

Cascade Union Elementary School District

Student Enrollment Form

School Year: _____

Enrolling At: **AMS AH ML AH CDS VV**

Student Name: _____
Last Name First Name Middle Name or Initial aka

Male / Female **Grade:** _____ **Birth Date:** ____/____/____ **Birthplace:** _____
Circle One City State Country

Lives With: ____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Other: _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email Address _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email Address _____

Mailing Address: _____
Street / PO Box City State Zip Code

Residence Address: _____
(If different from above) Street / PO Box City State Zip Code

What is your child's ethnicity? (Please check one) Hispanic or Latino Not Hispanic or Latino (Regardless, complete race section)

<p>Race: (Choose the group with which the student most closely identifies.)</p> <p><input type="radio"/> American Indian/Alaska Native (100) <input type="radio"/> Japanese (202)</p> <p><input type="radio"/> Asian Indian (205) <input type="radio"/> Korean (203)</p> <p><input type="radio"/> Black/African American (600) <input type="radio"/> Laotian (206)</p> <p><input type="radio"/> Cambodian (207) <input type="radio"/> Other Asian (299)</p> <p><input type="radio"/> Chinese (201) <input type="radio"/> Pacific Islander (399)</p> <p><input type="radio"/> Filipino/Filipino American (404) <input type="radio"/> Samoan (303)</p> <p><input type="radio"/> Guamanian (302) <input type="radio"/> Tahitian (304)</p> <p><input type="radio"/> Hawaiian (301) <input type="radio"/> Vietnamese (204)</p> <p><input type="radio"/> White (Not Hispanic) (700)</p>	<p>Primary Home Language:</p> <p><input type="radio"/> Arabic (11) <input type="radio"/> Armenian (12) <input type="radio"/> Cantonese (03)</p> <p><input type="radio"/> English (00) <input type="radio"/> Farsi (16) <input type="radio"/> Filipino (05)</p> <p><input type="radio"/> French (17) <input type="radio"/> German (18) <input type="radio"/> Hindi (22)</p> <p><input type="radio"/> Hmong (23) <input type="radio"/> Japanese (08) <input type="radio"/> Khmer (09)</p> <p><input type="radio"/> Korean (04) <input type="radio"/> Lao (10) <input type="radio"/> Mandarin (07)</p> <p><input type="radio"/> Punjabi (28) <input type="radio"/> Russian (29) <input type="radio"/> Samoan (30)</p> <p><input type="radio"/> Spanish (01) <input type="radio"/> Taiwanese (46) <input type="radio"/> Thai (32)</p> <p><input type="radio"/> Ukrainian (38) <input type="radio"/> Urdu (35) <input type="radio"/> Vietnamese (02)</p> <p><input type="radio"/> Other: _____ (99)</p>
--	---

Has your child ever been retained? Yes / No If yes, what grade? _____

Has your child ever been expelled? Yes / No If yes, what year? _____ What school? _____

Special Services: ____ RSP ____ SDC ____ Speech ____ GATE ____ Migrant Ed. ____ Indian Ed. ____ 504 Plan ____ Behavior Plan

Parent Education: (Highest level of education of first generation parent)

____ Not High School Graduate ____ High School Graduate/GED ____ Some College/AA ____ College Graduate ____ Graduate School/Post Graduate

Duplicate Mailing: ____ Father ____ Mother (If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and telephone number.)

Full Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Street / PO Box _____ City _____ Zip Code _____

Office Use Only Version 02/25/2009

Student ID#: _____ Enrollment Date: _____ BC: _____ Immunization: _____ Verified By: _____

Fax: _____ 1st: _____ 2nd: _____ 3rd: _____ Teacher: _____

EMERGENCY CONTACTS: (Other than above. Parent/guardian will be contacted first.)

_____	_____	_____	Release OK: Yes / No Circle One
<i>Full Name</i>	<i>Phone/Cell Number</i>	<i>Relationship to student</i>	
_____	_____	_____	Release OK: Yes / No Circle One
<i>Full Name</i>	<i>Phone/Cell Number</i>	<i>Relationship to student</i>	
_____	_____	_____	Release OK: Yes / No Circle One
<i>Full Name</i>	<i>Phone/Cell Number</i>	<i>Relationship to student</i>	
_____	_____	_____	Release OK: Yes / No Circle One
<i>Full Name</i>	<i>Phone/Cell Number</i>	<i>Relationship to student</i>	

COURT ORDERS: (If you have a court order please make sure the office has a copy of it on file.)

List Order(s): _____

Where is your child/family currently living? (This information is federally mandated by *No Child Left Behind*. Check all that apply.)

- In a single family permanent residence - house, apartment, condo, mobile home (13)
- In or awaiting foster care placement (14)
- With more than one family in a house or apartment (11)
- In a motel, car or campsite (12)
- With friends or other family members - other than parents, grandparents, or legal caregiver (11)
- In a group home (14)
- In a shelter or transitional housing program (10)

Home Language Survey: California Education Code requires schools to determine the language(s) spoken at home by each student. By filling out the following information, you will help us meet this important requirement. This information will only be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission.

1. Which language did your child learn when he/she **first** began to speak? _____
2. What is the **primary** language used when speaking with your child? _____
3. Which language does your child most frequently use **at home**? _____
4. Which language is most often spoken **by adults** in your home? _____
5. Does your child speak English? Yes / No / Some English
6. **Date of entry to the United States:** _____
7. **Date of first year enrolled in a U.S. school (If birthplace is other than the U.S.):** _____
8. **Date of first year enrolled in a California school:** _____

Health Conditions: ___ Asthma ___ Epilepsy ___ Diabetes ___ Heart Problems ___ Seizures ___ Bee Allergies
___ Food Allergies (If this is checked, please fill out the Medical Statement for Participants with Allergies/Chronic Diseases form.)

- Does your child take medication regularly? Yes / No If yes, what kind? _____
- Does your child have a speech problem? Yes / No Please explain: _____
- Does your child have an ear problem? Yes / No If yes, what kind? _____
- Does your child have a physical handicap? Yes / No Please explain: _____
- Does your child have an eye problem? Yes / No Please explain: _____

We will ALWAYS try to contact parents or contacts before a student will be transported for emergency medical treatment

Doctor's Name: _____ Phone Number: _____
Dentist's Name: _____ Phone Number: _____
Hospital Name: _____ Phone Number: _____
Medical Insurance Co./Group Number: _____ Phone Number: _____

___ I **DO NOT** wish medical care secured for my child because of religious/personal beliefs. Please Explain: _____

I hereby authorize the staff of Cascade Union Elementary School District to secure and sign for emergency medical care for my child at my expense, when necessary

Parent's Signature _____ Date _____

According to appropriate grade level schedules, all children will receive vision, hearing, dental, scoliosis, speech and language screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you.

