



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)

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

Child's Race
(Select at least one. You may select up to five categories.)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> White

Parent Education Level:
(Circle the response that best describes the parent with the highest level of education)

- Not a High School Graduate
- High School Graduate
- Some College
- College Graduate
- Graduate School/Post Graduate
- Decline to state/unknown

Other Children in Family:

1. _____
Name Birthdate Grade/School

2. _____
Name Birthdate Grade/School

3. _____
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** _____