

Igo-Ono-Platina Union School District Student Enrollment Form

School Year: _____

Legal Student Name: _____

Last Name
First Name
Middle Name
aka

Male / Female / Non-Binary Grade: _____ Birth Date: ____/____/____ Birthplace: _____

Circle One
City
State
Country

Name & Birthdate of other children in Family 1. _____ 2. _____

Previous school: _____ Fax: _____
 Last school your child attended _____ Phone: _____ Grade _____
 Address _____ City _____ State _____ Zip _____

Lives With: Father ____ Mother ____ Stepfather ____ Stepmother ____ Other: _____

<small>Legal Parent/Guardian Name</small> _____	<small>Relationship</small> _____	<small>Primary Phone</small> _____
<small>Work Phone</small> _____	<small>Cell Phone</small> _____	<small>Email Address</small> _____
Receive Text Messages: Yes ____ No ____		
<small>Legal Parent/Guardian Name</small> _____	<small>Relationship</small> _____	<small>Primary Phone</small> _____
<small>Work Phone</small> _____	<small>Cell Phone</small> _____	<small>Email Address</small> _____
Receive Text Messages: Yes ____ No ____		

Mailing Address: _____

Street / PO Box
City
State
Zip Code

Residence Address: _____

(If different from above)
Street / PO Box
City
State
Zip Code

Ethnicity: (Please answer both questions 1 and 2) →

<p>1. Are you Hispanic or Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p>	<p>2. What is your race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian (California law requires continued collection of Asian subcategories (see section below))</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (California law requires continued collection of Pacific Islander subcategories (see section below))</p> <p><input type="checkbox"/> White</p>
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Ethnicity: if you marked *Asian* or *Pacific Islander* for question #2 above, please complete this section:

Circle One Chinese Samoan Korean Japanese Tahitian Laotian Vietnamese Asian Indian Cambodian Hmong Guamanian Hawaiian

Has your child ever been retained? Yes / No If yes, what grade? _____

Has your child ever been expelled? Yes / No If yes, what year? _____ What school? _____

Is your child currently receiving any special services? Indicate which ones below. Please provide a current IEP or 504 Plan

Special Services: RSP ____ SDC ____ Speech ____ GATE ____ Migrant Ed. ____ Indian Ed. ____ 504 Plan ____ IEP ____
 Behavior Plan ____ Bilingual/EL ____ Community Day ____ Alt. Education ____

Legal Parent Education: (Highest level of education of either Legal parent/guardian) Not High School Graduate ____ High School Graduate/GED ____
 Some College/AA ____ College Graduate ____ Graduate School/Post Graduate ____ Decline to State/Unknown ____

Where is your child/family currently living? (This information is federally mandated. Check all that apply.)

<input type="checkbox"/> In a single family permanent residence - house, apartment, condo, mobile home	<input type="checkbox"/> In a motel or hotel (110)
<input type="checkbox"/> With more than one family in a house or apartment - due to loss of housing, economic hardship, or other similar reason (120)	<input type="checkbox"/> In a group home (100)
<input type="checkbox"/> In a shelter or transitional housing program (100)	<input type="checkbox"/> In a car or campsite (130)

1) Is either parent/guardian currently serving full-time active Military duty or full-time National Guard Duty? Yes No

2) If yes, please state which branch _____

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM

Possible languages you may use to complete the Home Language Survey below

English	Arabic	French	Hmong	Mien	Korean	Punjabi
Spanish	Gujarati	Cebuano	Japanese	Lao	Russian	
Thai	Cantonese	Filipino	Hindi	Ukrainian	Mandarin	Vietnamese

If your language is not listed, please write it in here

Home Language Survey: California Education Code requires schools to determine the language(s) spoken at home by each student. By filling out the following information, you will help us meet this important requirement. This information will only be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission.

- Which language did your child learn when he/she first began to speak? _____
- What is the **primary** language you use most frequently to **speak** to your son/daughter? _____
- Which language does your child most frequently use **at home**? _____
- Which language is most often spoken **by adults** in your home? _____
- Does your child speak English? Yes / No / Some English
If you answered 1-4 above with a language other than English, please complete the following two questions:
- What month/day/year did your child enroll in public school? Month/Day/Year _____
- What month/day/year was your child first enrolled in a U.S. school? Month/Day/Year _____

Duplicate Mailing: Father _____ Mother _____ (If divorced/separated & joint custody allows duplicate mailing information to be given to other parent, please include their name, address, and telephone number.)

_____	_____	_____	_____
<i>Full Name</i>	<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>
_____	_____	_____	_____
<i>Street / PO Box</i>	<i>City</i>	<i>Zip Code</i>	

Immunizations: Under California's kindergarten immunization requirements (California School Immunization Law, Health & Safety Code Sections 12035 - 120375; California Code of Regulations Title 17, Division 1, chapter 4), even four-year old children need their pre-kindergarten immunizations prior to the first day of transitional kindergarten. The federal ACIP, AAP, And AAFP recommend pre-kindergarten immunizations starting at four years of age. **All students entering, advancing or transferring into 7th grade need proof of an adolescent whooping cough booster immunization (called "Tdap") AB354.**

- Are you able to provide proof of your students immunizations? Yes _____ No _____
- Has your 7th or 8th grade student received their Tdap booster immunization? Yes _____ No _____

Dear Parents:

Thank you for choosing the Redding School District!

We would like to inform you of some of the current legislation affecting the written records the schools maintain relating to your children, and your rights as parents in relation to this data. As a parent (or legal guardian), you have a right to review the school records of your child. You also have the right to challenge the validity of the entries. In the event you should leave our district, our policy is to transfer your child's cumulative data upon the request of the receiving school district. You have the right to review the information that we will transfer to that school district. If you have any questions regarding the school records of your child, or wish to review them, please contact the principal of your child's school to arrange an appointment.

Sincerely yours,

I have read the above information:

Robert Adams
Superintendent

Parent/Guardian Signature

Rev. 3/18

Date

For Office Use Only

Perm ID#: _____ School: _____ Bus Stop: _____ Initial: _____
 Birth Verification Evidence: _____ Teacher: _____ Grade: _____
 Enrollment Date: _____ Cum Requested: _____ Faxed: _____