

OFFICE USE ONLY

Primary Language: _____

School: _____ ID: _____ Language Preferred for Home Communication: _____

Welcome Center Appointment Date/Time*: _____ Documentation Faxed to Welcome Center*: _____
(*if required)

Counselor/Interviewer's Name: _____ School Entry Date: _____ Grade Level: _____

ELD Specialist Appointment Date: _____ Immunization Approval: _____ Date: _____

Please Type or Print in Ink

GLENDALE UNIFIED SCHOOL DISTRICT (K-12) ENROLLMENT FORM 2010-2011

Has your child ever attended any Glendale Unified School? (either regular school year or summer school) () NO () YES

If yes, please provide the name of the last GUSD school attended: _____ When _____

Has your child ever attended a school in the United States (K-12)? () NO () YES If YES-please provide the first START date. ____/____/____

Has your child ever attended a school in California (K - 12)? () NO () YES If YES-please provide the first START date. ____/____/____

STUDENT'S LEGAL NAME (as it appears on a legal birth document): Student's Cell #: (____) _____

Last Name _____ First Name _____ Middle Name _____ Nickname _____

Birth Date: ____/____/____ () Male () Female Birth Place: _____
MM DD YYYY City State Country

Home Phone #: (____) _____ () Do **not** release family information

Home Address : _____
Number & Street Apt. # City Zip

ETHNIC ORIGIN OF STUDENT (please respond to both questions):

1. What is your child's ethnicity? Check **only one**: () Hispanic/Latino () Not Hispanic/Latino

2. What is your child's race? No matter what you selected in question #1, you must choose from the following to indicate **your child's race**. Check **all that apply**.

- () 100 American Indian or Alaskan Native: Northern, Southern, or Central American who also maintains tribal affiliation
- () 200 Asian: () 201 Chinese () 202 Japanese () 203 Korean () 204 Vietnamese () 205 Asian Indian () 206 Laotian () 207 Cambodian () 208 Hmong () 299 Other Asian
- () 300 Pacific Islander: () 301 Hawaiian () 302 Guamanian () 303 Samoan () 304 Tahitian () 399 Other Pacific Islander
- () 400 Filipino (from Philippine Islands)
- () 500 White (Hispanic/Latino): () Central or South American () Cuban () Mexican () Puerto Rican () Other _____
- () 600 Black or African American
- () 700 White (not Hispanic/Latino): () Armenian () European () Middle Eastern () North African () Other _____

FAMILY INFORMATION (with whom does the child live?):

STUDENT LIVES WITH:

() Father () Step-Father () Foster Father () Caregiver () Legal Guardian or Ward of the Court () Other: _____

*Last Name (*as it appears on official identification) _____ *First Name _____ *Middle Name _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Birthplace: _____ E-Mail Address: _____

STUDENT LIVES WITH:

() Mother () Step-Mother () Foster Mother () Caregiver () Legal Guardian or Ward of the Court () Other: _____

*Last Name (*as it appears on official identification) _____ *First Name _____ *Middle Name _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Birthplace: _____ E-Mail Address: _____

Do you want your child's address or phone number to be listed in the School PTA Directory? (Elementary Schools Only) () NO () YES

If Child's Parents Are Not Living Together, Please Provide the Following Information: Check one () Father () Mother () Decline

Name: _____ Phone #: (____) _____ Type: _____

Address: _____ City/State/Zip _____

- * Can the above parent excuse absences and/or checkout the child from school for appointments, etc? () NO () YES
- * Legal Documents (Restraining Order, Custody Order, etc)? () NO () YES
(If YES is marked, a copy MUST be provided to the school to have on file. If no copy is provided to the school, the person above will be entitled to access the child.)
- * If a custody agreement exists, it is the responsibility of the parents/legal guardians to provide the school with a copy of the agreement. In the absence of a legally binding agreement, the parents/legal guardians listed will be presumed to have full and equal custodial/educational rights.

Parent Education Level For: () FATHER or () MALE GUARDIAN

- Check one**
- () 10 Grad School/Post Graduate () 13 High School Graduate
 - () 11 College Graduate () 14 Not a High School Graduate
 - () 12 Some College () 15 Decline to State

Parent Education Level For: () MOTHER or () FEMALE GUARDIAN

- Check one**
- () 10 Grad School/Post Graduate () 13 High School Graduate
 - () 11 College Graduate () 14 Not a High School Graduate
 - () 12 Some College () 15 Decline to State

EMERGENCY NUMBERS (Please provide TWO additional local adults' daytime phone numbers to be called if parent/guardian cannot be reached.):

1. Name: _____ Relationship to child: _____
Home # (____) _____ Work # (____) _____ Cell/Pager # (____) _____
2. Name: _____ Relationship to child: _____
Home # (____) _____ Work # (____) _____ Cell/Pager # (____) _____

LAST SCHOOL ATTENDED: () Public () Private Do you have any school records with you now? () NO () YES
(Include Pre-school if Public)

Name of Last School: _____ Grade Level (____) Phone #: (____) _____

School Address: _____ Fax #: (____) _____
Number & Street City State Zip or Country

Other Schools Attended: _____

1. Is your child under a current **Expulsion** order from another school district (**Education Code Section 48915.1 b**)? () NO () YES
2. Has your child qualified for a Special Education Program? () NO () YES
If YES - which? () RSP () SDC () Speech only () Other: _____ Is there a current IEP? () NO () YES
3. Is your child on a 504 Plan? () NO () YES
4. Has your child qualified for the GATE Program? () NO () YES If YES, in what year was your child identified? _____

INFORMATION ABOUT OTHER CHILDREN IN THE FAMILY UNDER THE AGE OF 18:

<u>Name: (Last, First, Middle)</u>	<u>Birth Date:</u>	<u>Gender:</u>	<u>Enrolled in a Glendale Unified School:</u>
_____	_____	() M () F	() NO () YES
_____	_____	() M () F	() NO () YES
_____	_____	() M () F	() NO () YES
_____	_____	() M () F	() NO () YES

The information provided is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

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Document Verification

Address:

Birth:

Residency Exceptions:

1. () So. Cal. Edison
2. () City of Glendale
3. () Phone Company (No Cell Phone Bills)
4. () Gas Company
5. () Escrow Papers
6. () Rental Agreement
7. () Other: _____

1. () Birth Certificate # _____
2. () Hospital Certificate
3. () Affidavit
4. () Immigration Document
5. () Baptismal Certification
6. () Physician's Certification
7. () Undocumented
8. () Other: _____

1. () Involuntary Transfer
2. () Suspended/Expulsion
3. () Inter District Permit
4. () Employment Related Transfer
5. () Intra District Permit
6. () Choice Permit
7. () Capping
8. () Caregiver
9. () Parent Living With Another Party (PLWAP)
10. () Exchange Student (J-1 Visa)
11. () Homeless Shelter
12. () Homeless - Living in a Hotel/Motel

- () Home Language Survey Completed
- () Welcome Center Appointment Scheduled
- () Intake Interview
- () PACE Form