

**Piedmont Unified School District
STUDENT ENROLLMENT FORM**

-- OFFICIAL USE ONLY --
Today's Date: _____
Grade: _____

Student's LEGAL Name: *(from birth certificate)* _____

Birth Date: ___/___/_____

Gender: Male Female

Last First Middle Suffix

ETHNICITY Hispanic/Latino (A person of Spanish culture or origin, regardless of race) Not Hispanic or Latino

RACE Please check up to five racial categories. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

<input type="checkbox"/> American Indian / Alaskan Native (100) <small>(Original peoples of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<small>(Original peoples of Europe, North Africa, or the Middle East)</small>
	<input type="checkbox"/> Samoan (303)	

Nickname/goes by: _____

My child currently receives services under 504 plan IEP

OTHER CHILDREN IN THE FAMILY

Name	Relationship	Birthdate	Lives at home?	School	Grade
_____	_____	___/___/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	___/___/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	___/___/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	___/___/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Student resides with:

Parent/Guardian Last Name First Name Work Phone Cell Phone

Relationship to Student Occupation Email

Parent/Guardian Last Name First Name Work Phone Cell Phone

Relationship to Student Occupation Email

Address: _____
City Zip

Home Phone (_____) _____ **Grade:** _____

Last school attended: _____
Name of School Address / City / State / Zip Grade(s) Last Day of Attendance

HOME LANGUAGE SURVEY:

- Which language did your child learn when he/she first began to talk? _____
- Which language does your child most frequently speak at home? _____
- Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
- Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

For **Chinese**,
please designate
Cantonese
or
Mandarin

Has your child ever been given the California English Language Development Test (CELDT)? Yes No I don't know

RESIDENCE – Where is your child/family currently living? *Collection of this information is mandated by NCLB (No Child Left Behind)*

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 hardship, loss, or other reasons)
 Unsheltered (car/campsite)
 In a sheltered or transitional housing program
 Other _____

Date of Birth: ____/____/____
 Month Day Year

Birth Country: _____

Birth Verification Birth certificate Passport

Birth State: _____

Birth City: _____

If not born in the US:

First entered the US ____/____/____
 Month/Day/Year

First attended school in the US ____/____/____
 Month/Day/Year

First attended school in California ____/____/____
 Month/Day/Year

PARENT EDUCATION LEVEL – Check the response that describes the highest education level of parent/guardian(s):

Graduate school/post graduate training
 Some college (includes AA degree)
 Not a high school graduate
 College graduate
 High school graduate

FOR HIGH SCHOOL STUDENTS ONLY:

Student Cell (____) _____ **Student Email** _____

Secondary Residence: (if applicable)

Address: _____

 City State Zip

Parent/Guardian Last Name First Name Home Phone Work Phone Cell Phone
 _____ (____) _____ (____) _____ (____)

 Relationship to Student Occupation Email
 _____ (____) _____ (____) _____ (____)
 Parent/Guardian Last Name First Name Home Phone Work Phone Cell Phone

 Relationship to Student Occupation Email

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

Send duplicate mailings to Secondary Residence? Yes No

I (We) declare, under penalty of perjury, that I am (we are) the parent(s) or court-appointed legal guardian(s) of the above named student and that he/she lives with me (us) at the Piedmont address noted above.

Date: _____ **Signature of Parent/Guardian:** _____

Date: _____ **Signature of Parent/Guardian:** _____

RESIDENCY VERIFICATION: Revised 3/6/12

Grant Deed
 Rental Lease
 Property Tax Bill
 Tax return
 W-2
 Bank statement
 Date Enrolled: _____
 PG&E/EBMUD
 Major credit card
 Other _____
 Completed by: _____