



Mt. Pleasant School District Enrollment Form.

School Year: 20\_\_ - 20\_\_

Today's Date: Home School
Student ID #: Teacher

Grade Legal Last Name Legal First Name Legal Middle Name Male Female

Birthdate (MM/DD/YYYY) Birth State/ Province Birth Country Date Entered U.S. (MM/YYYY) Start Date at 1st CA School. (MM/YYYY) Start Date at 1st US School (MM/YYYY)

Student Ethnicity Is student Hispanic/Latino What is Student's Race: If the student is Hispanic/Latino, this section is not required; if the student is NOT Hispanic/Latino please select all that apply: American Indian/Alaskan - 100 Vietnamese - 204 Hmong - 208 Samoan - 303 Other Pacific Islander - 399 Chinese - 201 Asian Indian - 205 Other Asian - 299 Tahitian -304 Black African/American - 600 Japanese - 202 Laotian - 206 Hawaiian - 301 Filipino- 400 White - 700 Korean - 203 Cambodian - 207 Guamanian - 302

Parent/Guardian 1 Last Name Parent/Guardian First Name Relationship to Student Living with Student Parent/ Guardian 1 Contact Phone

Parent/ Guardian 1 Email Address Parent/ Guardian 1 Employer Parent/Guardian 1 Work Phone

Residential Address (Number, Street, Tag, Apartment #) Mailing Address? City Zip Code

Parent/Guardian 2 Last Name Parent/Guardian 2 First Name Relationship to Student Living with Student Parent/ Guardian 2 Contact Phone

Parent/ Guardian 2 Email Address Parent/ Guardian 2 Employer Parent/Guardian 2 Work Phone

Secondary Address (Number, Street, Tag, Apartment #) Same as above Mailing Address? City Zip Code

Is there a Restraining Order on File? Please explain: Is Mother or Father on active duty in the U.S. Armed Forces of National Guard? Branch

Highest Education Level- Mother Graduate Degree or Higher. College Graduate with BS/BA. Some College Classes or Associate's Degree High School Graduate. Not A High School Graduate Decline to State

Highest Education Level-Father Graduate Degree or Higher. College Graduate with BS/BA. Some College Classes or Associate's Degree High School Graduate. Not A High School Graduate Decline to State

Home Language Survey Pursuant to California Law all students with a Home Language other than English will be tested for English Proficiency

1 Which Language did the student learn when they began to talk? (Primary Language). 2 What Language does the student use most at home? (Home Language) 3 Which Language do you most frequently speak to the student? (Language spoken to the student) 4 What Language do the adults speak most often in the home? (Language spoken by Adults) Which Language would you like to receive Communications? English Spanish Vietnamese

Sibling 1 Age Current School Sibling 3 Age Current School Sibling 2 Age Current School Sibling 4 Age Current School

Previous School Enrolled: Previous District Date Attended:

Programs your student has been enrolled in: None Special Education (IEP) Speech Retained English Learner (ELD) Counseling Adapted Physical Education 504 Plan Migrant Gifted & Talented Preschool

Health Concerns. None Seizures Vision/ Wears glasses Asthma Diabetes Hearing loss Serious Allergies: Heart Condition ADD/ADHD Other: Head injury Other: Health Support Needed Has Epi-Pen Needs Health Plan Inhaler Takes Medication at School

I have reviewed this document and to the best of my knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Parent/ Guardian Signature: Date:

Office Use Form reviewed by staff initials: Birth Certificate/ Passport Proof of Residency Residency (Homeless) Survey Completed Immunizations Complete TB Assessment CHDP Completed Oral Health Completed Lunch Application Approved Inter-district