

**Office Use Only:**

Birth Evidence Type \_\_\_\_\_  
 Oral Form \_\_\_\_\_  
 CHDP \_\_\_\_\_  
 Immunizations \_\_\_\_\_  
 Proof Of Residency \_\_\_\_\_  
 Court Orders \_\_\_\_\_  
 Caregiver's Affidavit \_\_\_\_\_  
 Ed. Rep. Form \_\_\_\_\_  
 Date Record Received \_\_\_\_\_

**Summerville Elementary School**  
 18451 Carter Street  
 Tuolumne, CA 95379  
 (209) 928-4291 (209)928-1602

**ENROLLMENT FORM**

(TO BE COMPLETED BY THE  
 PARENT OR LEGAL GUARDIAN)

**Office Use Only:**

Current Grade: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Student I.D. # \_\_\_\_\_  
 CSIS # \_\_\_\_\_  
 Date of Enrollment \_\_\_\_\_  
 Bus: Yes \_\_\_ No \_\_\_  
 Bus Stop: \_\_\_\_\_  
 Date Record Requested \_\_\_\_\_  
 Lunch # \_\_\_\_\_

Student's **LEGAL** Name: \_\_\_\_\_ **GOES BY:** \_\_\_\_\_  
 (FROM BIRTH CERTIFICATE) Last Name First Name Middle Name Last Name First Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Birthplace: \_\_\_\_\_ Female ☐ Male ☐  
 Mo. Day Year City/State/Country

If **NOT BORN** in the U.S. What month/year did your child enter U.S.? \_\_\_\_/\_\_\_\_  
 What month and year did your child first enroll in a U.S. school? \_\_\_\_/\_\_\_\_ (Mo. / Yr.) In a *California* school? \_\_\_\_/\_\_\_\_ (Mo. / Yr.)

Mother's/Guardian's	First Name	Last Name	Home Phone	Cell Phone	Employer	Work Phone
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Father's/Guardian's	First Name	Last Name	Home Phone	Cell Phone	Employer	Work Phone
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Residence Address	City	State	Zip
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Mailing Address (IF DIFFERENT)	City	State	Zip
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Student Lives with \_\_\_\_\_ **ARE THERE ANY LEGAL RESTRAINING/CUSTODY RULINGS THE DISTRICT SHOULD BE AWARE OF?** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_  
 Mo. / Yr. Name of School City / State Phone Number

**Length of time at previous school** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**What special services has your child received this year? (Please check all boxes that apply)**

**Special Education:** ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech / Language ☐ 504 Accommodation Plan  
**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development  
☐ Medical Health Plan ☐ Community Day School ☐ Community School

Has the student been expelled or is the student in the process of being expelled from any school? Yes ☐ No ☐

If yes: Name of school: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

**ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:**

- ☐ Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
☐ Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories). 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.**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br>(Person having origins in any of the original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203)       | <input type="checkbox"/> Hawaiian (301)               | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)  |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303)                 | (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|   | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Tahitian (304)               |   |
|   | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Other Pacific Islander (399) |   |
|   | <input type="checkbox"/> Hmong (208)        |   |   |
|   | <input type="checkbox"/> Other Asian (299)  |   |   |

### HOME LANGUAGE SURVEY

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home: \_\_\_\_\_
5. Has your child ever been given the CELDT Test (California English Language Development Test)? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Maybe

**PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):**

- ☐ Not a high school graduate (14)      ☐ Some college (includes AA degree) (12)      ☐ Graduate school/post graduate training (10)  
☐ High school graduate (13)      ☐ College graduate (11)

**RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) (200)      ☐ In a Motel/Hotel (110)  
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) (120)      ☐ Unsheltered (Car/Campsite) (130)  
☐ In a sheltered or transitional housing program (100)      ☐ Foster Family or Kinship Placement (210)  
☐ My parent or guardian is a member of the Armed Forces on active duty or full time National Guard. (192)  
(Army, Navy, Air Force, Marine Corps or Coast Guard)      ☐ Other \_\_\_\_\_

Do you live or work on Federal Land (National Forest, Rancheria, etc.)? \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY:**

First and Last Name	Relationship	Birthdate	Lives at Home	Grade	School Attending
_____	_____	_____	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 <input type="checkbox"/>	_____	_____

**OTHER ADULTS IN THE HOME:**

_____	_____	_____	_____
Name	Relationship	Name	Relationship

**MEDIA PERMISSION**

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes ☐ No ☐

**EMERGENCY MEDICAL AUTHORIZATION**

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

*I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.*

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

\_\_\_\_ I am not the student's parent or legal guardian (Please complete an Educational Representative form and a Caregiver's Affidavit)

Revised:  
5/8/18