



## *Enrollment Requirements*

You will need to bring the following original documents to complete enrollment:

1. **Proof of Residence:** Three documents in total that show the parent or guardian's name and home address (within 3 months).
    - a. One must be a Utility Bill (gas, electric, water, telephone, cable)
    - b. One must be a Driver's License or ID card with current address
    - c. Any one of the following:
      - Car, Health or Home Insurance Premium
      - Medical or other health insurance statement
      - Car Registration
      - AFDC document
      - Letter from employer on office letterhead
      - Check warrant stub
      - Credit Card/Bank Statement
      - Cellular phone Statement
      - Rental agreement that includes name and telephone number of landlord
  
  2. **Verification of Student Birth date:**
    - Birth certificate (preferred)
    - Passport/Permanent Residency Card
  
  3. **Parent/Guardian Identification:**
    - Valid photo ID
  
  4. **Immunization Records:**
    - CHDP Physical Exam for Kindergarten and 1<sup>st</sup> grade entry
    - Dental Exam for Kindergarten and 1<sup>st</sup> grade entry
- \*Attention 7<sup>th</sup> and 8<sup>th</sup> grade Parents:* Tdap Booster must be updated (last dose must be given on or after student's seventh birthday) to complete enrollment.
5. **School Transfer papers** or last report card (needed for proper placement)
  
  6. **Individualized Education Program (IEP):** required for students receiving special education services.

We reserve the right to ask for additional verification if necessary. Home visits may be conducted by school and/or district personnel to verify your child's residence. Any changes in address or phone number must be reported immediately.

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**OFFICE USE ONLY**

Permit | VOR | CGA | Home Language Survey

Processed By: \_\_\_\_\_



**ALHAMBRA**  
UNIFIED SCHOOL DISTRICT

Date Completed: \_\_\_\_\_ Enrolling School: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Please Print Clearly with Black or Blue Ink**

**STUDENT ENROLLMENT FORM**

**STUDENT INFORMATION**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix(Jr., III, etc.) AKA/Nickname \_\_\_\_\_  
 Home Address (Street and Apt. #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Contact # \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Grade \_\_\_\_\_ Male / Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State/Province \_\_\_\_\_ Birth Country \_\_\_\_\_  
(Needed Only for US, Canada, and Mexico)

**FAMILY INFORMATION (NOT EMERGENCY CONTACT INFORMATION)**

**At above address student lives with:**  Both Parents  Father only  Mother only  Legal Guardian(s)  
 Father and Stepmother  Mother and Stepfather  Foster Parents  Caregiver(s)  
 Other: \_\_\_\_\_

Circle One  
**FATHER/LEGAL GUARDIAN/CAREGIVER/OTHER:** \_\_\_\_\_  
 Last, First \_\_\_\_\_ Primary Phone # \_\_\_\_\_  Home  Cell \_\_\_\_\_  Home  Cell  
 Work  Other \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  Work  Other

Circle One  
**MOTHER/LEGAL GUARDIAN/CAREGIVER/OTHER:** \_\_\_\_\_  
 Last, First \_\_\_\_\_ Primary Phone # \_\_\_\_\_  Home  Cell \_\_\_\_\_  Home  Cell  
 Work  Other \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  Work  Other

**Primary Contact (please check one only):**  Father/Legal Guardian/Caregiver  Mother/Legal Guardian/Caregiver

**Preferred Parent's Email Address (one only please):** \_\_\_\_\_

**Home Correspondence Language (used for district/school mailings):**  English  Chinese  Spanish  Vietnamese

**Home Phone Language (used for phone calls home):**  English  Cantonese  Mandarin  Spanish  Vietnamese

**STATE MANDATED INFORMATION (Required by the California State Department of Education)**

**What is your child's ethnicity? (please check one)**  **Hispanic or Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*  
 **Not Hispanic or Latino**

**What is your child's race? (Required for ALL students. Please check up to a maximum of five racial categories)**

<input type="checkbox"/> American Indian or Alaska Native <i>(A person having origins in any of the original peoples of North, South, or Central America and maintains a tribal affiliation or community attachment)</i>	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White <i>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)</i>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Hmong	<input type="checkbox"/> Laotian (From Laos)	<input type="checkbox"/> Tahitian
	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other Asian	

Have you or anyone in your family worked in agriculture, fishing, or food processing in the last three years?  Yes  No

Has your child received Special Education services?  RSP  SDC  Speech  Other \_\_\_\_\_  None

Does your Child have a 504 Plan?  Yes  No

**Parent/Guardian Education Level** (please check only the **HIGHEST** education level completed by either parent/guardian):

<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> Some college (includes AA degree)	<input type="checkbox"/> Graduate school/Post Graduate training
<input type="checkbox"/> High school graduate	<input type="checkbox"/> College graduate	<input type="checkbox"/> Declined to state or unknown

Did your child attend pre-school?  Yes  No If yes, which pre-school? \_\_\_\_\_

When did your child first enroll in a United States K-12 school? (mm/dd/yy) \_\_\_\_\_ Grade \_\_\_\_\_

When did your child first enroll in a California K-12 school? (mm/dd/yy) \_\_\_\_\_ Grade \_\_\_\_\_

Do you currently own or rent the home at the address you listed above?  Yes  No

**OTHER CHILDREN LIVING IN THE HOME**

First and Last Name	Relationship	Birthdate	Current School	Grade
First and Last Name	Relationship	Birthdate	Current School	Grade
First and Last Name	Relationship	Birthdate	Current School	Grade
First and Last Name	Relationship	Birthdate	Current School	Grade

**ACADEMIC HISTORY**

Has your child ever attended any of the following schools in Alhambra Unified? (please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Moor Field Early Education Center | <input type="checkbox"/> Marguerita         | <input type="checkbox"/> Alhambra High School     |
| <input type="checkbox"/> Baldwin                           | <input type="checkbox"/> Monterey Highlands | <input type="checkbox"/> Mark Keppel High School  |
| <input type="checkbox"/> Brightwood                        | <input type="checkbox"/> Northrup           | <input type="checkbox"/> San Gabriel High School  |
| <input type="checkbox"/> Emery Park                        | <input type="checkbox"/> Park               | <input type="checkbox"/> Century High School      |
| <input type="checkbox"/> Fremont                           | <input type="checkbox"/> Ramona             | <input type="checkbox"/> Independence High School |
| <input type="checkbox"/> Garfield                          | <input type="checkbox"/> Repetto            |   |
| <input type="checkbox"/> Granada                           | <input type="checkbox"/> Ynez               |   |

Date(s) enrolled \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

Has your child ever repeated a grade?  Yes  No If yes, grade repeated \_\_\_\_\_

My child:

- is not under an expulsion order or recommended for expulsion from another school district.  
 is currently under an expulsion order or has been recommended for expulsion from \_\_\_\_\_ School District.

**Previous Schools Attended (please include the last three schools):**

Name of Last School	School District	City	State / Country	Grade(s)
Name of Previous School	School District	City	State / Country	Grade(s)
Name of Previous School	School District	City	State / Country	Grade(s)

**SCHOOL AND SPECIALIZED EDUCATION PROGRAMS**

My child is receiving or has received services in (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Alternative/Bilingual Program (waiver) | <input type="checkbox"/> English Language Development |
| <input type="checkbox"/> Gifted and Talented Education (GATE)   | <input type="checkbox"/> Other, please specify: _____ |
- My child has never been enrolled in any programs listed above.

My signature certifies that all information is accurate. In order to keep my child safe, I will report any changes of address, telephone, or emergency information to the school site within five days.

\_\_\_\_\_  
Parent / Legal Guardian / Caregiver Signature

\_\_\_\_\_  
Date



Legal Last Name  
Apellido Legal / (合法) 姓

Legal First Name  
Nombre Legal / (合法) 名

Middle Name  
Segundo Nombre / 中间名

Age  
Edad / 年齡

Grade  
Grado / 年級

### HOME LANGUAGE SURVEY - ENGLISH

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Signature of parent or guardian

Date

### HOME LANGUAGE SURVEY - SPANISH

El *Código de Educación* de California contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer los programas y servicios educativos adecuados.

Como padre o tutor, su cooperación es necesaria para cumplir con este requisito legal. Responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda todas las preguntas.

1. ¿Qué idioma aprendió su hijo cuando empezó a hablar? \_\_\_\_\_
2. ¿Qué idioma habla su hijo en casa con más frecuencia? \_\_\_\_\_
3. ¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo? \_\_\_\_\_
4. ¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)? \_\_\_\_\_

Firma del padre o tutor

Fecha



Legal Last Name  
Apellido Legal/(合法)姓

Legal First Name  
Nombre Legal/(合法)名

Middle Name  
Segundo Nombre/中间名

Age  
Edad/年齡

Grade  
Grado/年級

### HOME LANGUAGE SURVEY - CHINESE

加利福尼亚州《教育法》(Education Code) 含有法定要求，即各个学校必须确定每个学生在家中使用的口头语言。本信息对于各学校提供完善的辅导课程和服务来说至关重要。

作为家长或监护人，您必须给予配合，以便顺利执行这项法定要求。请尽可能准确地回答下列四个问题。请在每个问题所提供的空白处填写相应语言的名称。请勿遗漏任何问题。

1. 您的孩子开始学习说话时学的是哪种语言？

\_\_\_\_\_

2. 您的孩子在家中最常讲的是哪种语言？

\_\_\_\_\_

3. 您(家长或监护人)在与您的孩子交谈中最常使用哪种语言？

\_\_\_\_\_

4. 家里的成人(家长、监护人、祖父母或任何其他成年人)  
最常讲的是哪种语言？

\_\_\_\_\_

\_\_\_\_\_  
(家长或监护人签名)

\_\_\_\_\_  
(日期)

### HOME LANGUAGE SURVEY – VIETNAMESE

Luật Lệ Giáo Dục Tiểu Bang California qui định các trường học cần phải kiểm tra ngôn ngữ sử dụng trong gia đình của mỗi em học sinh. Chi tiết này rất thiết yếu cho nhà trường để trừ hoạch và cung cấp chương trình giáo huấn và dịch vụ thích đáng cho các em học sinh.

Xin quý vị phụ huynh hoặc giám hộ tuân theo qui định này, và vui lòng hoàn toàn trả lời chính xác bốn câu hỏi dưới đây. Xin viết rõ ngôn ngữ ở hàng trống của mỗi một câu hỏi.

1. Con em quý vị mới bắt đầu tập nói dùng ngôn ngữ gì?

\_\_\_\_\_

2. Con em quý vị ở nhà thường nói ngôn ngữ gì?

\_\_\_\_\_

3. Quý vị (phụ huynh hoặc giám hộ) thường dùng ngôn ngữ gì để nói chuyện với con em?

\_\_\_\_\_

4. Các thành viên gia đình ở nhà thường dùng ngôn ngữ gì?  
(phụ huynh, giám hộ, ông bà nội [ngoại], hoặc bất cứ các thành viên khác)

\_\_\_\_\_

\_\_\_\_\_  
(Chữ ký của phụ huynh hoặc giám hộ)

\_\_\_\_\_  
Ngày



# ALHAMBRA

UNIFIED SCHOOL DISTRICT

1515 West Mission Road, Alhambra, CA 91803

Phone: 626-943-3440 Fax: 626-943-8036

## Enrollment Health History

Please answer the following questions about your child. This information is for our health office and to help plan the school program.

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Medication taken regularly? \_\_\_\_ Yes \_\_\_\_ No, If Yes, explain \_\_\_\_\_

Does child have any disability that would limit his/her participation in physical activities?  
\_\_\_\_ Yes \_\_\_\_ No, If yes explain \_\_\_\_\_

Does your child wear glasses? \_\_\_\_ Yes \_\_\_\_ No

Hearing Aids? \_\_\_\_ Yes \_\_\_\_ No

Accidents (when/kind): \_\_\_\_\_

Head Injuries (when/unconscious): \_\_\_\_\_

Operations (give dates): \_\_\_\_\_

Fractured/Broken bones: \_\_\_\_\_

Other diseases/illnesses explain: \_\_\_\_\_

### When occurred

- Allergies \_\_\_\_\_
  - Seasonal \_\_\_\_\_
  - Insects \_\_\_\_\_
  - Food \_\_\_\_\_
  - Medication \_\_\_\_\_
  - Other \_\_\_\_\_
- Epi-Pen \_\_\_\_\_
- Asthma \_\_\_\_\_
- Bronchitis \_\_\_\_\_
- Chickenpox \_\_\_\_\_
- Convulsions \_\_\_\_\_
- Diabetes \_\_\_\_\_

### When occurred

- Ear Aches \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Fainting Spells \_\_\_\_\_
- Frequent Nose Bleeds \_\_\_\_\_
- Frequent pain leg joints \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Head Aches \_\_\_\_\_
- Heart Trouble \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Hernia \_\_\_\_\_
- Measles \_\_\_\_\_
- Meningitis \_\_\_\_\_

### When occurred

- Mumps \_\_\_\_\_
- Puerisy \_\_\_\_\_
- Pneumonia \_\_\_\_\_
- Pneumatic Fever \_\_\_\_\_
- Rubella \_\_\_\_\_
- Scarlet Fever \_\_\_\_\_
- Stomach Aches \_\_\_\_\_
- Strep Throat \_\_\_\_\_
- TB Contact \_\_\_\_\_
- TB Meds \_\_\_\_\_
- Tonsillitis \_\_\_\_\_
- Urinary Tract Infection \_\_\_\_\_

Special Diet? \_\_\_\_\_

Behavior Problems? \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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## Alhambra Unified School District Emergency Contact Information - Temporary

Alhambra Unified School District collects emergency contact information online through the Parent Portal at:  
<http://family.ausd.us>  
 Each parent account is tied to only one student. Please provide your home phone and email so you can be contacted when the system is available.

Student Name		
Gender	Grade	Date of Birth
Home Phone/Primary Contact Number		Student ID#
Email		

*I have reviewed a copy of the Handbook for Parents and Students informing me of my rights regarding certain school activities authorized by the California Education Code and the District/School Code of Conduct (CEC Sections 49980). I have also reviewed information from my child's school explaining proper procedures if a disaster occurs during school hours.*

Parent/Guardian Name (Please Print)	Parent/Guardian Name	Today's Date
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Medical Info

Physician Name	Phone #
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Allergies	Medications or Additional Health Information
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Other Emergency Contacts Information (Up To Five Contacts)

Emergency Contact #1 Name (Last, First)	Relationship	Phone #
---	--------------	---------

Street	City & State	Zip
--------	--------------	-----

Emergency Contact #2 Name (Last, First)	Relationship	Phone #
---	--------------	---------

Street	City & State	Zip
--------	--------------	-----

Emergency Contact #3 Name (Last, First)	Relationship	Phone #
---	--------------	---------

Street	City & State	Zip
--------	--------------	-----

Emergency Contact #4 Name (Last, First)	Relationship	Phone #
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Street	City & State	Zip
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Emergency Contact #5 Name (Last, First)	Relationship	Phone #
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Street	City & State	Zip
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