

Student Name: _____ Grade: _____ Date of Birth: ____/____/____

DIXON UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

INSTRUCTIONS: Please complete the information on both sides of this form. Please print clearly.

1. Student Information

Legal Name: Last		First		Middle		Nickname	
Home Address: Number	Street			Apt./Unit	City		Zip Code
Mailing Address: Number	Street			Apt./Unit	City		Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth: City	State/Province	Country			

2. Primary Parent/Legal Guardian Information *With Whom the Student Lives*

Legal Name: Last		First		Middle	
Home Telephone Number <i>(Used For Notification)</i>		Cell Number		Work Telephone Number	
Email			Employer		
Please Select Preferred Home Correspondence Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish					
Highest Education Level Completed: <input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Decline to State					
Parent/Guardianship Relationship – check all that apply					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____					
Is there a legal agreement regarding this student? Please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian					
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what kind _____					
Residence - Where is your child/family currently living? – Please check one:					
<input type="checkbox"/> Permanent Residence (Your name/spouse's name is on lease or mortgage agreement.)					
<input type="checkbox"/> Doubled-up (Friend/relative's name is on the lease or mortgage agreement but you reside at the address.)					
<input type="checkbox"/> Temporary Shelter			<input type="checkbox"/> Foster Family Home or Kinship Placement		
<input type="checkbox"/> Hotel/Motel			<input type="checkbox"/> Licensed Children's Institution		
<input type="checkbox"/> Temporarily Unsheltered (car/campsite)			<input type="checkbox"/> Migrant Center		
<input type="checkbox"/> Other (please specify) _____					

3. Additional Parent/Legal Guardian Information

Legal Name: Last		First		Middle		
Home Address: Number	Street			Apt./Unit	City	Zip Code
Home Telephone Number		Cell Number		Work Telephone Number		
Email			Employer			
Highest Education Level Completed: <input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Decline to State						
Parent/Guardianship Relationship – check all that apply						
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____						
Does the Student Live with This Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						

4. Other Children Living at Home

Name	Relationship	Birthdate	School They Attend

PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM

Student Name: _____ Grade: _____ Date of Birth: ____/____/____

5. Active Military Survey

Is either parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which branch:	<input type="checkbox"/> Army	<input type="checkbox"/> Navy
	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps
	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> National Guard

6. Home Language Survey (Only complete if first time in a California school)

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. **Please do not leave any question unanswered, and choose only 1 language.**

- 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, other adults) _____
- How many years has your child been in public education in the United States? _____

Note: If a language other than English is indicated in questions 1, 2, or 3, your child must be tested for English proficiency (California Education Code, Section 62001.) You will be notified of the results of the test.

Date of Entry to California School:	Last School Enrolled Name/City: _____/_____
Date of Entry to United States School:	Has your child ever attended a Dixon USD School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level(s)? _____

7. Ethnicity Information

A. Do you consider your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regardless of your response to section "A", please continue with section "B".		
B. Which of the following groups identifies with your child? (select one or more)			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Korean	<input type="checkbox"/> Tahitian
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	

8. Student Educational Information

Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when/why _____
Has your child ever qualified for or received Special Education services or had a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of Information

The information on this form is true and accurate as of this date.
I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment of assignment to a school in the Dixon Unified School District.

Legal Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Student _____

Official Use Only		Verified By:
Student Number:	Birthdate Verified By: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	Immunization Verified: _____
School:	Parent/Guardian ID Verified: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport	
Submitted Date:	Residence Verified By: <input type="checkbox"/> Phone Bill <input type="checkbox"/> Rental Agr. <input type="checkbox"/> PG&E Bill <input type="checkbox"/> Other _____	