

PLEASANTON UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

Entry Date	Student ID No.	School	Grade	Teacher/Counselor
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FILL OUT FORM COMPLETELY - BOLD HEADINGS ARE REQUIRED BY THE STATE AND MUST BE FILLED OUT

STUDENT NAME	First	Middle	Last
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STUDENT ALSO KNOWN AS	First	Middle	Last
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RESIDENT ADDRESS	Street	City	Zip Code	VERIFICATION	Move-in Date
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MAILING ADDRESS (if different)	City	Zip Code
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Residence - where is your child/family currently living? (federally mandated by NCLB) - Please check appropriate box:

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel (09)
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)	<input type="checkbox"/> Unsheltered (car/campsite) (12)
<input type="checkbox"/> In a shelter or transitional housing program (10)	<input type="checkbox"/> Other (15) (please specify) _____

DATE OF BIRTH	VERIFICATION	PLACE OF BIRTH / CITY / STATE / COUNTRY	HOME/CELL PHONE	SEX	GRADE
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WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):
 Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):
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 your race to be.

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student.

- 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 most frequently speak to your son/daughter? _____
- Name the language most often spoken by the adults at home. _____

SCHOOL STUDENT LAST ATTENDED	DATE LEFT	DATE FIRST ENTERED A PUBLIC CALIFORNIA SCHOOL	DATE FIRST ENTERED U.S. SCHOOL
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SCHOOL ADDRESS (Street, P.O. Box)	City	State	Zip Code
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HAS YOUR CHILD EVER ATTENDED SCHOOL IN THIS DISTRICT BEFORE? Yes No
 IF YES, WHICH SCHOOL: _____
 WHEN: _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION? Yes No
 IF YES, PLEASE SPECIFY _____

DOES YOUR CHILD HAVE A CURRENT IEP (INDIVIDUAL EDUCATION PLAN)?
 Yes No IF YES, PLEASE SPECIFY _____
 Special Day Class Speech/Language Resource Other

IS YOUR CHILD ENROLLED IN ANY OF THESE PROGRAMS/CLASSES?
 Yes No IF YES, PLEASE SPECIFY _____
 Reading Specialist 504 Plan English Lang. Dev. (ELD) Gifted

STUDENT RESIDES WITH: (Check One)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Non-relative
	<input type="checkbox"/> Mother only	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Relative

Joint Custody Yes No Is there a restraining order in effect? Yes No

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

FATHER/GUARDIAN (full name) that student resides with _____

MOTHER/GUARDIAN (full name) that student resides with _____

RELATIONSHIP (if other than parent) _____

RELATIONSHIP (if other than parent) _____

EMPLOYER/BUSINESS NAME	PHONE
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EMPLOYER/BUSINESS NAME	PHONE
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EMPLOYER/BUSINESS ADDRESS _____

EMPLOYER/BUSINESS ADDRESS _____

OTHER CHILDREN LIVING AT HOME

OTHER CHILDREN LIVING AT HOME

Name	Birthdate	School	Name	Birthdate	School

I UNDERSTAND THAT DUE TO ENROLLMENT CHANGES, MY CHILD MAY NOT BE ABLE TO ATTEND THE NEIGHBORHOOD SCHOOL, OR CLASS ASSIGNMENTS MAY NEED TO BE ADJUSTED. I hereby authorize Pleasanton Unified School District personnel to arrange for the doctor, dentist named on the emergency card and/or nearest hospital emergency facility to treat my child in case of emergency accident or illness in the event that I cannot be contacted to receive or give information concerning my child.

FALSIFICATION OF REGISTRATION INFORMATION JEOPARDIZES ENROLLMENT IN PLEASANTON UNIFIED SCHOOL DISTRICT

FOR SCHOOL USE ONLY

I verify all the above to be true and accurate.

RECORDS REQUEST (Date)

Signature of Parent/Guardian _____ Date _____

PLEASANTON UNIFEID SCHOOL DISTRICT
ENROLLMENT FORM

Student's Name _____

School _____

1. Enrollment:

I understand that due to enrollment changes, my child may not be able to attend the neighborhood school, and/or class assignments may need to be adjusted.

2. Immunization:

The California Health and Safety Code, division 105, part 2, chapter 1, sections 120325-120380, title 17, division 1, chapter 4, sections 6000-6075, requires that every child entering a California school be immunized against polio, diphtheria, tetanus, pertussis, measles, mumps, rubella (MMR), hepatitis B, and chicken pox vaccine (varicella) or a health care provider-documented varicella disease or proof of immunity.

- I. If student is transferring from one public school within California to another public school in California, you have 30 days to provide the proof of immunization. After 30 days with no valid immunization, you will receive a "Notice of Exclusion from School Attendance".
- II. If student is entering TK/Kindergarten, transferring from a private school, transferring from out-of state or out of county, you must present the immunization record **before** entry into a California school. All immunization must be up to date **before** the student can start school.

3. Discipline:

Please answer the following YES or NO:

- _____ Has your child ever been recommended for an expulsion?
- _____ Is your child in the process of being expelled?
- _____ Has your child been expelled?

If yes, please answer the following:

Name of school district:

School year of expulsion:

Was your child readmitted to the school district?
_____ Yes _____ No

Is either parent/guardian on active duty in the U.S. armed forces (Army, Navy, Air Force, Marine Corps or Coast Guard) or on full-time National Guard duty? _____ Yes _____ NO

I have read and fully understand the above.

Signature of Parent/Guardian Date

**FALSIFICATION OF ENROLLMENT INFORMATION JEOPARDIZES ENROLLMENT
IN THE PLEASANTON UNIFIED SCHOOL DISTRICT.**