

**Arena Elementary School
STUDENT ENROLLMENT FORM**

STUDENT INFORMATION: PLEASE PRINT LEGAL NAME

Legal Last Name		Legal First name		Legal Middle Name	
Alias Last Name		Alias First Name		Alias Middle Name	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary	Age:	Grade:	Birthdate:	Place of Birth	
			Month (MM)/Day (DD)/Year (YYYY)	City	State
Primary Telephone Number: ()		2nd Telephone Number: ()			
Residence Address (house/apt # & street name)			City	State	Zip
Mailing Address (PO Box or other mail location)			City	State	Zip

STUDENT RESIDES WITH (check all that apply) Mother Father Step-parent Legal Guardian(s) Other : _____

PARENT/GUARDIAN INFORMATION:

1. Parent/Guardian Name	Primary Phone	Work Phone
2. Parent/Guardian Name	Primary Phone	Work Phone

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Not a High School Graduate (14)
 Some College or Associate's Degree (12)
 Graduate Degree or Higher (10)
 High School Graduate (13)
 College Graduate (11)

STUDENT ETHNICITY AND RACE- The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, please continue to question 2.

1. ETHNICITY: What is the ethnicity of this student? (Please check one Ethnicity and continue to question 2 regarding Race.)

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

2. RACE: What is the race of this student? (Please check at least one category and up to 5 of which you most closely identify with.)

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original peoples of North, Central or South America & maintains a tribal affiliation or community attachment.)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
	<input type="checkbox"/> Guamanian (302)	

3. HOME LANGUAGE INFORMATION

- a. What language did your child learn when he/she first began to speak? _____
- b. What language does your child most frequently speak at home? _____
- c. What language do you (the parents/guardians) most frequently speak to your child? _____
- d. What language is most often spoken by adults in the home? _____
- e. Has your child ever taken an English Language Proficiency Assessment (ELPAC)? Yes No I don't know?

4. What services is this student currently receiving? (Please check all boxes that apply)

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> Resource (RSP) | <input type="checkbox"/> English Language Development | <input type="checkbox"/> IEP (Individual Education Plan) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Adaptive P.E. | <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Intervention | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Counseling | |

5. Has your child ever been suspended? Yes No **Has your child ever been expelled?** Yes No

6. MOST RECENT SCHOOL ATTENDED:	Address/City/State/Zip	Grade(s)	Date(s)
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I have reviewed this document and to the best of my knowledge, the information contained herein is true and complete. By signing this I declare under penalty of perjury that I am the parent or legal guardian of the above-named student

Parent/Guardian Name (please print):	Date:
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Signature of Parent/Guardian:

Point Arena School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived age, ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, immigration status, marital status, medical information, national origin, parental status, pregnancy status, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics..) For questions or complaints, contact: Title IX Coordinator: Marc Feliz (707)882-2134 & Michelle Egger (707)882-2131, 504 Coordinator: Michelle Egger (707) 882-2131, Title II Coordinator: Warren Galletti (707)882-2803 or wgalletti@mcn.org

Proof of Birth Record: Type: _____ Verified by: _____	Proof of Immunization: _____ Verified by: _____	Proof of Residence: _____ Verified by: _____	Enrollment Date: _____	Assigned Grade: _____	Permanent ID: Blank _____ ET _____ RC _____
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