



WINDSOR UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

PERM ID # _____ SCHOOL _____

TEACHER _____ ROOM _____

ENROLLMENT DATE _____

STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____

Sex
 Male
 Female

CURRENT GRADE _____

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Social Security Number _____ Home Phone _____

BIRTHDATE		
Month	Day	Year
BIRTHPLACE		
City	State	Country
BIRTH VERIFICATION		
Evidence		Initials

PARENT/GUARDIAN INFORMATION

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) Hispanic or Latino Not Hispanic or Latino**WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)**

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

PARENT EDUCATION: (Check one only)

- Not High School graduate (1)
 High School Graduate (2)
 Some College (3)
 College Graduate (4)
 Graduate School/Post Grad Training (5)
 Decline to State (6)

SPECIAL PROGRAMS: (Check all that apply)

- | | | | | | | | | |
|------------------------------|-------------------------------|----------------------------------|---------------------------------|-------------------------------|----------------------------------|--------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> SDC | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> Speech | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> Other | <input type="checkbox"/> Past | <input type="checkbox"/> Present |
| <input type="checkbox"/> RSP | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> GATE | <input type="checkbox"/> Past | <input type="checkbox"/> Present | | | |

STUDENT IS LIVING WITH: (check)

- | | |
|--|--|
| <input type="checkbox"/> father | <input type="checkbox"/> mother |
| <input type="checkbox"/> stepfather | <input type="checkbox"/> stepmother |
| <input type="checkbox"/> guardian (male) | <input type="checkbox"/> guardian (female) |
| <input type="checkbox"/> foster-father | <input type="checkbox"/> foster-mother |
| <input type="checkbox"/> other | |

STATUS OF PARENT(S)

- | |
|------------------------------------|
| <input type="checkbox"/> married |
| <input type="checkbox"/> separated |
| <input type="checkbox"/> divorced |
| <input type="checkbox"/> deceased |

PREVIOUS SCHOOL INFORMATION

Name of Previous School		
Address	City	State
Phone	Grade	

Have you ever been enrolled in the Windsor Unified School District? If yes, year _____ school _____

HEALTH INFORMATION:

- | | | | | |
|--|---|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee Sting Allergy _____
Date of last sting _____ | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Speech |
| | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Moderate Asthma | <input type="checkbox"/> Hearing | <input type="checkbox"/> Medication | |
| | <input type="checkbox"/> Severe Asthma | <input type="checkbox"/> Heart Problems | | |
| | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | | |

Describe reaction _____

I understand that I need to have a completed AUTHORIZATION FOR ADMINISTERING MEDICATION form on file in the office for my child to be given **any** medication.

What? _____ When? _____ Why? _____

SIBLINGS LIVING IN YOUR HOME:

Name _____ Birthdate _____	Name _____ Birthdate _____	Name _____ Birthdate _____
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LANGUAGE SURVEY:

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:

- Which language/dialect did your son/daughter learn when he/she first began to talk? _____
- What language/dialect does your son/daughter most frequently use at home? _____
- What language/dialect do you most frequently use to speak to your child? _____
- Name the language/dialect most often spoken by the adults at home? _____
- Has your child ever been given the CELDT test (California English Language Development Test)?
 Yes No I don't know

First entered US	_____
	Month/Day/Year
First entered US school	_____
	Month/Day/Year
First entered CA school	_____
	Month/Day/Year

Please send home letters/reports in: English Spanish I will need an interpreter for meetings and conferences

IMMUNIZATIONS: School Use Only Requirements Met <input type="checkbox"/> YES <input type="checkbox"/> NO	DISCIPLINE: Any previous expulsions, or ever brought up for expulsion? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> COURT ORDER (Must have copy on file)	Explain: _____
PARENT/GUARDIAN SIGNATURE _____ DATE _____	