

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT ENROLLMENT FORM

School Name _____ Date of Enrollment _____

Student's Legal Name _____ Male ___ Female ___
 (Last) (First) (Full Middle)

Residence _____ Birth Date _____
 (Street Address) City Zip Code

Home Phone _____ Grade _____ Birth City _____ Birth State _____ Birth Country _____

If born outside the U.S., was parent(s) in the U.S. Military, Missionary, or Diplomatic Service? Yes ___ No ___

Is the student Hispanic or Latino? Yes ___ No ___

Select one or more of the following races. Use a number 1 to indicate the primary race.

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

Name of Last School Attended _____ Phone Number _____

Address of Last School Attended _____

Last Date Attended _____ Special Programs (i.e., RS, SC, Gate, ELA) _____

Attended the Wm. S. Hart District Before? ___ Dates Attended _____ Name of School _____

Student *lives* with: (Please check all that apply)

- Mother Father Step-mother Step-father Legal Guardian Foster Parent Caregiver

Name of those checked: 1. _____ 2. _____

Relationship to Student: _____

Work Phone(s): _____

Cell Phone(s): _____

Occupation: _____

Email Address: _____

Highest Parent Education Level of any Parent/Guardian:

- | | | |
|---|--|--|
| <input type="checkbox"/> Not a High School Grad | <input type="checkbox"/> Some College or AA Degree | <input type="checkbox"/> Graduate School/Post Grad |
| <input type="checkbox"/> High School Grad | <input type="checkbox"/> College Grad | <input type="checkbox"/> Decline to State/Unknown |

Resident Parent/Guardian Signature: _____ **Date** _____

Biological Parent *NOT Living* in the home (OPTIONAL):

Name: _____ Relationship _____

Address: _____ City, State Zip _____

Home Telephone _____ Work Telephone _____

Extra Report Card Mailing? ___ Yes ___ No

FOR OFFICE	_____ Counselor	_____ Immunizations	_____ Records Requested
USE ONLY	_____ Primary Language	_____ Proof of Residence	_____ Attendance Category