

2018-2019  
School Year

Lemon Grove School District  
**New Enrollment Form**  
(To be completed by the parent or guardian)

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| FOR OFFICE USE ONLY                               | <input type="checkbox"/>   |   |   |  |  |
|   | School Name _____  |   | Teacher _____   |  | Grade _____                                  |
|   | Student Number _____   |   | SSID Number _____   |  |  |
| Enrollment Date<br><u>8/22/2018</u><br>MM/DD/YYYY | IEP <input type="checkbox"/> Yes <input type="checkbox"/> No               | Military <input type="checkbox"/> Yes <input type="checkbox"/> No | Mil Housing <input type="checkbox"/> Yes <input type="checkbox"/> No                    | DOD <input type="checkbox"/> Yes <input type="checkbox"/> No | Transfer INTRA INTER                         |
|   | Ver. of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No |   | Ver. Of Birthdate <input type="checkbox"/> Birth Cert <input type="checkbox"/> Passport |  | Immunizations                                |
|   | Due on/before: _____   |   | Not needed for Middle Schools   |  | Date _____<br>Source _____<br>Initials _____ |

Student's LEGAL Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male   
(from birth certificate) Last Name First Name Middle Name Mo./Day/Year Female

Mother's/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Father's/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Student's Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address (1) \_\_\_\_\_ Parent Email Address (2) \_\_\_\_\_

Mailing Address (if different than home address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with:  Father  Mother  Grandparent(s)  Guardian(s)  Other \_\_\_\_\_

Are there any special custody regulations regarding your child?  No  Yes  
(A copy of custody court order on file at the school is necessary to deny natural parent access.)

Name of Last School Attended: \_\_\_\_\_ District: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Student's Birthplace: \_\_\_\_\_ If not born in the U.S., what month/year did your child enter U.S.? \_\_\_\_/\_\_\_\_  
City/State/Country Mo./Year

What month and year did your child first enroll in a K-8<sup>th</sup> grade school in the United States? \_\_\_\_/\_\_\_\_ In California? \_\_\_\_/\_\_\_\_

Has student left the U.S. since then?  No  Yes – If Yes, date of most recent U.S enrollment: \_\_\_\_\_

Has student ever been retained?  No  Yes – If Yes, what grade level level? \_\_\_\_\_ Does student have an IEP?  No  Yes

**HOME LANGUAGE SURVEY**

The California Education Code requires schools to determine the languages spoken at home by the student. This information is essential to assist in determining if a student's proficiency in English should be tested and to provide adequate instructional programs and services. Parents may request correction before their student's English proficiency is assessed. Your cooperation in helping us meet this important requirement is requested.

Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

What language does your son/daughter most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

Name the language most often spoken by the adults at home: \_\_\_\_\_

**PARENT EDUCATION LEVEL**

The California Department of Education requires that we record the parents' education level with our testing data. To comply with this requirement, please check the box next to the educational level for each parent.

Mother's Highest Educational Level

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Graduate school/post graduate training

Father's Highest Educational Level

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Graduate school/post graduate training

**PLEASE CONTINUE ON TO OTHER SIDE**

**Lemon Grove School District  
New Enrollment Form**

**FEDERAL RACE AND ETHNICITY COLLECTION**

In order to comply with the Federal Race and Ethnicity Collection and Reporting requirements, please complete the two-part question below. (The Federal government definition of Hispanic/Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Part 1 – ETHNICITY: Mark the ethnicity with which the student most closely identifies. Please check one:**

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

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race(s) to be.

**Part 2 – RACE: Please check up to five racial categories:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br>(Person having origins in any of the original people of North and South America (including Central America)) | <input type="checkbox"/> Korean (203)       | <input type="checkbox"/> Other Asian (299)            | <input type="checkbox"/> African American or Black (600)   |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Hawaiian (301)               | <input type="checkbox"/> White (700)<br>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.) |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302)              |  |
|  | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Samoan (303)                 |  |
|  | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Tahitian (304)               |  |
|  | <input type="checkbox"/> Hmong(208)         | <input type="checkbox"/> Other Pacific Islander (399) |  |

**RESIDENCE** – where is your child/family currently living? This information is kept confidential and Federally mandated by No Child Left Behind Act:

- |  |   |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)                                 | <input type="checkbox"/> In a motel/hotel           |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program  | <input type="checkbox"/> Other _____                |

**OTHER CHILDREN IN THE FAMILY:**

| First and Last Name | Relationship | Lives at Home  | School | Grade<br>(If graduated, not applicable) |
|---------------------|--------------|--|--------|---|
| _____               | _____        | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____  | _____                                   |
| _____               | _____        | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____  | _____                                   |
| _____               | _____        | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____  | _____                                   |
| _____               | _____        | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____  | _____                                   |

**OTHER ADULTS IN THE HOME:**

|       |              |       |              |
|-------|--------------|-------|--------------|
| _____ | _____        | _____ | _____        |
| Name  | Relationship | Name  | Relationship |
| _____ | _____        | _____ | _____        |
| Name  | Relationship | Name  | Relationship |

**EMERGENCY MEDICAL AUTHORIZATION**

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

***I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.***

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_