

Student Name: _____ Date of Birth: _____



METRO CHARTER

ELEMENTARY SCHOOL STUDENT ENROLLMENT FORM

Instructions: Please print using black or blue ink. If you have any questions, please ask for assistance.

STUDENT INFORMATION

Male Female

Last First Middle Alias/Nickname

Home Address Apt/Unit City State Zip

Home Telephone Date of Birth City of Birth State Country

PARENT/LEGAL GUARDIAN #1 (WITH WHOM THE STUDENT LIVES)

Last First Middle Other Names Used

Home Phone Work Phone Cell Phone Email

Preferred language for correspondence

English Spanish Armenian Chinese Farsi Filipino Korean Russian Vietnamese Other _____

Highest level of education completed

Not a High School Graduate High School/Equivalent Some College College Graduate Post Graduate Training

Decline to State/Unknown

Does the student live with you? Yes No Relationship to student _____

HOME LANGUAGE AND ETHNICITY INFORMATION

1. Which language did this student learn when he/she first began to talk? _____

2. Which language does the student most frequently use at home? _____

3. Which language do you use most frequently to speak to this student? _____

4. Which language is most often used by the adults at home? _____

5. Has this student received any formal English language instruction (listening, speaking, reading, or writing)? Yes No

Is the student's ethnicity Hispanic/Latino? Yes No

Select the student's primary race (mark one choice)

African American American Indian Alaska Native White Asian Indian Guamanian Cambodian Chinese Filipino

Native Hawaiian Hmong Japanese Korean Tahitian Laotian Vietnamese Other Asian Other Pacific Islander

Student's Additional Race (Optional)

African American American Indian Alaska Native White Asian Indian Guamanian Cambodian Chinese Filipino

Native Hawaiian Hmong Japanese Korean Tahitian Laotian Vietnamese Other Asian Other Pacific Islander

STUDENT EDUCATIONAL INFORMATION

Special Services

For questions regarding this section refer to the "Are You Puzzled By Your Child's Special Needs" brochure.

1. Was this student receiving special education services at his/her previous school? Yes No
2. Did this student have a current Individualized Education Program (IEP) at the previous school? Yes No
If yes, do you have a copy of the student's IEP with you? Yes No
3. Did this student have a Section 504 Plan at his/her previous school? Yes No
4. Does the student have difficulties that interfere with his/her ability to go to school or to learn? Yes No
5. Has this student been identified for gifted and talented educational services (GATE)? Yes No

Previous School Information

1. Has this student previously attended this school? Yes No
2. Has this student previously attended any other school or center in the LAUSD (eg: early education center, state preschool SRLDP, Head Start or other preschool) Yes No If yes, list the most recent school/center attended below.

Name of School	City/State	Dates Attended	Grade Level(s)
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3. Please list last non-LAUSD school attended (including early education center, state preschool, SRLDP, Head Start, or other preschool).

Name of School	City/State	Dates Attended	Grade Level(s)
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4. Did you attempt to enroll the child in a different LA County school for the current or preceding year? Yes No If No, skip to next section

If yes, what was the outcome? _____

Please provide the name of the school _____

5. Is the student currently under an expulsion order? Yes No

If yes, please list the name of the school district _____

6. Date of the first US school enrollment excluding preschool (mm/dd/yy) _____

7. Date of the first California school enrollment excluding preschool (mm/dd/yy) _____

ADDITIONAL HOUSEHOLD INFORMATION

Court Orders

1. Are there any court orders you wish to notify us about regarding legal custody, physical custody, or restricted contact with the school or child?

Yes No If yes, a copy of the court order must be provided to the school.

2. Student lives with Foster Family Yes No If yes, please indicate: Relative Caregiver Non-Relative Caregiver

Name of Child's Social Worker (CSW)	Telephone Number (ext)
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3. Complete these three rows if student's address is licensed children's institution/family foster agency/group adult residential facility.

Facility Name	Facility Type	License Number	Contact Person
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Telephone Number	Alternate Number	Street Address	Apt/Unit	City	Zip Code
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Child's Social Work (CSW)	Telephone Number (ext)
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4. Does the student have any relatives who are all or part American Indian or Alaska Native? Yes No

5. Has the student's parents or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery food/processing/packing, or livestock)? If you respond Yes, you will be contacted at home regarding the Migrant Education Program and whether your child may qualify for fit's free academic assistance and health benefits. Yes No

PARENT/LEGAL GUARDIAN #2

Last First Middle Other Names Used

Home Phone Work Phone Cell Phone Email

Preferred language for correspondence
English Spanish Armenian Chinese Farsi Filipino Korean Russian Vietnamese Other _____

Highest level of education completed
High School/Equivalent Some College College Graduate Post Graduate Training Decline to State/Unknown

Does the student live with you? Yes No Relationship to student _____

ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH THE SAME PARENT(S) GUARDIANS (INCLUDING BROTHERS, SISTERS, AND COUSINS)

Last	First	Birth Date	Current School & Track	Male	Female
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

Signature Date

Printed Name

Relationship to student: Parent Legal Guardian Other (Specify) _____