

**HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT  
NEW ENROLLMENT FORM K-8**

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Last Grade Completed \_\_\_\_\_  
Date: \_\_\_\_\_

Happy Valley Primary School

Happy Valley Elementary School

Happy Valley Community Day

Male   
Female

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(From Birth Certificate) Last Name First Name Middle Name Month/Day/Year

**PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES**

Check one. Father  Step-Father  Guardian   
Check one. Mrs.  Ms.  Dr.  Other \_\_\_\_\_  
Name: \_\_\_\_\_  
First Last

Mailing Address \_\_\_\_\_  
City: Zip Code:

Residence Address \_\_\_\_\_  
City: Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Check one. Mother  Step-Mother  Guardian   
Check one. Mrs.  Ms.  Dr.  Other \_\_\_\_\_  
Name: \_\_\_\_\_  
First Last

Mailing Address \_\_\_\_\_  
City: Zip Code:

Residence Address \_\_\_\_\_  
City Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**Ethnicity** Is this student Hispanic or Latino? (Select only one)  No, Not Hispanic or Latino  Yes, Hispanic or Latino

The above part question is about ethnicity, not race. No matter what you have selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

- Race**
- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 100 American Indian or Alaskan Native | <input type="checkbox"/> 205 Asian Indian | <input type="checkbox"/> 303 Samoan                 | <input type="checkbox"/> 600 Black or African American |
| <input type="checkbox"/> 201 Chinese                           | <input type="checkbox"/> 206 Laotian      | <input type="checkbox"/> 304 Tahitian               | <input type="checkbox"/> 700 White (not Hispanic)      |
| <input type="checkbox"/> 202 Japanese                          | <input type="checkbox"/> 207 Cambodian    | <input type="checkbox"/> 399 Other Pacific Islander |  |
| <input type="checkbox"/> 203 Korean                            | <input type="checkbox"/> 208 Hmong        | <input type="checkbox"/> 400 Filipino               |  |
| <input type="checkbox"/> 204 Vietnamese                        | <input type="checkbox"/> 299 Other Asian  |   |  |
|  | <input type="checkbox"/> 301 Hawaiian     |   |  |
|  | <input type="checkbox"/> 302 Guamanian    |   |  |

**PARENT EDUCATION LEVEL** Select the education level of the student's *most highly educated* parent or guardian. Check *one*.

- |   |  |  |
|---|--|--|
| 1 Not a high school graduate ... <input type="checkbox"/> | 3 Some college ..... <input type="checkbox"/>    | 5 Graduate school/post graduate training .. <input type="checkbox"/> |
| 2 High school graduate ..... <input type="checkbox"/>     | 4 College graduate..... <input type="checkbox"/> |  |

**MEDIA PERMISSION**

I/We GIVE permission for my/our student to be observed, interviewed, photographed and/or filmed when they have received permission by the principal or designee to be on campus. Information gathered may be used in publications, television reports, public presentations and/or the school district web site Yes  No

**DISTRICT MOBILITY**

When did the student or when will the student first attend *any school in HVUESD*?

At what grade level? Check one. K  1  2  3  4  5  6  7  8

\_\_\_\_\_  
Month and Year

**OTHER PARENT OR LEGAL GUARDIAN INFORMATION** not listed on page one, if applicable.

Check *one*. None  Father  Step-Father  Mother  Step-Mother  Guardian  Other  \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Area Code and Number Area Code and Number

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

**EMERGENCY CONTACTS**

List four *local* contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

I am/We are the parent/guardian of the above named student, in case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

On \_\_\_\_\_ at \_\_\_\_\_, California  
Date City

Parent/Guardian Signature(s) \_\_\_\_\_

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

**If you are a single parent with sole legal custody, please submit a copy of the court order authorizing sole custody to the school.**

**PRIMARY PARENT OR GUARDIAN** (from page one)

**PRIMARY PARENT OR GUARDIAN** (from page one)

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Phone \_\_\_\_\_  
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Phone \_\_\_\_\_  
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Student's Name \_\_\_\_\_

<b>FOR SCHOOL USE ONLY</b>	EO <input type="checkbox"/>	LEP <input type="checkbox"/>	FEP <input type="checkbox"/>	RFEP <input type="checkbox"/>	Redes Date if RFEP _____
GRADE LEVEL _____	InterDistrict <input type="checkbox"/> District of Residence _____				
STUDENT ID NUMBER _____	PERMANENT ID NUMBER _____			CSIS NUMBER _____	

**School Use**

**HOME LANGUAGE SURVEY**

Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

What language does your son/daughter most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

Name the language most often spoken by the adults at home. \_\_\_\_\_

**OTHER STUDENT INFORMATION**

Student's Birthplace \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

When did the student first attend *school in the United States*? \_\_\_\_\_  
Month and Year

At what grade level? Check one. K  1  2  3  4  5  6  7  8

When did the student first begin attending school *in California*? \_\_\_\_\_  
Month and Year

At what grade level? Check one. K  1  2  3  4  5  6  7  8

What *school* did the student attend before enrolling in the current Happy Valley Union Elementary School?

Check one. Public  Private  Home School  None

Name of Previous School \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Address City State Zip Code

Dates of Attendance at Previous School From \_\_\_\_\_ To \_\_\_\_\_

**ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION:** Please answer all questions.

I certify that my son/daughter: Check *one*.

- Has never been enrolled in a special educational program .....
- Was previously enrolled in a special program and is no longer enrolled .....
- Is currently enrolled in a special program.....

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Special Education .....                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Gifted & Talented Education Program (GATE) ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Day Class (SDC).....           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | English Language Development (ELD) .....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Resource Specialist Program (RSP)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 504 Plan.....                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Speech and Language Program.....       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other: Please specify _____                      |                              |                             |
| Visually Impaired Program.....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |                              |                             |

**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Date of Birth	Lives at Home	School Attending/Grade (If graduated, NA)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

