



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 _____

Parent Email _____ 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)
 SDC Past Present Speech Past Present 504 Past Present
 RSP Past Present GATE Past 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)

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

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?
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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 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

IMMUNIZATIONS: School Use Only
Requirements Met YES NO

DISCIPLINE: Any previous expulsions, or ever
brought up for expulsion? YES NO
 COURT ORDER (Must have copy on file)

Explain: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____