



Freshwater Elementary School Enrollment Form 2023-24



Date _____

Student's Legal Name _____ Male Female Non Binary
(Last) (First) (Middle)

Grade _____ Date of Birth _____ Place of Birth _____
(City) (State)

Home Address _____ Home Phone _____
(Street) (City) (Zip)

Mailing address (if different) _____ Cell Phone _____

School District of Residence _____

Last School Attended _____ Address _____

Date of withdrawal _____ Reason for withdrawal _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply)

- Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 IEP
 Other: GATE Remedial Math Remedial Reading Counseling English Language Development

Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Step-Parent/Guardian:

Name _____ Address (if different) _____ Phone _____

Relationship to student _____ Lives with student: Yes / No (circle one)

Employer _____ Occupation _____ Work Phone _____

Education Level: Grad School College Grad Some College High School Grad Not a High School Grad

Parent or guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard) on active duty or full-time National Guard duty.

EMERGENCY INFORMATION

In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable:

Name _____ Phone _____ Relationship _____
Work Phone _____ Cell Phone _____

Doctor _____ Phone _____

In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?

Yes _____ No _____

Does this student have any special health problems and/or physical handicaps? If yes, please specify _____

Is this student taking any long-term medication? If yes, please specify _____

List siblings under age 18 and living at home:

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

Name _____ M _____ F _____ Date of birth _____

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) In a motel/hotel
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) Unsheltered (car/campsite)
 In a shelter or transitional housing program Other _____

Home Language Survey

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

Language Background

- What language did your child learn when he/she first began to talk? _____
What language does your child use most frequently at home? _____
What language do you use most frequently to speak to your son/daughter? _____
What language is most often spoken by the adults at home? _____

If a language other than English is indicated above, please answer this question:

Has your child ever received formal instruction in the English language? Yes _____ No _____

If your child was not born in the United States, please answer the following questions:

When did you arrive in the United States? Month: _____ Year: _____
When did you arrive in Humboldt County? Month: _____ Year: _____

Federal Race & Ethnicity Survey

Part A. Is this student Hispanic or Latino? _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino

Part A. is about ethnicity, not race. No matter what you selected above, please continue to answer Part B. by marking one or more spaces to indicate what you consider the student's race to be.

Part B. What is this student's race? Check one or more.

- | | | | |
|---|-----------------------|----------------------------------|----------------------|
| _____ 100 American Indian or Alaskan Native | _____ 301 Hawaiian | _____ 304 Tahitian | _____ 202 Japanese |
| _____ 600 Black or African American | _____ 302 Guamanian | _____ 399 Other Pacific Islander | _____ 203 Korean |
| _____ 700 White | _____ 303 Samoan | _____ 201 Chinese | _____ 204 Vietnamese |
| _____ 205 Asian Indian | _____ 206 Laotian | _____ 207 Cambodian | _____ 400 Filipino |
| _____ 208 Hmong | _____ 299 Other Asian | | |

PARENT E-MAIL (S) _____ / _____

Parent/Guardian Signature: _____ **Date:** _____