



# WINDSOR UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

PERM ID # \_\_\_\_\_ SCHOOL \_\_\_\_\_

TEACHER \_\_\_\_\_ ROOM \_\_\_\_\_

**STUDENT'S LEGAL NAME**

ENROLLMENT DATE \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex  
 Male  
 Female

CURRENT GRADE \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<b>BIRTHDATE</b>		
Month	Day	Year
<b>BIRTHPLACE</b>		
City	State	Country
<b>BIRTH VERIFICATION</b>		
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"/> 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			

Active Armed Forces Family Member:  No  Yes  
 Circle one: 101(a)(4) Armed Forces or 101(d)(1) Active Duty or 101(d)(5) Full-Time National Guard

**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 _____
----------------------------	----------------------------	----------------------------

**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 questions below with the ONE language that best applies

- 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

<b>IMMUNIZATIONS:</b> School Use Only Requirements Met <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DISCIPLINE:</b> 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 _____	