

CHICAGO PARK SCHOOL DISTRICT - ENROLLMENT FORM REGISTRATION INFORMATION

_____ Elementary School

_____ Community Charter School

STUDENT ID _____ CSIS _____ DATE OF ENROLLMENT _____ AGE _____

Legal First Name _____ Legal Middle Name _____ Legal Last Name _____

Nickname _____ Gender _____ Birth Date _____ Grade _____

Federal regulations require a response to **BOTH** of the following questions: Are you Hispanic or Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

What is your race?	_____ American Indian or Alaska Native(100) <small>(Persons having origins in North, Central or South America)</small>	_____ Chinese 201)	_____ Japanese (202)	_____ Korean (203)	_____ Vietnamese (204)	_____ Asian Indian (205)
_____ Laotian (206)	_____ Cambodian (207)	_____ Hmong (_____ Other Asian (299)	_____ Hawaiian (301)	_____ Guamanian (302)	_____ Samoan (303)
_____ Other Pacific Islander (399)	_____ Filipino (400)	_____ Black or African American (not Hispanic) (600)		_____ White) (700) <small>(Persons having origins in Europe, N. Africa, or the Middle East)</small>		

Most Recent School Attended _____ School Address _____ City/State/Zip _____

School Phone Number _____ Name used at previous school (if different): _____ Current District of Residence _____

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 instruction for all students. Please answer the questions below:

- Which language did your student learn when he/she first began to talk? _____
- Which language does your student use most frequently at home? _____
- Which language do you (the parents or guardians) most frequently speak to your student? _____
- Has your child ever been given the CELDT (Calif. English Language Development Test)? Yes No

If a language other than English is indicated on any line, does your child...

- Understand this language? Yes No
- Speak this language? Yes No
- Read this language? Yes No
- Write this language Yes No
- How many years of instruction has your child had in a language **other than English**? _____

Date 1st attended Chicago Park School _____ Date 1st attended CA school _____

PERSONAL INFORMATION

Please check all service(s)/program(s) in which your child student is currently enrolled: Special Education (with active IEP) 504 Accomodation Foster Youth Has your child ever been retained If yes, what grade: _____

Please list the service(s)/ program(s) received prior to this year such as IEP (Inactive), GATE, Title I, English Language Development, etc.:

Legal Restrictions: (Custody agreements; restraining orders etc.)

CONTACT INFORMATION

Priority	Type	Name (First/Last)	Address	Phone Numbers	Receive Mailings?
NA	STUDENT MAILING ADDRESS		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
		Email Address:	City/State/Zip Code:	Work:	
			Other:		
NA	STUDENT PHYSICAL ADDRESS		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
		Email Address:	City/State/Zip Code:	Work:	
			Other:		
1	Guardian		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
	Relationship	Email Address:	City/State/Zip Code:	Work:	
			Other:		
2	Guardian		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
	Relationship.	Email Address:	City/State/Zip Code:	Work:	
			Other:		
3	Guardian		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
	Relationship	Email Address:	City/State/Zip Code:	Work:	
			Other:		
4	Guardian		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
	Relationship.	Email Address:	City/State/Zip Code:	Work:	
			Other:		
1	LOCAL EMERGENCY CONTACT		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
			City/State/Zip Code:	Work:	
			Other:		
2	LOCAL EMERGENCY CONTACT		Street Address (include apt #) or PO Box:	Cell:	
				Home:	
			City/State/Zip Code:	Work:	
			Other:		

Homeless status (IF APPLICABLE) (The term “homeless student” means students who lack a fixed, regular, and adequate nighttime residence). Under No Child Left Behind, additional services are available to homeless students. Completion of this information is optional. If you have any questions, or are not comfortable completing this section but would like information about the services available, contact the school office at 346-2153.

- Student is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Student is living in motels, hotels, trailer parks, shelters, or awaiting foster care placement
- Student has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Student is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- Migratory student qualifies as homeless because they are living in similar circumstances

Other Children in the Family

Name	Gender	Birth Date	Resides in home	Name of School Currently Attending

Residency Verification

I declare under the penalty of perjury under the laws of the State of California that the foregoing street address is the correct residence for my student.

Parent/Guardian Education Level

(Federal regulations require a response)

(Education level of the most educated parent)

- Graduate school/post-graduate training (10)
- College grad (11)
- Some college (12)
- High school grad (13)
- Not high school grad (14)

- Has the student ever been expelled? Yes No
- Has the student ever been suspended? Yes No

I, as parent/guardian, acknowledge that I have read and understand the above information.

Parent/Guardian SignatureDate

Access to student information will be permitted pursuant to Education Codes 49073-49079