



# ENROLLMENT APPLICATION for Academic Year 2010 - 2011

Please check one:

- Anna Yates Elementary School (Grades K – 6) for Grade \_\_\_\_\_
- Emery Secondary School (Grades 7 – 12) for Grade \_\_\_\_\_

## STUDENT INFORMATION

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation (Jr., Sr.) \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

**This student:**  lives in Emeryville with a legal parent or guardian  
 (Check one)  lives in Emeryville with a non-parental caregiver  
 has an Inter-District Transfer from \_\_\_\_\_ School District

Student's Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Student's Birthplace \_\_\_\_\_ Is the student a US citizen?  Yes  No

If not the US, what is this student's country of citizenship? \_\_\_\_\_

On what date did this student begin school in the USA? \_\_\_\_\_

## Primary Parent / Legal Guardian Do you live in the same residence as student? Yes No

Parent/Guardian's Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address – VERY IMPORTANT \_\_\_\_\_

## Caregiver Information – Complete ONLY if there has been an official caregiver affidavit signed by an Emeryville resident.

Caregiver's Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Why is this student living in this caregiver's home? \_\_\_\_\_

## SCHOOLS HISTORY

Prior Schools <i>(List the most recent first)</i>	School District	Grades	Date/Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

Does this student have an Individualized Education Program (IEP) or receive special services?  Yes  No

Please specify:  Resource Specialist Program (RSP)  Special Day Class (SDC)  Other \_\_\_\_\_

Has this student been expelled or is currently scheduled for an expulsion hearing from another district?  Yes  No

## REGARDING ETHNICITY & RACE

(Required by Federal NCLB regulations)

The US Department of Education requires the collection of race and ethnicity data for students and staff. The data that informs the systems built to support instruction and measure student learning is essential to monitoring and evaluating instruction, learning and achievement across racial and ethnic groups.

Please answer **BOTH** of the following questions regarding your child's ethnicity and race.

**What is your child's ethnicity?** Please check one box.

- 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**

**What is your child's race?**

The above question is about ethnicity, not race. No matter what you selected above, please indicate what you consider your child's race to be. Please check at least one box - or as many as five - from the choices below.

- African American** (600) – A person having origins in any of the original black peoples of Africa

**Asian** (200) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>Chinese</b> (201)      | <input type="checkbox"/> <b>Japanese</b> (202)    | <input type="checkbox"/> <b>Korean</b> (203)    | <input type="checkbox"/> <b>Vietnamese</b> (204) |
| <input type="checkbox"/> <b>Asian Indian</b> (205) | <input type="checkbox"/> <b>Laotian</b> (206)     | <input type="checkbox"/> <b>Cambodian</b> (207) | <input type="checkbox"/> <b>Hmong</b> (208)      |
| <input type="checkbox"/> <b>Filipino</b> (400)     | <input type="checkbox"/> <b>Other Asian</b> (299) |   |  |

- Native Indian, American Indian, or Alaskan Native** (100) – A person having origins in any of the original peoples of North, Central and South America and who maintains a tribal affiliation or community attachment

**Native Hawaiian or Pacific Islander** (300) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <b>Hawaiian</b> (301)               | <input type="checkbox"/> <b>Guamanian</b> (302) | <input type="checkbox"/> <b>Samoan</b> (303) | <input type="checkbox"/> <b>Tahitian</b> (304) |
| <input type="checkbox"/> <b>Other Pacific Islander</b> (399) |   |  |  |

- White** (700) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

## REGARDING HOME LANGUAGE

Answers to questions about language will help determine how to best serve and support your child and family.

What language did this student learn to speak first?

\_\_\_\_\_

What language does this student use at home most?

\_\_\_\_\_

What language do you use most in speaking to this student?

\_\_\_\_\_

What language do the adults in the home speak most often?

\_\_\_\_\_

What language do the adults prefer for correspondence?

\_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_

**PARENTS and LEGAL GUARDIANS** – List the adults who are legally responsible for this student.

\_\_\_\_\_  
Last Name First

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Cell Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Last Name First

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Cell Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Phone

**Parent Education Level** – Be sure to check one below

- Not a High School Graduate (14)
- High School Graduate (13)
- Some College (includes AA degree) (12)
- College Graduate (11)
- Graduate/Post Graduate School (10)
- Decline to state (15)

**Parent Education Level** – Be sure to check one below

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- College Graduate (11)
- Graduate/Post Graduate School (10)
- Decline to state (15)

**SIBLINGS** – List this student's brothers and sisters

\_\_\_\_\_  
Name School Grade Age

\_\_\_\_\_  
Name School Grade Age

\_\_\_\_\_  
Name School Grade Age

\_\_\_\_\_  
Name School Grade Age

Please check all that apply to this student's and this family's living situation

- Student lives in a group home or foster care
- Student is homeless and/or living "doubled up" due to hardship
- Family is homeless and/or living "doubled up" due to hardship
- Student is a refugee or asylee

\_\_\_\_\_  
Name of Social Service Agency

\_\_\_\_\_  
Name of Social Worker

\_\_\_\_\_  
Office Telephone Extension #

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Student's Last Name

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First

---

Middle

---

Birth Date

## REGARDING HEALTH & WELLNESS

*Please list all medical conditions, allergies, mental health and/or wellness issues regarding this student*

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Physician's Name

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Dentist's Name

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Physician's Telephone

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Dentist's Telephone

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Name of Health Plan

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Health Plan Policy Number

### TREATMENT CONSENT – *in the event of a medical emergency*

I, the undersigned parent/legal guardian of the minor student above, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

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Parent/Legal Guardian's Name *(please print)*

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Parent/Legal Guardian's Signature

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Date

*List the primary parent/legal guardian's contact phone numbers in the event of a medical emergency involving this student*

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Home or Work Telephone

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Cell Telephone

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Other

### EMERGENCY CONTACTS – *List individuals who may be contacted in the event of an emergency involving this student.*

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Name

---

Telephone

---

Relationship to student

---

Name

---

Telephone

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Relationship to student

### MEDIA CONSENT AND RELEASE

I, the undersigned parent/legal guardian of the minor student above, hereby give my consent to Emery Unified School District (EUSD) to conduct interviews, take photos and/or videotape of this student, or, of artwork created by this student.

I further give consent for these interviews, photos, or videotapes to appear on national and local media, including radio, broadcast and cable television, publications, Internet and in EUSD documents and promotional materials such as newsletters, websites and items produced in partnership with other organizations or individuals authorized by EUSD.

I further agree that I shall have no right, title, or interest in the photos, videotapes, film, publications, websites or interview content, nor shall I find cause for action for damage or injuries supposedly resulting from the gathering or dissemination of such when distributed in the manner and for the purposes described herein.

I understand that I will not receive monetary compensation from EUSD or its partner organizations and that EUSD will not profit from distribution of these media.

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Parent/Legal Guardian's Name *(please print)*

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Parent/Legal Guardian's Signature

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Date