

Student Enrollment Form
East Side Union High School District

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

ESUHSD Student # _____ Date _____

Last School Attended _____ City _____ State _____

Does the student receive Special Ed services? Yes No
Does the student have a 504 Plan? Yes No
If yes, please attach the latest IEP or 504 Plan.

Does the student have current siblings attending this school?
 Yes No If yes, provide names:

STUDENT INFORMATION - PRINT IN CAPITAL LETTERS

Legal Last Name Legal First Name Middle Name Suffix Nickname

Sex: Male Female Birthdate (mm/dd/yy) Social Security # Primary Contact Phone #
____/____/____ - ____ - ____ ()

Birth Country Birth State Birth City Date of Immigration (*if outside US*) US Citizen
____/____/____ Yes No

Address Apt. # City Zip Code

First/Guardian Last Name First Name Relationship

Address City Zip Code

Email Address: _____

Cell Phone Number Receive text messages? Yes No Work Phone Number Home/Other Phone Number
() () ()

Language preference: English Spanish Vietnamese Resides with Student? Yes No

Second/Guardian Last Name First Name Relationship

Address City Zip Code

Email Address: _____

Cell Phone Number Receive text messages? Yes No Work Phone Number Home/Other Phone Number
() () ()

Language preference: English Spanish Vietnamese Resides with Student? Yes No

PARENT/GUARDIAN INFORMATION (with whom the student lives) – check all that apply

Father Mother Step-Father Step-Mother Aunt Uncle
 Grandfather Grandmother Foster Group Home Ed Rights Holder

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

Not high school graduate High school graduate
 Some college includes A.A degree College graduate Graduate degree or higher

RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB) – Please check appropriate box:

In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel
 Doubled-up (Sharing housing with other families/individuals due to economic hardships or loss) Unsheltered (car/campsite)
 In a shelter or transitional housing program Other (please specify) _____

Student Name: _____

ID#: _____

WHAT IS YOUR CHILD'S ETHNICITY?

Ethnicity (Please check one): **Hispanic or Latino** **Not Hispanic or Not Latino**

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, is Hispanic)

Race (Please check up to five racial categories): *The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- | | | |
|---|------------------------------------|---|
| <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"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |

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 CURRENT IEP

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"/> 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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