

Phone: 707-887-2279

Forestville Union School District  
6321 Highway 116 Forestville, CA 95436

Fax 707-887-2185

### Student Enrollment Form

#### ► STUDENT INFORMATION

Student's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Verification: \_\_\_\_\_  Male  Female  
Birthplace—City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Student's LEGAL Name: \_\_\_\_\_  
(Last) (First—no nickname) (Middle—full name)

Physical Address: \_\_\_\_\_  
(House # and Street Name) (City) (Zip)

Mailing Address ***If Different:*** \_\_\_\_\_  
(Street # and Name or P.O. Box) (City) (Zip)

Do you have a sibling attending this school:  No  Yes...If "Yes," what is name of sibling: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence—Where is your child/family currently living?

**This information is federally mandated by No Child Left Behind—Please check appropriate box/es**

- In a single family permanent residence—house, apartment, condominium, mobile home (13)
- With more than one family in a house or apartment (11)
- With friends or other family members—other than parents, grandparents, or legal care giver (11)
- In a shelter or transitional housing program (10)
- In or awaiting foster care placement (14)
- In a motel, car or campsite (12)
- In a group home (14)
- Joint Custody

Enrollment Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_   if unlisted Cell Phone: \_\_\_\_\_

Email address #1: \_\_\_\_\_ Email address #2: \_\_\_\_\_

If country is other than US, please complete the following:

Arrival date in US: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of initial enrollment in a US school: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of initial enrollment in a California school: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Date Year Mo. Date Year Mo. Date Year

#### ► PARENT/GUARDIAN INFORMATION

##### Parent/Guardianship Information (whom the student lives with)

(check appropriate box/es)

- Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other

Is the above (checked) person(s) the student's LEGAL guardian?  Yes  No If No, please attach a Caregiver's Authorization Affidavit to this form.

Is there a custody court order regarding this student?  Yes  No If Yes, please attach a copy of the Custody Order to this form.

##### MUST COMPLETE:

1.  Father /  Step Father /  Guardian (check one): Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone (with area code): \_\_\_\_\_

2.  Mother /  Step Mother /  Guardian (check one): Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone (with area code): \_\_\_\_\_

**DUPLICATE MAILING**—If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

\_\_\_\_\_  
Full Name Mailing Address Phone Number

3. If Foster or Group Home, name of organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Case Worker: \_\_\_\_\_

**My Child should never be released to:**

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## ► PREVIOUS SCHOOL INFORMATION

Student's Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name and #* *City* *State* *Zip*

Was student attending this school on an inter-district transfer?  Yes  No

Date of withdrawal: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

Type of school (check one):  Regular Academic  Continuation  Independent Study  Home School  
 Community School  Juvenile Hall  Private  Jr. High

Is the student now enrolled / or has the student even been enrolled in **special education** classes?  Yes  No

If yes, please check the program  RSP  SDC  SED

Has the student ever been **Expelled** from school?  Yes  No If yes, when? \_\_\_\_\_ School: \_\_\_\_\_

## ► EMERGENCY CONTACT (Please list someone in our **LOCAL** area other than whom the student lives with.)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

## ► PLEASE ANSWER ALL QUESTIONS & SIGN BELOW

1. Does the student live outside our attendance area? (You may be asked to show proof of residency)  Yes  No  
If yes, do you have an inter or intra district agreement?  Yes  No

2. Is the student now on a 504 Disability Accommodation Plan?  Yes  No  
If "yes", **name of school** and **grade** that the most recent 504 review was completed?

School: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Is the student GATE identified?  Yes  No

4. Parent education level - If the child resides with both parents, indicate the parent with the highest level only. If the child resides primarily with one parent, indicate that parent's education:

Not A High School Graduate  High School Graduate  Some College

College Graduate  Graduate School / Post Graduate Training  Decline to Answer / Unknown

## ► SIGNATURE

I verify that the information on this Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my student.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_