



ENROLLMENT FORM
ATASCADERO UNIFIED SCHOOL DISTRICT
 Atascadero, CA 93422
 (805) 462-4200

Office Use Only	
Date Enrolled	_____
School	_____
Grade	_____ Room _____
Teacher	_____
School of Residence	_____
Student ID#	_____

Child's Legal Name: _____
(Same as on birth certificate) Last First Middle

Male Female Home Phone: _____

Mother/Guardian/Step Parent: _____

Work Phone: _____ Child resides with? Yes No

Email Address: _____

Father/Guardian/Step Parent: _____

Work Phone: _____ Child resides with? Yes No

Email Address: _____

Physical Street Address: _____
(Verified by utility bill or rental agreement, etc.)

Mailing Address: _____

Date of Birth: _____ Place of Birth: _____
(Verified by Certified Birth Certificate) City State Country

Previous School Attended: _____
Name Address Phone Number

Child's Ethnicity (Please select one)							
<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)							
<input type="checkbox"/> Not Hispanic or Latino							
Child's Race							
<small>(Select at least one. You may select up to five categories.)</small>							
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean
<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Filipino/Filipino American	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Tahitian	<input type="checkbox"/>	Guamanian
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other Asian
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	African American/Black
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hawaiian
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	White

Parent Education Level:
<small>(Circle the response that best describes the parent with the highest level of education)</small>
1. Not a High School Graduate
2. High School Graduate
3. Some College
4. College Graduate
5. Graduate School/Post Graduate
6. Decline to state/unknown

Other Children in Family:

1. _____
Name Birthdate Grade/School

3. _____
Name Birthdate Grade/School

2. _____
Name Birthdate Grade/School

4. _____
Name Birthdate Grade/School

What language did your child first learn to speak? _____
 What language do you use most often with your child? _____
 What is the date your child was enrolled in school for the first time in the United States? _____
 What language does your child use most frequently in the home? _____
 What language is most often used by the adults at the home? _____

PARENT SIGNATURE _____ **Date** _____