code Ext. 3	Mother/Father/Guardian's Work Phone Number Including Area Code Ext. 3
Mother/Father/Guardian's Occupation 4	Mother/Father/Guardian's Occupation 4
Mother/Father/Guardian's E-Mail Address PLEASE PRINT CLEARLY 5	Mother/Father/Guardian's E-Mail Address PLEASE PRINT CLEARLY 5

The highest education level of any Parent/Guardian in the home is: Please check one only

- | | | |
|---|---|--|
| <input type="checkbox"/> Not a High School Graduate | <input type="checkbox"/> A High School Graduate | <input type="checkbox"/> Some College or AA Degree |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Graduate School or Post-Grad | <input type="checkbox"/> Unknown, decline to state |

Name ALL Siblings attending or have attended Hart District Schools (Junior High and High School only):

Siblings Name: 1. _____ 2. _____ 3. _____

Siblings School: _____

Biological Parent NOT LIVING in the same home:

Name: _____ Relationship: _____

Address: _____
Street Address Apt # City State Zip Code

Home Phone: _____ Work Phone: _____
Including Area Code Including Area Code

Cell Phone: _____ E-mail Address: _____
Including Area Code PLEASE PRINT CLEARLY

***Resident Parent/Guardian Signature:** _____ **Date:** _____