

Walnut Valley Unified School District

"KIDS FIRST - Every Student, Every Day"

880 S. Lemon Avenue • Walnut, California 91789 • Tel. (909) 595-1261

Enrollment Record

Student Number _____

Office Use Only

Area _____

Res. Verification _____

Birth Verification _____

Student's LEGAL Name _____ Birth Date ____/____/____
Last First Middle

Other Names (Also Known As) _____ Male Female Grade _____

Address _____ City _____

Home Phone _____ Student's Birthplace _____

Student is living with: Both Natural Parents Father Only Mother Only

Step-Parent/Foster Parent/ Guardian – Please specify name(s): _____

Father's Full Name _____ Work # (____) ____ - ____ Cell # (____) ____ - ____

Employer _____ *Position/Job Title _____

Mother's Full Name _____ Work # (____) ____ - ____ Cell # (____) ____ - ____

Employer _____ *Position/Job Title _____

Father's E-mail _____ Mother's E-mail _____

*Parent(s) Level of Education: Some High School High School Graduate Some College College Graduate Advanced Degree

Residence – Student living in (Federally mandated by NCLB) please check appropriate area:

In a single family permanent residence (house, apartment, condo, mobile home)

Doubled-up (sharing housing with another family due to economic hardship or loss)

Hotel/Motel Unsheltered (car/campsite) Other (Specify) _____

Ethnicity: Student is not Hispanic or Latino

Student is Hispanic or Latino

Select up to five categories:

Chinese (201)

Asian Indian (205)

Other Asian (299)

Tahitian (304)

Japanese (202)

Laotian (206)

Hawaiian (301)

Other Pacific Islander (399)

Korean (203)

Cambodian (207)

Guamanian (302)

Filipino (400)

Vietnamese (204)

Hmong (208)

Samoan (303)

African American or Black (600)

American Indian or Alaskan Native (100)

(Person having origins in any of the original people of North or South America including Central America)

White (700)

(Person having origins in any of the original peoples of Europe, North Africa, or the Middle East)

*Language Spoken at home: English Other (Specify) _____

Last School Attended _____ Grade _____ Date Left _____

School District _____ City _____ State _____

Has child been in any Special Program? (Check appropriate Area)

Special Education RSP SDC Speech Gate Other (Name) _____

Is child expelled or under expulsion order Yes No

Parent/Guardian Signature _____

Date _____

*These items contain information required by the state Department of Education for group reporting purposes. Your assistance assures accuracy.

Revised 1/15/2015