

# SOUL CHARTER SCHOOL

## STUDENT ENROLLMENT FORM

**COPY OF BIRTH CERTIFICATE REQUIRED**

**PRINT** Legal Name (No Nicknames): Enrolling in: SOUL Charter School Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_  
Month/Day/Year

PLACE OF BIRTH \_\_\_\_\_ Social Security # \_\_\_\_\_  
City State Country

Student's E-mail Address \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_  
Student resides with? \_\_\_\_\_ (Father / Mother / Guardian / Caregiver)

Father's Name \_\_\_\_\_ (Note: Father / Guardian / Caregiver) Mother's Name \_\_\_\_\_ (Note: Mother / Guardian / Caregiver)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  No  Yes  
Father's E-mail Would like to receive school materials and announcements? Cell Phone

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  No  Yes  
Mother's E-mail Would like to receive school materials and announcements? Cell Phone

Father's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If Different from Above Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address (If Different from Above Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father needs interpreter for phone calls / meetings:  No  Yes  
 Mother needs interpreter for phone calls / meetings:  No  Yes

Last School your Student Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School's Fax Number \_\_\_\_\_ School's Telephone Number \_\_\_\_\_

Has student previously attended school in the San Dieguito Union High School District?  No  Yes, School: \_\_\_\_\_

When did your student begin school in the United States? \_\_\_\_\_ When did your student begin school in California? \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**Home Language Survey**

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months?  No  Yes
2. What language did your child speak when he/she first began to talk? \_\_\_\_\_
3. What language does your child most frequently use at home? \_\_\_\_\_
4. What language do you use most frequently to speak to your child? \_\_\_\_\_
5. Name the language in the order most often spoken by the adults at home. 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
6. I prefer materials sent home in:  English If available in:  Spanish  Other: \_\_\_\_\_

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?**  Yes, Hispanic or Latino  No, Not Hispanic or Latino

**Please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

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

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:**  14) Not a high school graduate  13) High school graduate  12) Some college  
 11) College graduate  10) Graduate degree or higher  15) Decline to state or unknown

Military Survey Question: Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces  
 No  Yes

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

**OFFICE USE ONLY:**      **Emergency Card**      **Health Card**      **Birth Cert.**      **AU ?**  
 Imm. Verified      Chicken Pox      Hep. #1      He . #2      Hep. #3