

Oakdale Joint Unified School District K-12 Enrollment Form

School Year: _____

OFFICE USE ONLY	
Student District ID: _____	Student State ID/CSIS (if known): _____
Grade: <input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	School: <input type="checkbox"/> CLO <input type="checkbox"/> FO <input type="checkbox"/> MG <input type="checkbox"/> SV <input type="checkbox"/> OJH <input type="checkbox"/> OHS <input type="checkbox"/> CH <input type="checkbox"/> ES <input type="checkbox"/> VO
Retained in grade: _____	Teacher/Counselor: _____

A. STUDENT INFORMATION

Please complete this entire section about the student. Be prepared to provide proof of address and birth verification at the time of enrollment.

1. Last Name (LEGAL NAME ONLY): _____		First: _____	Middle: _____	Suffix (Jr, II, III): _____
2. Nickname: _____	3. Other name(s) used previously (AKA): _____	4. Gender (check one): <input type="checkbox"/> M <input type="checkbox"/> F	5. Birthdate: _____ / _____ / _____	6. Home phone: _____ () _____
7a. Student Cell Phone: _____ () _____	8. Mailing address: _____		City, State: _____	ZIP Code: _____
7b. Student E-mail: _____	9. Household address: (<input type="checkbox"/> check if same as Mailing address)		City, State: _____	ZIP Code: _____

10. Ethnicity/Race: Please answer both Part A and Part B. Check **ALL** that apply.

→ **Part A. Is the student Hispanic/Latino?** *Choose only one*

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

→ **Part B. What is the student's race?** *Choose one or more* (Definition on reverse side)

B1. American Indian or Alaska Native (100) Other Asian (299)

B2. Asian: Filipino (400)

Chinese (201)

Japanese (202)

Korean (203)

Vietnamese (204)

Asian Indian (205)

Laotian (206)

Cambodian (207)

Hmong (208)

B3. Native Hawaiian or Other Pacific Islander:

Hawaiian (301)

Guamanian (302)

Samoan (303)

Tahitian (304)

Other Pacific Islander (399)

B4. Black or African American (600)

B5. White (700)

11. Student Social Security Number: _____

12. If foreign born, date entered United States: _____ / _____ / _____

13. Birth Country: _____

14. Birth State: _____

15. Birth City: _____

16. Special Circumstances (birth place, i.e. military): _____

17. Initial 9th grade entry year (9-12 only): _____ / _____ / _____

18. First enrolled in a United States school: _____ / _____ / _____

19. First Enrolled in a California school: _____ / _____ / _____

20. Student residential status (check one):

<input type="checkbox"/> Parent/legal guardian	<input type="checkbox"/> Incarcerated institution
<input type="checkbox"/> Licensed Children's Institution(LCI)*	<input type="checkbox"/> State hospital
<input type="checkbox"/> Foster Home (FFH)*	<input type="checkbox"/> Developmental center
<input type="checkbox"/> Hospital (except state hospital)	<input type="checkbox"/> Foreign exchange
<input type="checkbox"/> Residential facility	<input type="checkbox"/> Other _____

*Residential facility license number: _____

21. Homeless program/home type (check one): Hotel/motel Shelter

Double-up Unsheltered Permanent housing Unknown

Other: _____

22. Program participation (check as needed): 504 GATE Migrant

Special Education: SDC/LH SH ED RSP Speech

Other: _____

B. SIBLING INFORMATION

23. Complete this section only if applicable. Include all siblings. For additional siblings use the back of the form.

Sibling 1 full name: _____	DOB: _____ / _____ / _____	Grade: _____	School: _____
Sibling 2 full name: _____	DOB: _____ / _____ / _____	Grade: _____	School: _____
Sibling 3 full name: _____	DOB: _____ / _____ / _____	Grade: _____	School: _____

C. CONTACT INFORMATION

Please complete this entire section. For additional contacts use the back of the form.

	24. FATHER/GUARDIAN	25. MOTHER/GUARDIAN	26. OTHER PARENT/GUARDIAN
Contact full name:	_____	_____	_____
Relationship to student:	_____	_____	_____
Lives with student: (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____
Home phone:	() _____	() _____	() _____
Work phone:	() _____	() _____	() _____
Cell Phone:	() _____	() _____	() _____
Email address:	_____	_____	_____
Employer:	_____	_____	_____
Contact primary language:	_____	_____	_____
Education level: (check one)	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school
Flags: (check as needed)	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student

We authorize this confidential information to be shared with all necessary school personnel as needed. It is the parent's responsibility to notify the school if the student is placed on regular medication or if there is a change in the student's physical condition, which limits his/her ability to participate in the regular physical education program. If either the parents or the other person(s) designated in case of emergency cannot be reached, and if the child needs immediate medical attention, he will be taken to his physician or the nearest emergency clinic by a method which appears appropriate at no district expense. I, the parent/guardian hereby give my permission to the statements above. The information provided in Sections A – C is true to the best of my knowledge.

Parent/Guardian signature: _____ Date: _____

