

Redding School District Student Enrollment Form

School Year: _____

Legal Student Name: _____
Last Name First Name Middle Name aka

Male: ___ Female: ___ Grade: _____ Birth Date: ___/___/___ Birthplace: _____
City State Country

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

Previous school: Last school your child attended _____ Address _____ City _____ State _____ Zip _____	Fax: _____ Phone: _____ Grade _____
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Lives With: Father ___ Mother ___ Stepfather ___ Stepmother ___ Other: _____
<small>Legal Parent/Guardian Name Relationship Primary Phone</small>
<small>Work Phone Cell Phone Email Address</small>
Receive Text Messages: Yes ___ No ___
<small>Legal Parent/Guardian Name Relationship Primary Phone</small>
<small>Work Phone Cell Phone Email Address</small>
Mailing Address: _____ <small>Street / PO Box City State Zip Code</small>
Residence Address: _____ <small>(If different from above) Street / PO Box City State Zip Code</small>

Ethnicity: (Please answer both questions 1 and 2) →	2. What is your race? (Choose one or more)
1. Are you Hispanic or Latino? (Choose only one)	___ American Indian or Alaskan Native
___ No, not Hispanic or Latino	___ Asian (California law requires continued collection of Asian subcategories (see section below))
___ Yes, Hispanic or Latino	___ Black or African American
	___ Native Hawaiian or Other Pacific Islander (California law requires continued collection of Pacific Islander subcategories (see section below))
	___ White
Ethnicity: if you marked Asian or Pacific Islander for question #2 above, please complete this section: ___ 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 ___
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Where is your child/family currently living? (This information is federally mandated. Check all that apply.)	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 _____
<input type="radio"/> In a single family permanent residence - house, apartment, condo, mobile home	
<input type="radio"/> With more than one family in a house or apartment - due to loss of housing, economic hardship, or other similar reason (1GE)	
<input type="radio"/> In a shelter or transitional housing program (1E0)	

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:

Rick Fauss, Ed.D.
Superintendent

Parent/Guardian Signature

Rev. 5/16

Date

For Office Use Only

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