

Point Arena Schools District Arena Union Elementary School District Arena Elementary School		<i>OFFICE USE ONLY:</i>		
		Perm ID#		Grade
		SSID#		Teacher
NEW STUDENT ENROLLMENT				
STUDENT INFORMATION: PLEASE PRINT LEGAL NAME				Date:
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 Country
Primary 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) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> 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 <u>most educated parent</u>.				
<input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> Some College or Associate's Degree (12) <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> College Graduate (11)				
STUDENT ETHNICITY AND RACE - Both Sections must be completed: Regardless of your answer to question 1, please continue to question 2.				
1. ETHNICITY: What is the ethnicity of this student? Choose the ethnicity with which the student most closely identifies. Please check 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				
2. RACE: What is the race of this student? (Please check at least one category and a maximum of 5 categories)				
<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original peoples of North, Central or South America) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)				
<input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302)				
<input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)				
SPECIAL PROGRAM PARTICIPATION: What Special Services has your child received? Please check all boxes that apply.				
<input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP (Please attach copy) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Speech/Language <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Other:				
Are there psychological or confidential reports available from your child's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOST RECENT SCHOOL ATTENDED:		Address/City/State/Zip	Grade(s)	Date(s)
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:
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: Michelle Egger (707) 882-2131, 504 Coordinator: Michelle Egger, (707) 882-2131, Title II Coordinator: Warren Galletti (707) 882-2803 or wgalletti@mcn.org)				