

Fremont Unified School District

Enrollment Application Form For Transitional Kindergarten – Grade 12

Student ID # _____

Home School _____

PLEASE COMPLETE AND PRINT THIS FORM

Grade _____ School Year _____ Home / Cell Number _____ Date _____

Student's Legal Name _____ Male Female

Last First Middle

Student's Address _____ Apt # _____ City _____ Zip _____

Date of Birth _____ City of Birth _____ State of Birth _____ Country of Birth _____

Residence Verification: Where is your child/family currently living?

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a hotel/motel |
| <input type="checkbox"/> Doubled-up (sharing housing with other family/individuals due to economic hardship or loss) | <input type="checkbox"/> In a shelter |
| <input type="checkbox"/> Other (please specify) _____ | |

Child's Last School Attended:

Name _____

City _____ Grade _____ Last day of School _____

Phone # _____ Fax _____

Siblings in Fremont Schools:

Name _____	Schools _____	Grade _____
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Does your Child have a Medical Condition? Yes No

If YES, Please Specify _____

Do you need any assistance or resources for Health Care coverage? Yes No

Parents/Guardians Information:

NAME: Last, First	Date of Birth	E-mail address	Home Phone#	Cell Phone#
Father/Guardian _____	_____	_____	_____	_____
Mother/Guardian _____	_____	_____	_____	_____
Emergency Contact (Other than parent) _____	_____		Phone _____	_____
Relationship to student _____				

Student Resides with (Please check one)

- Both Parents Father only Mother only Legal Guardian
 Father/Stepmother Mother/Stepfather Foster Parent Caregiver
 Joint Custody Yes No
 Is there a restraining order in effect? Yes No

Parent Education Level:

	Father	Mother
Graduate School (10)	<input type="checkbox"/>	<input type="checkbox"/>
College Graduate (11)	<input type="checkbox"/>	<input type="checkbox"/>
Some college/AA degree (12)	<input type="checkbox"/>	<input type="checkbox"/>
High School graduate (13)	<input type="checkbox"/>	<input type="checkbox"/>
Not a High School graduate (14)	<input type="checkbox"/>	<input type="checkbox"/>

ETHNICITY: Is the student Hispanic or Latino? YES NO

RACE:

Please check one or more boxes to indicate what you consider your race to be.

1. American Indian or Alaskan Native
 2. Asian-Chinese 01 Japanese 02 Korean 03 Vietnamese 04
 Asian-Indian 05 Laotian 06 Cambodian 07 Other Asian 08
 3. Pacific Islander Hawaiian 01 Guamanian 02 Samoan 03
 Tahitian 04 Other Pacific Islander 99
 4. Filipino American
 5. Black or African American
 6. White

School/District Mobility:

- Has your child ever attended or registered at an FUSD school before? Yes No
 When did student first attend FUSD school? _____ Grade _____
 If student withdrew from U.S. schools, what is the most recent date of re-entry to U.S. schools (K-12) _____
 Has your child ever been retained? Yes No, If yes, what grade? _____
 Has your child ever been given the CELDT Test? (California English Language Development Test) Yes No
 Is your child currently receiving any services? None Special Education (IEP) 504 Plan Gifted/GATE Other (Specify) _____
 Are you currently enrolled in the Migrant Education Program?
 Yes No

Per California Education Code 49079

Is your child currently expelled or pending expulsion from any school? Yes No If Yes, name of school and district _____

Has your child ever been suspended from any school? Yes No If Yes, name of school and district _____

Parent/Guardian Signature _____

Date _____

Application Verified by : _____

Date & Time : _____

For School use only	Proof Of Birth	Proof of Residence	Immunizations	Health Requirements TK/Kinder/First	Entry Reason
	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> DR <input type="checkbox"/> MKV	<input type="checkbox"/> Yellow Card <input type="checkbox"/> Dr.Report <input type="checkbox"/> County Record <input type="checkbox"/> Other	<input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Waiver	<input type="checkbox"/> New <input type="checkbox"/> OV <input type="checkbox"/> Return



**Fremont Unified School District
Student Support Services
HOME LANGUAGE SURVEY
ENCUESTA DE LENGUAJE DEL HOGAR**

School Year _____

Today's Date/Fecha de hoy _____

FUSD Student Number _____

**PLEASE COMPLETE FORM AND WRITE FIRMLY IN PEN
COMPLETE EL FORMULARIO CON PLUMA USANDO PRESIÓN**

Last Name of Student
Apellido del Alumno

First Name of Student
Nombre del Alumno

M F
Gender/Género

_____/_____/_____
Date of Birth/Fecha de nacimiento
Month/Day/Year/mes/día/año

Cell or Work Phone/Teléfono del trabajo o celular

Home Phone/Teléfono del hogar

Student's Country of Birth/País natal del estudiante

New School in Fremont/
Escuela nueva en Fremont

Start Grade at the New School in Fremont/
Primer grado en la escuela nueva en Fremont

_____/_____/_____
First Day at the New School in Fremont/
Primer día en la escuela nueva en Fremont

Previous School/ Escuela Anterior	City, State, Country/Ciudad, Estado, País	Grade(s) Completed/Grado(s) que terminó	When/Cuándo		
Has the student ever attended K-12 school in USA? _____ ¿Ha asistido el estudiante alguna vez a una escuela (K-12) en E.E.U.U.?	Names of CA public schools attended Nombre de las escuelas públicas en CA que asistió	City Ciudad	School Year Año Escolar	Grade Grado	
_____ When (start date)?/¿Cuándo (fecha que entró)?	_____	_____	_____	_____	_____
Has the student ever attended K-12 public school in CA? _____ ¿Ha asistido el estudiante alguna vez a una escuela pública (K-12) en CA?	_____	_____	_____	_____	_____

- The California Education Code 306a 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 all of the following questions. Thank you for your help.
 - El Código de Educación de California requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes. Le pedimos su cooperación en ayudarnos a cumplir con este requisito importante. Por favor conteste a todas las siguientes preguntas. Gracias por su ayuda.

1. What language did your son/daughter learn when he/she first began to talk?
 ¿Cuál idioma aprendió primero cuando su hijo/a empezó a hablar? _____
2. What language does your son/daughter most frequently use at home?
 ¿Cuál idioma usa su hijo/a mas frecuente cuando conversa en la casa? _____
3. What language do you use most frequently to speak with your son/daughter?
 ¿Cuál idioma usa Ud. con más frecuencia cuando habla con su hijo/a? _____
4. What is the language most often spoken by the adults at home?
 ¿Cuál idioma hablan los adultos con más frecuencia en la casa? _____

NOTE: When you indicate a language other than English, we are legally required to test your child's English language proficiency (California Education Code 306a). You will be notified of the results of that test.
 AVISO: Cuando se indique un idioma además del inglés, la ley requiere que evaluemos la habilidad en inglés de su hijo/a. Se le informará a Ud. de los resultados de la evaluación.

California State Department of Education (OPER-LS 77R-6/78)

Signature of Parent / Guardian
Firma de los padres / Guardianes

(English/Spanish)

Fremont Unified School District

HOMEOWNER'S STATEMENT OF RESIDENCY

I am aware that California Education Code and District Governing Board Policy on attendance area require a student to be enrolled in, and attend, the school that is within the district where the parent/s reside/s as well as the attendance area in which the student's parent/s reside/s when space is available.

I, (Name of Parent/Guardian), certify that my student, (Name of Student), resides with me (sleeps a minimum of five (5) school nights a week per Board Policy 5111.1) on (Today's Date) at this address (Property Address) which lies within the boundaries of the Fremont Unified School District.

Further, I understand it is considered falsification if I move from the above address and fail to notify the District within five days. Should this statement be found to be false, I am liable for the expense of educating my student at an approximate cost of \$6,000 per school year, my student will be dropped from enrollment and be required to transfer to his/her resident school. It is my responsibility to notify the school registrar/secretary within five school days should I or my student move from this address.

In accord with State Compliance, I have attached two items listed below as required documentation of residency for enrollment for the 2014/2015 school year. (*Current documents within 30 days)

- Current property tax statement, current mortgage statement or final close of escrow statement And
➤ Utility start of service contract/confirmation of service, statement, or payment receipt*
➤ Pay stub*
➤ Correspondence from a government agency*
➤ Voter registration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student named above lives in my home and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.

Date Parent/Guardian Signature
Street Address (include number, street name, state, zip) Home Phone Business Phone

For school use only:
Proof of residence verified on Today's Date by District Administrator or Designee

ENROLLMENT STATUS

- At the present time, we are able to accommodate your student at his/her school of residence in his/her attendance area. We do not anticipate any change in your student's school. However, you will be notified if we need to transfer your student.
At the present time, we are tentatively able to accommodate your student at his/her school of residence in his/her attendance area. We may be able to provide space for your student in the fall because we have overloaded students at another school who are not returning at this time in the school year. These students have attendance seniority rights over your student in the fall. We will notify you of any change in your student's placement status as soon as fall enrollment is confirmed.
At the present time, your school of residence in your attendance area is filled. Your student will be placed in a school, which can accommodate him/her. Depending on the distance to the school your student is assigned to, transportation MAY be available. Students are returned to the resident school in their attendance area, as openings become available by grade level and date of registration. Your registration date is stated on this form. Should you choose not to return your student to his/her resident school in his/her attendance area this year, his/her place on the seniority list will be held until the first day of school next year. However, other students who may subsequently have accepted the opening will not be removed to accommodate your student next year. Failure to return on the first day will result in the loss of seniority status at the school of residence in your attendance area. All students are expected to return to their home school of residence in the fall, if space is available.

PLEASE SIGN BELOW TO INDICATE THAT YOU FULLY UNDERSTAND YOUR STUDENT'S ENROLLMENT STATUS AND THIS PROCEDURE REGARDING ENROLLMENT.

Date: Signature of Parent/Guardian:

Fremont Unified School District
RENTER'S STATEMENT OF RESIDENCY

I am aware that California Education Code and District Governing Board Policy on attendance area require a student to be enrolled in, and attend, the school that is within the district where the parent/s reside/s, as well as the attendance area in which the student's parent/s reside/s when space is available.

I, _____, certify that my student, _____, resides with me
(Name of Parent/Guardian) *(Name of Student)*
(sleeps a minimum of five (5) school nights a week per Board Policy 5111.1) on _____ at this address
(Today's Date)
_____ which lies within the boundaries of the Fremont Unified School District.
(Property Address)

Further, I understand it is considered falsification if I move from the above address and fail to notify the District within five days. Should this statement be found to be false, I am liable for the expense of educating my student at an approximate cost of \$6,000 per school year, and my student will be dropped from enrollment and be required to transfer to his/her resident school. It is my responsibility to notify the school registrar/secretary **within five school days** should I or my student move from this address.

In accord with State Compliance, I have attached two items listed below as required documentation of residency for enrollment for the 2014/2015 school year. (*Current documents within 30 days)

- Current rental property contract, lease, or payment receipt **AND**
- Utility start of service contract/confirmation of service, statement, or payment receipt*
- Pay stub*
- Correspondence from a government agency*
- Voter registration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student named above lives in the rented residence, and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.

Date

Parent/Guardian Signature

Street Address (include number, street name, state, zip)

Home Phone / *Cell Phone*

Owner/Landlord

I, _____, Owner/Landlord of the described property above, certify that the parent and student, as stated, are residing (sleeping a minimum of five school nights a week) at the property address below _____ which lies within the boundaries of the Fremont Unified School District.

- Rent does / does not include PG&E. Rent does / does not include water.

I am aware of the Education Code and District Policy on attendance and understand that the District is requesting that I notify the school of attendance at _____ immediately should the parent and student move from this address.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student and his/her family named above live in my home and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.

_____ _____ _____
Date Signature of Property Owner/Landlord Phone No.

For school use only:

Address and proof of residence verified on _____ by _____.
Today's Date District Administrator or Designee

ENROLLMENT STATUS

- At the present time, we are able to accommodate your child at his/her school of residence in his/her attendance area. We do not anticipate any change in your child's school. However, you will be notified if we need to transfer your child.
- At the present time, we are tentatively able to accommodate your child at his/her school of residence in his/her attendance area. We may be able to provide space for your child in the fall because we have overloaded students at another school who are not returning at this time in the school year. These students have attendance seniority rights over your child in the fall. We will notify you of any change in your child's placement status as soon as fall enrollment is confirmed.
- At the present time, your school of residence in your attendance area is filled. Your child will be placed in a school, which can accommodate him/her. Depending on the distance to the school your child is assigned to, transportation MAY be available. Students are returned to the resident school in their attendance area, as openings become available by grade level and date of registration. Your registration date is stated on this form. Should you choose not to return your child to his/her resident school in his/her attendance area this year, his/her place on the seniority list will be held until the first day of school next year. However, other students who may subsequently have accepted the opening will not be removed to accommodate your student next year. Failure to return on the first day will result in the loss of seniority status at the school of residence in your attendance area. All students are expected to return to their home school of residence in their attendance area in the fall, if space is available.

PLEASE SIGN BELOW TO INDICATE THAT YOU FULLY UNDERSTAND YOUR CHILD'S ENROLLMENT STATUS AND THIS PROCEDURE REGARDING ENROLLMENT.

Date: _____ Parent/Guardian Signature: _____

Fremont Unified School District
HEALTH HISTORY EXAM

Student's Name (Last, First) School
Date of Birth Age Grade Sex Male Female
Special Education No Yes (ED / LH / RSP / SDC / SLD) 504 Plan No Yes

Section A - Current Health Status To be completed by the parent/guardian:

- Allergies Asthma Convulsive Disorder/Seizures
Diabetes Headaches/Migraines Heart Condition
Vision (wears glasses/contacts) Hearing Difficulties/Infections Speech Difficulties (lisp, stutter)
Weight Problems Special or Poor Eating Habits Diet or Nutritional Problems
Frequent Colds or Sore Throats Pains in Extremities or Joints Physical Handicap (please describe below)

Further explanation of any items listed above:

Is the student currently under a physician's care: No Yes For what condition/s?

Medication - Please list the name and dosage of all medications your student is taking:

Surgeries or accidents: (i.e. eye/ear surgery, fractures, head injuries, etc.)

AUTHORIZATION OF PARENT/GUARDIAN: I hereby authorize permission for Fremont Unified School District staff to communicate with my student's health care provider and understand that health information may be shared with staff as needed. Signature of Parent/Guardian Date

Physician's Name: Phone Number

Section B - Physical Examination To be completed by the student's physician:

Significant findings - Please consider dental conditions, EENT, heart, lungs, abdomen, neurological reflexes, behavior and emotional adjustments:

Significant diagnostic evaluations, observations, recommendations (Special Education services are available to students with handicapping conditions or special needs):

Recommendations for physical activity care: Unrestricted Restricted Athletic Participation

Medication - Name and dosage:

Section C - Immunization History Attach a copy of the California School Immunization Record or immunizations from other sources:

TB Test Results Date Chest X-Ray Date

Hearing: Right Left Vision: Right Left

TDAP Booster - Mandatory for 7th grade and above Date Given Blood Pressure

Hematocrit or Hemoglobin

Urinalysis

Medical Care: Is this child currently under your care? No Yes

For how long?

Other medical specialists involved:

In my opinion, it would be beneficial to discuss this further and request the school nurse to contact me. No Yes Initials

HEALTHCARE PROVIDER'S STAMP
Physician's Signature Date