

- OFFICIAL USE ONLY -

Immunizations: _____
 TB: _____
 Initials: _____ Date: _____

**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"/> Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) <small>(Original peoples of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <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

Has your child ever been enrolled in a California school? Yes No ... if Yes, please indicate the city: _____

Did your child attend preschool in the U.S.? Yes No ... if Yes, please indicate # of years: _____

Last First Middle Suffix

HOME LANGUAGE SURVEY:

- 1. Which language did your child learn when he/she first began to talk? _____
- 2. Which language does your child most frequently speak at home? _____
- 3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
- 4. 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

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

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

FOR KINDERGARTEN STUDENTS ONLY:

Placement Request: Morning (8:30 a.m. – 11:45 a.m.) Afternoon (11:45 a.m. – 3:10 p.m.) No preference

Information to consider: _____

FOR HIGH SCHOOL STUDENTS ONLY:

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

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: Grant Deed Property Tax Statement Rental/Lease Contract Property Owner's Business Tax License
 Tax return W-2 Bank statement PG&E/EBMUD Major credit card Other _____

Completed by: _____ **Date:** _____