

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

School Name \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Current Grade \_\_\_\_\_ Special Programs \_\_\_\_\_  
(i.e., RS, SC, GATE, ELA, 504)

**Student's Legal Name:** \_\_\_\_\_ Male:  Female:   
Please PRINT or TYPE (Legal Last Name) (Full Legal First Name) (Full Legal Middle Name)

**Student's Cell Phone #** \_\_\_\_\_ **Student's E-mail Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Birthplace:** \_\_\_\_\_  
Month Day Year City State Country

**Students Primary Residence:**  
Home Address: \_\_\_\_\_ Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Preferred Contact No:** \_\_\_\_\_

**If born outside the U.S., was parent(s) in the U.S. Military, Missionary, or Diplomatic Service?**  Yes  No

**Is the student Hispanic or Latino?**  Yes  No

**Select one or more of the following races. Use a number "1" to indicate the primary race.**

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

**Correspondence Language:** \_\_\_\_\_ **Home Primary Language** \_\_\_\_\_

**Name of Last School Attended** \_\_\_\_\_ **Date Last Attended School:** \_\_\_\_\_

**Has your child attended any school in the United States for any three years during their life time?**  Yes  No

**Please provide information on schools your student has attended for at least the past five (5) years.**

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

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

|   |   |
|---|---|
| (Circle One) Student Lives with: <b>Mother / Father / Step Parent / Guardian / Foster / Caregiver</b>   | (Circle One) Student Lives with: <b>Father / Mother / Step Parent / Guardian / Foster / Caregiver</b>   |
| Mother/Father/Guardian Full Legal Last Name _____ Legal First Name _____  | Father/Mother/Guardian Full Legal Last Name _____ Legal First Name _____  |
| <b>1</b>  | <b>1</b>  |
| Mother's / Father's Cell Phone Number Including Area Code _____   | Father's / Mother's Cell Phone Number Including Area Code _____   |
| <b>2</b>  | <b>2</b>  |
| Mother's / Father's Work Phone Number Including Area Code _____ Ext. _____  | Father's / Mother's Work Phone Number Including Area Code _____ Ext. _____  |
| <b>3</b>  | <b>3</b>  |
| Mother's / Father's Occupation _____  | Father's / Mother's Occupation _____  |
| <b>4</b>  | <b>4</b>  |
| Mother's / Father's E-Mail Address _____ PLEASE PRINT CLEARLY   | Father's / Mother's E-Mail Address _____ PLEASE PRINT CLEARLY   |
| <b>5</b>  | <b>5</b>  |
| <b>MILITARY ACTIVE DUTY INFORMATION</b><br>Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Active Duty Start Date: ____ / ____ / ____ | <b>MILITARY ACTIVE DUTY INFORMATION</b><br>Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Active Duty Start Date: ____ / ____ / ____ |

**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:**

Siblings Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Siblings School(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**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

**MILITARY ACTIVE DUTY INFORMATION:** Active Duty  Yes  No **If yes, Active Duty Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Resident Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_