

Castro Valley Unified School District

4400 Alma Avenue, Castro Valley, CA 94546 (510)537-3000

Enrollment Information

SCHOOL _____ (please fill this in) Enter Date _____ Grade _____

Student Information

Student's Legal Name (Last) _____ (First) _____ (MI) _____

Address _____ City _____ Zip Code _____

Mailing Address (if different) _____ City _____ Zip Code _____

Home Phone (____) _____ Gender M F Birth Date _____

Date student first enrolled in a U.S. school _____

Birth Place: City _____ State _____ Country _____ If not U.S., U.S. Entry Date _____

Previous Enrollment Information

Has student ever been enrolled in a Castro Valley school before? Yes No What year and/or grade _____

Last School Attended _____

City _____ State _____ Date Entered _____ Date Left _____ Grade _____

Has student ever been accelerated (advanced a grade earlier than expected)? Yes No Grade Level(s) _____

Has student ever been retained? Yes No Grade Level(s) _____

Has student been suspended from school in the last three years for any reason (EC 49079)? Yes No Reason _____

Has student been expelled from any previous school district? Yes No Is expulsion pending? Yes No

If yes, reason _____

If yes, from which school? _____ Is student currently on Juvenile Probation? Yes No

Transitional Living

There are times when families find themselves in a transitional living situation due to loss of housing. Transitional living includes families living in temporary shelters, motel/hotels, campgrounds, abandoned buildings, cars, or other temporary housing.
If applicable, please check box and fill out an affidavit.

Racial and Ethnic Identification of Child*

Is this student Hispanic or Latino? (Select only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

	Primary Race <i>(only mark one)</i>	Other Races <i>(mark all that apply)</i>
Native American/Alaskan	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>
Guamanian	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>
Tahitian	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>

Home Language Survey

The California Education Code requires schools to determine the language spoken at home by each student. This information is essential in order for school to provide meaningful instruction for all students.

CHINESE - designate either Mandarin or Cantonese

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:

*Language first spoken by child _____

*Language most spoken *by* child at home _____

*Language most spoken *to* child at home _____

Language most spoken by adults at home _____

*If response includes a language other than English, the student will be administered the California English Language Development Test (CELDT).

Birth Place: Country _____

If not U.S., U.S. Entry Date _____

*State requirement (aligned with U.S. Census)

Enrollment Form

Student Name _____ DOB _____ Grade _____ Pg. 2 of 3

Program enrollment information (not for SASI)

Is your child currently in a Special Education Program? No Yes Program name: _____

Is or has your student been in any other special programs? No Yes Is there an I.E.P.? No Yes

If yes, check box: 504 ESL Gate

Parent Information *(those living with student)*

check one Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First Name _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email _____ Employer _____

check one Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First Name _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email _____ Employer _____

Please indicate the highest level of education in the household - Check One

Not a high school graduate *(includes GED)* High school graduate Some college *(includes AA and vocational school)*

College graduate *(four year degree)* Graduate school *(MA, PhD, etc.)* Declines to state

Other Children Living in the Home

Name _____ Birth Date _____ Name _____ Birth Date _____

Name _____ Birth Date _____ Name _____ Birth Date _____

Other Family Information

Is there a birth parent not residing in the home? If yes, please complete below. Deceased Parent? Yes No

Last Name _____ First Name _____ Home Phone (____) _____

Address _____ City _____ State ____ Zip Code _____

- * Is there a court order regarding custody of this child? No Yes
- * Is there a restraining order regarding a birth parent or other party? No Yes
- * If yes to either question, you must provide the school with a copy of the most current court order.
- * If no court order is provided, information will be released to this parent upon request.

Court orders must be submitted to the school at the beginning of each school year.

List names of all people authorized to pick up child **other than** parent/guardian. Must be 18 years of age or older.

Name	Contact Phone	Relationship
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

Medical Information

Medical Conditions (check all that apply)

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Epi-pen | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergies (<i>specify below</i>) | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hearing Aide/Tubes | <input type="checkbox"/> Menstrual Problem | <input type="checkbox"/> Skin Problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Stomach Problem |
| <input type="checkbox"/> Asthma Inhaler | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hernia | <input type="checkbox"/> Musculo-Skeletal | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Food Restrictions (Medical/non Medical) _____ | | | <input type="checkbox"/> Other _____ | |

Medication(s)

If your child receives daily medication, please list the name of the medication, dose, and time it is given. Medication **cannot** be dispensed at school without a formal request signed by a doctor and parent. Medication forms are available in the school office or can be downloaded at our district website www.cv.k12.ca.us

Name of Medication	Dosage (<i>how much?</i>)	Times Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Castro Valley Unified School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor.

I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

Preferred Doctor _____ Phone No. (____) _____ Preferred Hospital _____

Medical Insurance _____ Membership I.D. # _____

- In the event of an accident or emergency, I give permission for school staff or emergency contact to obtain necessary medical care for my child.
- I do not consent to medical care for my child. I release the school/district from liability. Please initial _____

California Education Code 49408 indicates that for the protection of a pupil's health and welfare, the governing board of a school district may require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance, emergency information including the home address and telephone number, business address and telephone number of the parents or guardian, and the name, address, and telephone number of a relative or friend who is authorized to care for the pupil in any emergency situation if the parent or legal guardian cannot be reached. The California Education Code makes it mandatory that every student be provided with physical education. If, at any time, your child is ill or has a condition which you feel requires being excused from activity for more than three (3) school days, an explanatory note is required from your child's advisor.

Medical/Health Information: Parent/Guardian Signature

Falsification of registration information jeopardizes enrollment in the Castro Valley Unified School District

Parent/Guardian Signature _____ Print Name _____ Date _____

Office use only

- Proof of Residency Complete: Yes No
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization | <input type="checkbox"/> Physical | <input type="checkbox"/> Dental Assessment |
| <input type="checkbox"/> In District | <input type="checkbox"/> Approved Intra | <input type="checkbox"/> Approved Inter | <input type="checkbox"/> Diversion <input type="checkbox"/> Caregiver Affidavit |
| <input type="checkbox"/> Foster Placement | <input type="checkbox"/> Living with Resident | <input type="checkbox"/> Court Appointed Legal Guardianship | |

Staff Signature _____ Date _____