

STUDENT ENROLLMENT

GR/	ADE
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ent Last Name:	

► Has your student ever attended	North County	Trade	Tech High School b	efore? 🛚 Yes	□ No
PLEASE PRINT – ST	UDENT'S LEGAL I	NAME			
Legal First Name Legal Midd	lle Name	Legal La	ast Name	Other Legal Nam	e (if applicable)
☐ Male ☐ Female Birth date:					
	Month Day	Year			
	·		_	1 -	
Danama / Consulting Signat Name	No.		()	()	
Parent/Guardian First Name Last	Name		Home Phone	Work Ph	one
			()	()	
Parent/Guardian First Name Last	Name		Home Phone	Work Ph	one
		İ		1 1	
Mailing Address		Apt#	City	State Zip	
•					
Residence Address (house # & street name) (IF	DIFFERENT)	Apt #	City	State Zip	
(P.O Box or house # & street name)					
WHAT IS YOUR CHILD'S ETHNICITY? (P	lease check one):	: 🔲 н	ispanic or Latino (A per	son of Cuban, Mexican,	
Central American, or other Spanish culture or origin, r	egardless of race)	☐ N	ot Hispanic or Latino		
WHAT IS YOUR CHILD'S RACE? (Please	check up to five r	racial cat	egories)		
The above part of the question is about et following by marking one or more boxes to	-		-	ibove, please conti	nue to answer the
☐ American Indian or Alaskan Native(100)	☐ Laotian (206	5)		☐ Tahitian (304	
(Persons having origins in any of the original people of North, Central or South America)	☐ Cambodian			Other Pacific Isla	
☐ Chinese (201)	☐ Hmong (208☐ Other Asian	•		☐ Filipino/Filipino / ☐ African Americar	· · ·
☐ Japanese (202)	Hawaiian (3			■ African American ■ White (700) (Per	· · ·
☐ Korean (203)	☐ Guamanian	•	;	any of the original peop	es of Europe, North
☐ Vietnamese (204) ☐ Asian Indian (205)	☐ Samoan (30		ı	Africa, or the Middle Eas	st)
Asian mulan (205)					
PARENT EDUCATION – Check the response	that describes th	ie	Date first	attended school <u>in</u>	the U.S. Year
education level of the most educated pare	<u>nt</u> .				
☐ Graduate Degree or Higher (10)			Month	Day	Year
☐ College Graduate (11)			•	•	
☐ Some College or Associate's Degree (12)			Date first a	ttended school in <u>(</u>	California
☐ High School Graduate (13) ☐ Not a High School Graduate (14)					
= Not a mg. Solloof Gradatic (11)			Month	Day	Year
			•		
BIRTHPLACE: City:	S	tate:	Country:		
U.S. Citizen: ☐ Yes ☐ No					L

		only one language (mo					
	-	son/daughter most fr					
		son/daughter learn w					
		ost frequently speak to					
4. Has your chi	ld ever been given th	ne CELDT Test (Calif En	glish Language	Development T	est)? 🗖 Yes	□ No □ I don'	t know
In which language	do you wish to rece	ive written communic	ations from the	school? 🗖 En	glish 🗖 Span	ish	
Residence – wher	e is vour child/family	y currently living? (fede	erally mandated	by NCLB) – Pl e	ease check a	opropriate box:	
	-	nce (house, apartment, cor	•	•	motel/hotel		
		other families/individua	als due to econ		•	/campsite) (12)	
hardship or los	ss) (11) :ransitional housing _l	orogram (10)		□ Oth	er (15) (pleas	e specify)	
a in a sherter or t	ransitional nousing	program (10)					
Parent/Guardians	ship Information (wi	th whom the student	lives) – check a	ll that apply			
☐ Father ☐ Motl	ner 🗆 Both 🗀 Step	-Father 🖵 Step-Mothe	er 🗖 Guardian	☐ Foster/Grou	ıp Home 🖵 C	ther	
·		student's LEGAL guardi		-	•	_	
If there is a legal of	custody agreement r	egarding this student,	please check or	ie: 🗖 Joint Cus	tody 🖵 Sole	Custody G ua	rdian
PLEASE COMPLET	E INFORMATION BE	LOW FOR PARENT(S)/	GUARDIAN WI	TH WHOM THE	STUDENT LIV	VES:	
1. ☐ Father ☐ St	ep Father/Guardian	(check one) Full I	Name:				
Employer:		City:		Daytir	me Phone #	()	
2. Mother S	Step Mother/Guardia	an (check one) Full I	Name:				
	Step Mother/Guardia		Name:			()	
Employer:		City:		Daytin	me Phone #	()	
Employer: DUPLICATE MAILI Please include the	NG – If divorced/sep eir name, address, ar	City:	y allows duplica	Daytinte mailing/info	me Phone #	()	
Employer: DUPLICATE MAILI Please include the	NG – If divorced/sep ir name, address, ar	City: parated & joint custody and phone number:	y allows duplica	Daytinte mailing/info	ne Phone # rmation to be	()	parent,
Employer: DUPLICATE MAILI Please include the Full Name:	NG – If divorced/sep ir name, address, ar	City: parated & joint custody and phone number:	y allows duplica	Daytinte mailing/info	ne Phone # rmation to be	()e given to other	parent,
Employer: DUPLICATE MAILI Please include the Full Name: Mailing Address:	NG – If divorced/sep eir name, address, ar	City: parated & joint custody and phone number:	y allows duplica	Daytinte mailing/info	ne Phone # rmation to be	()e given to other	parent,
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Employer: DUPLICATE MAILI Please include the Full Name: Mailing Address: MOST RECENT SC	NG – If divorced/sep eir name, address, ar	City: parated & joint custody ad phone number:	y allows duplica	Daytinte mailing/info	ne Phone # rmation to be Phone #: (State:	() e given to other) Zip code:	parent,
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Employer: DUPLICATE MAILI Please include the Full Name: Mailing Address: MOST RECENT SC School Are there psychol Has your child be Does your child be What special serv Special Education Other: □ Gifted (□ Help to Improv	HOOL ATTENDED: ogical or confidentiaen suspended? Years an active or pendices has your child reside to the suspended? Resource (RSP) GATE) Remedial I en Attendance/ Beharallure to notify I	Address/City/S I reports available from the second of the control	city: City: State/Zip m your child's fold ever been ex No or Expulsi k all boxes that EDC) Speech ading Couns chool on any of the a	Dayting te mailing/inform te mailing/inform informer school? pelled? □ Yes on □ Yes □ N apply) /Language □ Englis bove could result in informer.	me Phone # rmation to be Phone #: (State: Grade(No No So	given to other Zip code: S) Date(s)	parent,