

SILVER VALLEY UNIFIED SCHOOL DISTRICT | STUDENT ENROLLMENT FORM

PUPIL INFORMATION (Please print clearly) Office Use - Verification: BC PP Other _____ Init: _____

STUDENT: _____
LAST NAME FIRST NAME MIDDLE NAME
 Student's Date of Birth: _____ Male Female Entering Grade: _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PRIMARY PHONE _____
 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ STATE _____ ZIP CODE _____ SECONDARY PHONE _____

Student resides with: Father Step-Parent Legal Guardian
(Please check all that apply) Mother Foster Parent Caregiver: _____
Relationship to Pupil

Current living status (please check one of the following):
 Single family residence Foster care placement or group home In a shelter or transitional housing program
 With more than one family in a house or apartment due to economic hardship Motel, car or campsite

Place of Birth: _____
(Student's) CITY _____ STATE _____ COUNTRY _____

If born outside the United States, please write the date of entry into the U.S. (Month/Date/Year) _____

Date student started school in the U.S.A. _____ **Date student started school in California** _____
(Month/Date/Year) (Month/Date/Year)

If applicable, date when student entered the ninth grade: _____ **Inter-district Transfer:** Yes No
(Month/Date/Year)

Which language would you/your family prefer to receive school correspondence? English Spanish

Primary Home Language: _____
 1. What language did the student speak when he/she first began to talk? _____
 2. What language does your student most frequently use at home? _____
 3. What language do you use most frequently to speak to your child? _____
 4. Name the language in the order most often spoken by the adults at home 1st: _____
 2nd: _____

FAMILY INFORMATION (Please print clearly) Office Use - Section verified by: Init: _____

Primary/Legal Household: Father Step-Parent Legal Guardian
(Please check ONLY one) Mother Foster Parent Caregiver: _____
Relationship to Pupil

Father **Step-Father** **Other** _____
Name: _____
 Primary Phone: _____ Cell Phone: _____
 Physical Address: _____
 CITY _____ STATE _____ ZIP _____
 Mailing Address: _____
 CITY _____ STATE _____ ZIP _____
 Email Address: _____

Mother **Step-Mother** **Other** _____
Name: _____
 Primary Phone: _____ Cell Phone: _____
 Physical Address: _____
 CITY _____ STATE _____ ZIP _____
 Mailing Address: _____
 CITY _____ STATE _____ ZIP _____
 Email Address: _____

Level of Education (Mark Highest Level)
 High school graduate College graduate
 Not a high school graduate Decline to state
 Some college (AA degree)
 Graduate school/Graduate training (i.e. Masters, etc.)

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Office Use Only: **STUDENT: LAST NAME** _____ **FIRST NAME** _____ **DOB** _____
 Morning Bus Rte #: _____ Bus Stop: _____
 Afternoon Bus Rte #: _____ Bus Stop: _____

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OTHER CHILDREN LIVING IN THE HOME *(If additional children please use available form)*

Name: _____ Age: _____ Birthdate: _____ School (if applicable): _____ Grade: _____
 Name: _____ Age: _____ Birthdate: _____ School (if applicable): _____ Grade: _____
 Name: _____ Age: _____ Birthdate: _____ School (if applicable): _____ Grade: _____
 Name: _____ Age: _____ Birthdate: _____ School (if applicable): _____ Grade: _____

PREVIOUS ENROLLMENT INFORMATION *(Please print clearly)* Office Use - Section verified by: Init: _____

Last school of attended: _____ School Phone: _____ Date Left: _____
 School Address: _____
Street City State ZIP

1. Yes No **Has student ever been enrolled in Silver Valley Unified School District?**
2. Yes No **Has student ever been retained?**
3. Yes No **Has student been expelled from any previous school district?**
 ⇒ If yes, is expulsion still pending, and if yes, which school/district? Yes No

SCHOOL DISTRICT
 ⇒ If yes, was student re-admitted? Yes No
4. Yes No **Is student currently on Juvenile Probation?**
5. Yes No **Has student ever been referred to a Student Attendance Review Board (SARB)?**
 ⇒ If yes, was a SARB Contract signed, and if yes which school/district? Yes No

SCHOOL DISTRICT

Office Use:
Date Educational Records
requested: _____
Initials: _____

SPECIALIZED PROGRAMS Office Use - Section verified by: Init: _____

1. Yes No **Does your child have a current Individualized Education Plan (I.E.P.)?**
 If yes, please check the appropriate program box(es) below: *(Please check all that apply)*
 Resource Specialist Program (RSP) Special Day Class (SDC)
 Speech/Language Other _____
2. Yes No **Has your child been exited from a Special Education Program**
3. Yes No **Was your child previously in a Specialized Program??**
 If yes, please check the appropriate program box(es) below: *(Please check all that apply)*
 GATE/Gifted Math Intervention Reading Intervention Section 504
 English Language Learner Migrant Education Other _____

Office Use:
Date SpEd Records
requested: _____
Initials: _____

ETHNICITY AND RACE *(Please answer both questions)* Office Use - Section verified by: Init: _____

The District must comply with Many Federal and State reporting requirements.

1. **Is student Hispanic or Latino?** *(Select only one)* Yes, Hispanic or Latino No, not Hispanic or Latino
2. **What is the student's race?** *(Select one or more)*
 (100)American Indian/Alaskan (205)Asian Indian (301)Native Hawaiian (400)Filipino
 (201)Chinese (206)Laotian (302)Guamanian (600)African American/Black
 (202)Japanese (207)Cambodian (303)Samoan (700)White
 (203)Korean (208)Hmong (304)Tahitian
 (204)Vietnamese (209)Other Asian (399)Other Pacific Islander

Your child and family may be eligible for free or low-cost health coverage. For information about health care coverage options and enrollment assistance, contact the Director of Safety, Risk & Benefits at 760-254-2916 ext. 1152 or visit www.CoveredCA.com

I declare under penalty of perjury that the information provided above is true and accurate.

PRINT NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

Office Use Only: STUDENT: LAST NAME _____ FIRST NAME _____ DOB _____

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