

STUDENT ENROLLMENT

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**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 home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ NoDoes your child have an active or pending: SARB ☐ Yes ☐ No or Expulsion ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Failure to notify North County Trade Tech High School on any of the above could result in immediate dismissal

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
--	--	---	---------------	--------------	-----------------	---------------	---

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/15)