



# Student Enrollment Information Form

## Emergency Contacts:

\_\_\_\_\_  
First Name Last Name Daytime Phone

\_\_\_\_\_  
First Name Last Name Daytime Phone

**Please list your out-of-state (within the USA) contact in case of earthquake or other natural disaster.**

\_\_\_\_\_  
First Name Last Name Daytime Phone

## Local Physician

\_\_\_\_\_  
First Name Last Name Daytime Phone

**Medical Survey:** Check the box if the answer to the corresponding question is yes.

- Has your child been diagnosed with a medical condition(s) that may require special consideration during school hours?
- Does the medical condition(s) affect your child's participation in routine school activities and/or program?
- Does your child require any special health procedure(s) during the regular school day?
- Is it necessary for your child to take any kind of prescription medication?

**If you answered YES to any of the questions above, please complete the Special Health Condition card. Required forms must be on file in the school office before any prescription or over-the-counter medication may be taken at school.**

**Ethnic Composition Survey:** The following questions are required by federal law.

1. Is your child Hispanic or Latino?  No, not Hispanic or Latino  Yes, Hispanic or Latino
  2. Regardless of ethnicity as answered in question 1, please indicate what you consider to be your child's race by marking one or more boxes below. You may select up to five.
- |   |                                    |   |                                     |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Tahitian   |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Laotian                | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Other Asian            | <input type="checkbox"/> White      |
| <input type="checkbox"/> Cambodian                        | <input type="checkbox"/> Hmong     | <input type="checkbox"/> Other Pacific Islander |                                     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Samoan                 |                                     |

**Home Language Survey:** The California Education Code requires schools to determine the language(s) found in the linguistic background of a child. Please answer the following questions identifying only one language for each.

1. Which language did your child learn when he/she first began to speak? \_\_\_\_\_
2. What language does your child most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your child? \_\_\_\_\_
4. What language is most often spoken by the adults at home? \_\_\_\_\_

**Enrollment History:** Check the box if the answer is YES.

- Has your child previously attended any USA school?  Has your child participated in programs for gifted students?
- Has your child previously attended a California school?  Has your child participated in programs for special needs students?
- Has your child previously attended a school in IUSD?

Information about the previous school

\_\_\_\_\_  
School Name District Name Grade Level at previous school

\_\_\_\_\_  
School Address City State Zip Code

I understand it is my responsibility to notify the school should any information change. I verify all of the information above to be true and accurate.

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY:** Birth date verified: \_\_\_\_\_ Residence verified: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Left: \_\_\_\_\_