

Please Print
or Type

WINDSOR UNIFIED SCHOOL DISTRICT

SCHOOL: MWE WCE BES CCLA WMS WHS WOA

STUDENT'S LEGAL NAME

PERM ID # _____

TEACHER _____ ROOM _____

ENROLLMENT DATE _____

Last _____ First _____ Middle _____

Sex
 Male
 Female

CURRENT GRADE

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Social Security Number _____ Home Phone _____

PARENT/GUARDIAN INFORMATION

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

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

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"/> SDG | <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)

- father
- stepfather
- guardian (male)
- foster-father
- other
- mother
- stepmother
- guardian (female)
- foster-mother

STATUS OF PARENT(S)

- married
- separated
- divorced
- 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
_____	_____	_____	_____	_____	_____

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:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently use to speak to your child? _____
4. Name the language/dialect most often spoken by the adults at home? _____
5. 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
Explain: _____	

PARENT/GUARDIAN SIGNATURE _____ DATE _____
enrollment WUSD revised 2/5/2009 S34A

COURT ORDER (Must have copy on file)