

# WEST SONOMA COUNTY HS DISTRICT STUDENT ENROLLMENT

GRADE

ANALY     EL MOLINO     LAGUNA

▶ Has your student ever attended school in this district before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
▶ If you do not live in the school's attendance area have you submitted an Intra/Interdistrict Transfer Form? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PLEASE PRINT – STUDENT'S LEGAL NAME (name on birth certificate)				
Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)	
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutral	Birthdate		MAIN PHONE #(    ) _____	
	Month	Day	Year	
Parent/Guardian First Name	Last Name	(    )	(    )	
		Cell Phone	Work Phone	
		(    )	(    )	
Parent/Guardian First Name	Last Name	(    )	(    )	
		Cell Phone	Work Phone	
Mailing Address				
		Apt	City	State    Zip w/extension
Residence Address (IF DIFFERENT)				
		Apt	City	State    Zip w/extension
(P.O Box or house # & street name)				

Student Last Name:

**WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):**     Hispanic or Latino     Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE? (Please check)**  
*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) (Persons having origins in any of the original people of North, Central or South America )	<input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)	

First Name:

**PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent.**

Graduate Degree or Higher (10)  
 College Graduate (11)  
 Some College or Associate's Degree (12)  
 High School Graduate (13)  
 Not a High School Graduate (14)  
 Decline to state (6)

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school?  English  Spanish

**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)  In a motel/hotel (09)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)  Unsheltered (car/campsite) (12)  
 In a shelter or transitional housing program (10)  Other (15) (please specify)

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

- Father  Mother  Mother/Father  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_  
Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"  
If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) **Full Name:** \_\_\_\_\_  
 Mother  Step Mother/Guardian (check one) **Daytime Phone # ( \_\_\_\_ )** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_  
**(please print clearly)**
2.  Mother  Step Mother/Guardian (check one) **Full Name:** \_\_\_\_\_  
 Father  Step Father/Guardian (check one) **Daytime Phone # ( \_\_\_\_ )** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_  
**(please print clearly)**

**DUPLICATE MAILING:** If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent. Please include their name, address, and phone number.

**Full Name:** \_\_\_\_\_ **Phone #:** ( \_\_\_\_ ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Parent Military Info:** Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Status: active/veteran/reserve Parent: M/F

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

- Are there psychological or confidential reports available from your child's former school?  Yes  No  
Has your child been suspended?  Yes  No Has your child ever been expelled/dismissed?  Yes  No  
What special services has your child received? (please check all boxes that apply)  
**Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504  
**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development  
 Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

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

**WEST SONOMA COUNTY UNION HIGH SCHOOL NOTICE OF NON-DISCRIMINATION**

West Sonoma County Union High School District policy prohibits discrimination and/or harassment of students, employees and job applicants at any district site or activity on the basis of actual or perceived race, color, national origin, ancestry, ethnic group identification, medical condition, genetic condition, genetic information, disability, gender, gender identity, gender expression, sex, sexual orientation, age, political affiliation, organizational affiliation, veteran status, marital status, parental status, or immigration status. Please direct inquiries regarding the District's non-discrimination policies to any school or district administrator.