

MUROC JOINT UNIFIED SCHOOL DISTRICT
Student Enrollment Form

Office Use Only

School _____ Student Number _____ Enrollment Date ____/____/____ Enter Date ____/____/____ I/A District _____ Date Previous Records Requested _____
Proof of Residency: Housing Utility Lease Other _____ Teacher _____ Room # _____

Student Information

Student's Legal Name: _____ Grade: _____
Last First Middle

Other Names used: _____ Sex: Male Female

Street Address _____ City _____ Zip Code _____

Mailing Address if different from Home Address _____ Parent's Cell Phone # _____ () _____
Home Phone _____

Birth Date: ____/____/____ Birth City: _____ Birth State: ____ Birth Country: _____

Proof of Birth: Certificate Hosp Record U.S. Passport Other _____ Verified by: _____ (School employee)

Date First Attended School in U.S.: ____/____/____ Date First Attended a California School: ____/____/____

Last school attended: _____
School Name Date last attended

School Address _____ City _____ State _____ Zip Code _____

Other school-age children in the home:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parent/Guardian Information

Father's Name _____ Occupation or Rank _____ Work Telephone () _____
 Biological Step Foster Guardian Deceased Check if Active Duty Military

Employer: _____ Employer Address: _____ City: _____

Mother's Name _____ Occupation or Rank _____ Work Telephone () _____
 Biological Step Foster Guardian Deceased Check if Active Duty Military

Employer: _____ Employer Address: _____ City: _____

If either person listed above is a stepparent, the natural/legal parent may allow the stepparent access to this student and to his/her school records by indicating that preference here. May have access May not have access

School Use Only: Are custody papers required? Yes No. Received/Reviewed by: _____ Date: _____

Special Education or Services

Special Education or Services: Has this student ever been enrolled in any type of special education program (i.e. Resource Specialist Program, Special Day Class or any special tutoring program) or received any type of special services (i.e. Speech Therapy, Hearing or Visual Impairment or other physical impairment)

No Yes (if yes, please explain and provide school officials with copy of current IEP or 504 Plan)
 No longer receives services

Medical Information

Medical Information: Does student have any medical conditions of which the school nurse and staff should be aware?

No Yes (if yes, please explain)

Will student be taking any medications at school? No Yes (additional form required)

Name of Medication: _____ Dosage: _____

Emergency Information

Please list two nearby friends or relatives allowed to pick up your student in your absence (must be 21 years old and available during school hours):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

IN CASE OF EMERGENCY, PERMISSION IS GRANTED TO TAKE MY CHILD TO:

Name of Hospital: _____ Insurance Information: _____

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential for school to provide meaningful instruction for all students. Please answer the following questions about your student.

1. Which language did your son or daughter learn when he or she first began to talk? _____

2. What language does your son or daughter most frequently use at home? _____

3. What language do you use most frequently to speak to your son or daughter? _____

4. Name the language most often spoken by the **adults** at home. _____

Student Race/Ethnicity

Part A. Ethnicity: Please check one:

- Hispanic or Latino
 Not Hispanic or Latino

Part B. Race: Check **all race** groups with which the student identifies:

- | | |
|---|--|
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White |
| <input type="checkbox"/> Hmong | |
| <input type="checkbox"/> Other Asian | |

Parent Education Level

The California Education Code requires schools to collect this information and report it each year as part of this student's standardized achievement testing program. Please check the **one** response below that best describes the education level of the **most** educated parent or guardian in the home.

Not a high school graduate High school graduate Some college (including AA) College graduate Graduate school/postgraduate training

Expulsion

Is this student currently on an expulsion from any other school district? Yes No

Information Verification

I certify that I am this student's parent or legal guardian and have both legal and physical custody of this student and that all above information is accurate. I hereby authorize this school to request this student's records from all previous schools and to forward all school records should he/she transfer.

Signature of Parent or Legal Guardian

Date

The Muroc Joint Unified School District does not discriminate (including sexual harassment) on the basis of race, color, national origin, sex, handicap (or disability) or age in any of its policies, procedures or practices, in compliance with Title VI of the Civil Rights Act of 1964 (pertaining to race, color, and national origin), Title IX of the Education Amendments of 1972 (pertaining to sex), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1988 (pertaining to handicap) and the Age Discrimination Act of 1975 (pertaining to age).