

Student Enrollment Form

East Side Union High School District

830 North Capitol Avenue • San Jose, CA 95133 • 408.347.5000 • www.esuhsd.org

ESUHS Student # _____ Date _____
 Last School Attended _____ City _____ State _____

Does the student receive Special Ed services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the latest IEP or 504 Plan.	Does the student have current siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide names: _____
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STUDENT INFORMATION - PRINT CLEARLY IN CAPITAL LETTERS

Legal Last Name	Legal First Name	Middle Name	Suffix	Nickname
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Birthdate (MM/DD/YYYY): ____/____/____		

PARENT/GUARDIAN INFORMATION – Below check all who live with this student

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster	<input type="checkbox"/> Group Home	<input type="checkbox"/> Ed Rights Holder	

Household Info (where student lives):	Primary Contact Phone: () -	<input type="checkbox"/> Receive Texts
Address	Apt. #	City
		Zip Code

1st Parent/ Guardian:	Last Name	First Name	Relationship
Address (if different from above)		City	Zip Code

Email Address (used for parent portal account): _____

Cell Phone Number () -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number () -	Home/Other Phone Number () -
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Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education Level of 1st Parent/Guardian:	<input type="checkbox"/> Not high school graduate	<input type="checkbox"/> High school graduate
<input type="checkbox"/> Some college includes A.A degree	<input type="checkbox"/> College graduate	<input type="checkbox"/> Graduate degree or higher

2nd Parent/ Guardian:	Last Name	First Name	Relationship
Address (if different from above)		City	Zip Code

Email Address (used for parent portal account): _____

Cell Phone Number () -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number () -	Home/Other Phone Number () -
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Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education Level of 2nd Parent/Guardian:	<input type="checkbox"/> Not high school graduate	<input type="checkbox"/> High school graduate
<input type="checkbox"/> Some college includes A.A degree	<input type="checkbox"/> College graduate	<input type="checkbox"/> Graduate degree or higher

RESIDENCE – Where is your child/family currently living?– check appropriate box

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> Doubled-up (Sharing housing with others due to economic hardships or loss) <input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> In a motel/hotel <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> Other (please specify below) _____	Active Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____
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Student Name: _____

ID#: _____

RACE AND ETHNICITY INFORMATION

Is this student Hispanic or Latino Ethnicity? Yes, Hispanic or Latino No, not Hispanic or Latino

Hispanic/Latino is an ethnic group describing people of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

What is this student's race? **Must check at least 1 and up to five racial categories, regardless of your selection above.**

- | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native - persons having origins in North, Central or South America | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian - from Asia | <input type="checkbox"/> White - persons having origins in Europe, Middle East or N. Africa |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Guamanian | | |

HOME LANGUAGE SURVEY – List multiple languages as appropriate

- Which language did your child learn when they first began to talk? _____
- Which language does your child most frequently speak at home? _____
- Which language do you (the parents /guardians) most frequently use when speaking with your child? _____
- Which language is most often spoken by the adults in the home? (parents, guardians, grandparents or any other adults) _____

Disclaimer: Information above will only be used if this is your student's FIRST enrollment in a California school.

5. Was your child reclassified from English Learner to Fluent English speaker? Yes No
 If yes, provide the reclassification date: Date _____ OR Month _____ Year _____ Grade _____

SCHOOL ATTENDANCE HISTORY

- What month, year and grade did your child first attend public school in USA?
 Month: _____ Year: _____ Grade: _____
- What month, year and grade did your child first attend public school in California?
 Month: _____ Year: _____ Grade: _____
- Has your child attended school in East Side before? Yes No
 Name of last East Side school attended: _____
- What grade did your child FIRST attend this **district**? Grade: 9th 10th 11th 12th
- What grade did your child FIRST attend this **school**? Grade: 9th 10th 11th 12th
- Does your child receive special education or related services through an IEP? Yes No
 Does your child receive accommodations through a 504 plan? Yes No

ATTACH THE CURRENT IEP OR 504 PLAN

I, the parent /legal guardian of this child, certify that all information given on this enrollment form is correct and true.

Signature of Parent/Guardian _____ Date _____

~FOR OFFICE USE ONLY~

Enter Code

- | | | |
|--------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New Student | <input type="checkbox"/> Magnet | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Returning Student | Intra Home School:
_____ | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Intra District Transfer | | <input type="checkbox"/> McKinney- Vento |
| <input type="checkbox"/> Administrative Intra | <input type="checkbox"/> Inter District Transfer – | <input type="checkbox"/> Foreign Enrollment (F1) |
| <input type="checkbox"/> Disciplinary Intra | District of Residence: _____ | <input type="checkbox"/> Foreign Enrollment (J1) |
| <input type="checkbox"/> Voluntary transfer | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Junior/Senior Privilege | | |

Grade

- 9th
 10th
 11th
 12th

Instructional Setting

- Regular
 Continuation
 ISP
 FLC
 Special Education
 Other

Blanks:

- ETH RC V2010.01.02