

SANTA BARBARA UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

(USE BALLPOINT PEN ONLY) NOTE: Parents DO NOT write in shaded areas.

STUDENT NAME (LAST) (FIRST) (MIDDLE)			CHECK: <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE	STUDENT BIRTHDATE					
PARENT(S) /GUARDIAN (S) (For Mailing Purposes)				HOME PHONE #	FATHER'S WORK #	MOTHER'S WORK #					
RESIDENCE STREET ADDRESS (NOT A P.O. BOX)				CITY	STATE ZIP	BIRTH VERIF.					
MAILING ADDRESS IF DIFFERENT FROM STUDENT'S OR RESIDENCE ADDRESS				CITY	STATE ZIP	STUDENT CELL PHONE #					
STUDENT ID #	ENROLLMENT DATE	ENROLLMENT CODE	DIST. OF RESIDENCE	SCHOOL OF RESIDENCE	I/S	HM RM/TEACHER #	EC	SCHOOL #			
STUDENT EMAIL ADDRESS			LAST SCHOOL ATTENDED: NAME: ADDRESS CITY ZIP STATE								
SANTA BARBARA SCHOOL PREVIOUSLY ATTENDED: NAMES: YEARS:				LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME:							
PREFERRED CORRESPONDENCE LANGUAGE ENGLISH SPANISH		BIRTHPLACE (CITY & STATE, OR IF NON USA - CITY, COUNTRY)			DATE STUDENT FIRST ATTENDED SCHOOL IN USA						
DOES THE STUDENT HAVE A DISABILITY? YES NO		HAS STUDENT BEEN SERVED BY AN I.E.P. / SECTION 504 PLAN? YES NO		HAS THE STUDENT EVER RECEIVED SPECIAL EDUC. OR RELATED AIDS/ SERVICES? YES NO							
STUDENT LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> OTHER											
INFORMATION CONCERNING PARENT OR GUARDIAN (MALE):	<input type="checkbox"/> MR. <input type="checkbox"/> DR.		NAME (LAST NAME, FIRST)			BIRTHPLACE					
	RELATION TO CHILD		OCCUPATION		EMPLOYER						
	MAILING ADDRESS IF DIFFERENT FROM STUDENT'S RESIDENCE ADDRESS			CITY	STATE	ZIP	PHONE				
	SEND EXTRA MAILING HERE YES NO		EMAIL ADDRESS			CELL PHONE #					
INFORMATION CONCERNING PARENT OR GUARDIAN (FEMALE):	<input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. <input type="checkbox"/> Miss		NAME (LAST NAME, FIRST)			MAIDEN NAME		BIRTHPLACE			
	RELATION TO CHILD		OCCUPATION		EMPLOYER						
	MAILING ADDRESS IF DIFFERENT FROM STUDENT'S RESIDENCE ADDRESS			CITY	STATE	ZIP	PHONE				
	SEND EXTRA MAILING HERE YES NO		EMAIL ADDRESS			CELL PHONE #					
PARENT EDUCATION FATHER				PARENT EDUCATION MOTHER							
1 Not a High School Grad		3 Some College		5 Graduate School/Post		1 Not a High School Grad		3 Some College		5 Graduate School/Post	
2 High School Grad		4 College Graduate		6 Declined/Unknown		2 High School Grad		4 College Graduate		6 Declined/Unknown	
NAME OF NATURAL PARENTS (IF NOT SAME AS ABOVE)											
FATHER				ADDRESS							
MOTHER				ADDRESS							
NAMES OF OTHER CHILDREN IN FAMILY				DATE OF BIRTH		MALE/FEMALE		NAME OF SCHOOL (IF IN SCHOOL)			
SIGNATURE OF PARENT/GUARDIAN								DATE:			
Health and Emergency Card Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Photocopy of current immunization attached <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Residence Verified <input type="checkbox"/> Completed by School District Employee (Please Print) _____ Position _____											



Santa Barbara Unified School District

720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-963-3521
www.sbsd.k12.org

ETHNIC SURVEY / ENCUESTA ÉTNICA

Student's Legal Name (*Nombre legal*): _____

Student's Country of Origin: _____

País de origen del estudiante:

In an effort to provide a more accurate picture of the nation's ethnic and racial diversity, the federal government requires a new way to report ethnicity and race that includes new categories. Please provide the information in Part A and Part B. *En un esfuerzo para tener una imagen más precisa de la diversidad étnica y racial del país, el gobierno federal exige una nueva manera de informar sobre etnia y raza que incluye categorías nuevas. Por favor, indiquen la información en la Parte A y la Parte B.*

Part/Parte A. **Is this student Hispanic or Latino? ¿El alumno/a es hispano/a? (Select only one/Seleccionar sólo uno)**

- No, not Hispanic or Latino – *No, no hispano ni latino.*
- Yes, Hispanic or Latino – *Sí, hispano o latino.*

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be. *La parte superior de la pregunta es sobre etnia, no raza. No importa lo que hayan marcado arriba, por favor, respondan lo siguiente marcando una o más cajas para indicar lo que consideran que es la raza de su alumno/a.*

Part/Parte B. **What is this student's race? ¿Cuál es la raza del alumno?(Select one or more) (Seleccionar una o más)**

- American Indian or Alaska Native/*Indígena Americano o Nativo de Alaska*

Asian/*Asiático*

- Chinese/*Chino*
- Japanese/*Japonés*
- Korean/*Coreano*
- Vietnamese/*Vietnamita*
- Asian Indian/*Indio Asiático*
- Laotian/*Laosiano*
- Cambodian/*Camboyano*
- Filipino
- Hmong
- Other Asian/*Otro asiático*

Native Hawaiian or Other Pacific Islander/*Nativo Hawaiano u Otro del Pacífico*

- Hawaiian/*Hawaiano*
- Guamanian/*Guamaniano*
- Samoan/*Samoano*
- Tahitian/*Tahitiano*
- Other Pacific Islander/*De Otra Isla del Pacífico*
- Black or African American/*Negro o Africanoamericano*
- White/*Blanco*

Signature of Parent/Guardian
Firma del padre, madre o tutor

Date
Fecha

**Please return this form at the time of enrollment.
Por favor entregue este formulario en el momento de la matriculación.**



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HOME LANGUAGE SURVEY

Student Name (Last/family)	First (given)	Date of birth
Address		Country of birth
Phone (home and emergency)	Cell phone	Date of US entry
Parent's name(s)		
School	Grade	Enrollment date

Prior Schooling

Transfer from	Years of prior schooling
Name of school and city/state	Last grade attended / Last year attended
Date of first enrollment in a US K-12 school	Date of first enrollment in a California K-12 school

Home Language Survey

California Education Code §52164.1; California Code of Regulations 5CCR 4304

A Home Language Survey is required of each newly enrolling student in a California public or nonpublic school. Answers of languages other than English on questions 1, 2, or 3 trigger a state test of English language development. The purpose is to know the languages and educational needs of students, so we can provide access to the educational program and rapid fluency in English.

Parent: Please answer these questions

1. Which language did your child learn when s/he first learned to talk? _____
2. Which language does your child use most frequently at home? _____
3. Which language do you use most frequently at home? _____
4. Which language is most often spoken by the adults in your home? _____

Correspondence language:

Which language would you prefer for information sent to the home from school? English Spanish

Other language (please specify) _____

Parent signature _____ Date _____

LITERACY IN OTHER LANGUAGES: If you listed a language other than English in lines 1-3,

- Does your child understand the spoken language? Yes No
- Does your child read that language? Yes No
- Does your child write that language? Yes No

MATH LITERACY

- What was the last level of math your child studied?

Grade level Pre-Algebra Algebra Geometry Trigonometry

Revised March 2007

Schools – Place copy in the child's yellow (EL folder) in the cumulative folder.

"Home language" is the non-English language entered on lines 1, 2, or 3 on the Home Language Survey.