

School _____

Student # _____

HAYWARD UNIFIED SCHOOL DISTRICT

K-12 ENROLLMENT FORM 2009-2010

1. Last name (LEGAL NAME ONLY) _____ First _____ Middle _____ Suffix (Jr, II, III) _____ 2. Gender M F

3. Nickname _____ 4. Other names(s) previously (AKA) _____ 5. Birth date: ____/____/____ Current age: ____ Grade ____ 6. Student Social Security # _____

7. What is your child's ethnicity? (please check one)

Hispanic or Latino Not Hispanic or Latino

8. What is your child's race? (Check up to five racial categories)

Question #7 is about ethnicity, not race. No matter what you selected on #7, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaska Laotian Chinese Japanese
- Black African American White Korean Vietnamese Asian
- Indian Hmong Cambodian Other Asian Hawaiian Guamanian
- Other Pacific Islander Filipino Samoan Tahitian
- Other _____

9. Home Phone () _____ 10. Household Address _____ City, State _____ ZIP Code _____

11. PARENT/GUARDIAN

12. OTHER PARENT/GUARDIAN

Contact Full Name _____
 Relationship to student _____
 Lives with Student? Yes / No *If no, provide address here:* _____
(circle one)
 Home phone _____
 Work phone/Cell phone _____ / _____
 Preferred contact language _____

Yes / No *If no, provide address here:* _____

 _____ / _____

Education level Not a high school grad High School grad Some college
(check one) College grad Graduate/Post grad Decline to state

Not a high school grad High School grad Some college
 College grad Graduate/Post grad Decline to state

13. Student City & State of birth: _____ 14. Student Country of birth: _____ 15. If born outside USA, date entered USA
 Date: ____/____/____

16. Date first attended school in California Date: ____/____/____ 17. Date first attended school in the U.S Date: ____/____/____

18. Student Language & Dialect:

- a) What language did your child learn when he/she *first* began to talk? _____
- b) What language does your child most *frequently use* at home? _____
- c) What language do you most *frequently speak* to your child? _____
- d) What language is most often spoken by the *adults* at home? _____

19. Student Residence – where is your child/family living? (Federally mandated by NCLB) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel Unsheltered (car/campsite) Other _____
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) In a shelter or transitional housing program

20. Previous School Attended _____ District _____ City _____ State _____ Country _____

- Yes No Has student ever attended a **Hayward Unified School District School**? If yes, school/ grade last attended _____
- Yes No Are there psychological/confidential reports available from child's former school?
- Yes No Has your child received any special services? Check all that apply: Special Education Title I 504 Speech RSP
 English Language Development Gifted & Talented Education (GATE) Other (Specify) _____
- Yes No Has student ever been expelled? If yes, when and which school district? _____
- Yes No Are there any legal restrictions that affect your child (i.e. custody orders/ restraining orders) Specify _____

21. Student's General Health CHECK HERE if there are no known health problems

Student has the following condition(s): Severe Asthma Hearing Problem Diabetes Heart Problem Hyperactive (ADHD) Seizures Blood Disorder
 Other: _____ Severe allergic reaction to: _____

My information on this form is true and correct. My signature affirms that the child resides with me at the above address

Signature of Parent/Legal Guardian _____

(Relationship) _____ Date _____