

CENTRAL VALLEY PUBLIC SCHOOL – NEW STUDENT ENROLLMENT FORM

STUDENT INFORMATION:

School:	Today's Date:	Grade Level:	Transfer From:												
Student's <u>Legal</u> Name: <i>(First, Middle, Last)</i>			Student's Home Phone: ()												
Student's Home Address: <i>(street, city, zip)</i>		Student's Mailing Address: <i>(if different from home address)</i>													
Date of Birth: <i>(month, day, year)</i> ____/____/____	Gender: <i>(circle one)</i> F: Female M: Male	Ethnicity: <i>(circle only one)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A: Asian</td> <td style="width: 50%;">(Far East, Southeast Asia)</td> </tr> <tr> <td>B: Black</td> <td>(Sub-Saharan Africa)</td> </tr> <tr> <td>C: Caucasian</td> <td>(White, Europe, North Africa, Middle East, or India)</td> </tr> <tr> <td>H: Hispanic</td> <td>(Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins)</td> </tr> <tr> <td>N: American Indian</td> <td>(Original peoples of the Western Hemisphere, including Alaska)</td> </tr> <tr> <td>P: Pacific Islander</td> <td>(Pacific Islands)</td> </tr> </table>		A: Asian	(Far East, Southeast Asia)	B: Black	(Sub-Saharan Africa)	C: Caucasian	(White, Europe, North Africa, Middle East, or India)	H: Hispanic	(Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins)	N: American Indian	(Original peoples of the Western Hemisphere, including Alaska)	P: Pacific Islander	(Pacific Islands)
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HOUSEHOLD INFORMATION (Student's Primary Place of Residence):

Provide a parent email address(es) for school communications:

Mother Email: _____ Father Email: _____

Child lives with: *(Select one)* Both parents Mother Father Mother & Stepfather Father & Stepmother Foster Parents

Legal Guardian -*Specify Guardian Relationship:* _____ Residency Facility - *Name of facility* _____

Name of Father or Stepfather or Male Guardian or Male Foster Parent	Name of Mother or Stepmother or Female Guardian or Female Foster Parent
(who lives in the student's primary place of residence)	(who lives in the student's primary place of residence)
Name: _____	Name: _____
Cell Phone: () _____	Cell Phone: () _____
Work Phone: () _____	Work Phone: () _____
Employer: _____	Employer: _____

List the names and dates of birth of any pre-kindergarten age children living at this residence:

Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____

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List the names and dates of birth of any other school age (K-12) children living at this residence:

Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____

Name of Local Emergency Contact **(other than Parents/Guardians)*

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

OTHER BIRTH PARENT INFORMATION:

Name of Other Birth Parent: _____ Relationship: _____

Home Address: _____ Home Phone: () _____ Cell Phone: () _____

Employer: _____ Work Phone: () _____

Does this parent have Custody Rights? Yes No **Legal Documentation must be provided to the school to show a parent does not have certain legal custodial rights**

If Yes, Which Kind? Joint Custody (Decision making rights) Visitation Only (No decision making rights)

If this address is in the Central Valley School area, is it a secondary place of residence for the student? Yes No

OTHER INFORMATION:

Is this student currently expelled from any school? Yes No If your answer is yes, the School District will not authorize your application.

Does your child have any known needs? Vision Hearing Speech Other (explain): _____

List any medical conditions that the school should know about (allergies, disabilities, illness, etc.): _____

Current Medical Conditions/Disabilities

Severe Allergies: _____ Requires Epinephrine Auto-Injectable Device: Yes No
(If yes, Food Allergy & Anaphylaxis Emergency Care Plan must be completed by Health Care Provider)

Asthma: Yes No Requires Inhaler: Yes No
(If yes, Asthma Action Plan must be completed by Health Care Provider)

Diabetes: Yes No Diabetes diagnosis date: _____
(If yes, Diabetes Care Plan must be completed by Health Care Provider)

Seizures: Yes No
(If yes, Seizure Action Plan must be completed by Health Care Provider)

Food Allergies and/or Food Intolerances: Yes No
(If yes, Medical Statement to Request School Meal Modification form must be completed by Health Care Provider)

Other (example: cancer, cardiac, bowel/bladder): _____

Forms can be picked up in the office at the school or on our school website: www.centralvalleynd.com

Field Trips:

Does the school have permission to take your child on field trips? Yes No

Transportation / Before & After School Program:

Will your child be riding a school bus on a regular basis? Yes No If yes, when? Before School After School

Do you plan on having your child use the Before and After School Program? Yes No

If yes, how Frequently? Every Morning Every Day After School Only on Occasion

Indicate services received from previous school

Title I Individual Education Plan (IEP) 504 ELL (English Language Learner)

Home Language Survey

1. What language(s) are spoken at home? _____
2. What language(s) do you use the most to speak to your child? _____
3. What language(s) does your child use the most at home? _____
4. What language(s) did your child learn when he/she first began to talk? _____
5. List other language(s) that your child has used with grandparents or caretakers. _____
6. Has your child ever received services in an English Language Learner program? Yes No

Country of Origin

Was this child born in the United States? Yes No Country of origin? _____
If not, when did the child enter the United States? (*mo, day, year*) _____

Refugee Students

A refugee child is a person who flees their country to seek protection from that country. Is this child a refugee?
 Yes No

Migrant Students

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural work?
Migrant: Yes No If yes, what is the date you moved to the Central Valley District? (*mo, day, year*) _____

Homeless Students

A homeless child includes children who are awaiting foster care placement, are unaccompanied youth, share the housing of other people due to the loss of housing, economic hardship, or live in motels, hotels, campgrounds, emergency or transitional shelters.
Is the child homeless? Yes No

Date/Signature

Date: _____ Parent/Guardian Signature: _____