

Student Enrollment Form

East Side Union High School District

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

ESUHSD 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	Birthdate (mm/dd/yyyy)		Social Security #	
Birth Country	Birth State	Birth City		

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: () - Receive Texts

Address	Apt. #	City	Zip Code
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First/Guardian Last Name	First Name	Relationship
Address (if different from above)		Zip Code

Email Address:

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: English Spanish Vietnamese Resides with Student? Yes No

Second/Guardian Last Name	First Name	Relationship
Address (if different from above)		Zip Code

Email Address:

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: English Spanish Vietnamese Resides with Student? Yes No

PARENT EDUCATION – Check the response that describes of the most educated parent.

<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? *You must check 1 or up to five racial categories, no matter what was selected above.*

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaska Native - <i>persons having origins in North, Central or South America</i> | <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 - <i>from Asia</i> | <input type="checkbox"/> White - <i>persons having origins in Europe, Middle East or N. Africa</i> |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Guamanian | | |

HOME LANGUAGE SURVEY – List multiple languages as appropriate

1. Which language did your child learn when she/he first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults at home? _____
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

1. What month, year and grade did your child first attend public school in USA?
 Month: _____ Year: _____ Grade: _____
2. What month, year and grade did your child first attend public school in California?
 Month: _____ Year: _____ Grade: _____
3. Has your child attended school in East Side before? Yes No
 Name of last East Side school attended: _____
4. What grade did your child **FIRST** attend this **district**? Grade: 9th 10th 11th 12th
5. What grade did your child **FIRST** attend this **school**? Grade: 9th 10th 11th 12th
6. Previous Special Needs Placement? SDC RSP DIS 504
 Last IEP meeting date: _____ **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

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

Grade

- 9th
 10th
 11th
 12th

Instructional Setting

- Regular
 Continuation
 ISP
 FLC
 Special Education
 Other

Blanks:

- ETH
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