



Office Use Only

School Name: _____

Enrollment Date: _____

Student Entry Grade: _____

Date Received: _____

Long Beach Unified School District K-12 Student Enrollment Form

Instructions: Please print using blue or black ink. If you have questions, please ask for assistance.

A. Student Information

1. _____	2. _____	3. _____	4. _____
Legal Name: Last	First	Middle	Alias/Nickname: Last
First	Middle	First	Middle
3. _____	_____	_____	4. _____
Home Address: Number	Street	Apt/Unit	City
Zip Code	Home Telephone Number		_____
5. Sex: Male	6. _____	7. _____	_____
Female	Date of Birth	Place of Birth: City	State/Province
		Country	_____

B1. Parent/Legal Guardian (with whom the student lives)

1. _____	2. _____	3. _____	4. _____
Legal Name: Last	First	Middle	Other Names Used: Last
First	Middle	First	Middle
3. _____	_____	_____	4. _____
Home Address: Number	Street	Apt/Unit	City
Zip Code	Home Telephone Number		_____
5. _____	6. _____	7. _____	_____
Cell Phone Number	Work Phone Number	Email Address	
8. Please choose your highest level of education:		Not a High School Graduate	High School Graduate
Some College (includes AA Degree)	College Graduate	Graduate School/Post Graduate Training	

B2. Parent/Legal Guardian/Caregiver

1. _____	2. _____	3. _____	4. _____
Legal Name: Last	First	Middle	Other Names Used: Last
First	Middle	First	Middle
3. _____	_____	_____	4. _____
Home Address: Number	Street	Apt/Unit	City
Zip Code	Home Telephone Number		_____
5. _____	6. _____	7. _____	_____
Cell Phone Number	Work Phone Number	Email Address	
8. Please choose your highest level of education:		Not a High School Graduate	High School Graduate
Some College (includes AA Degree)	College Graduate	Graduate School/Post Graduate Training	

C. Student Educational Information

1.	Special Services		
A.	Was this student receiving Special Education services at his/her previous school?	Yes	No
B.	Did the student have a current IEP at the previous school?	Yes	No
C.	If yes, do you have a copy of the student's IEP?	Yes	No
D.	Did the student have a current 504 plan at their previous school?	Yes	No
E.	If yes, do you have a copy of the student's 504 plan?	Yes	No
F.	Did the student receive Gifted and Talented Education (GATE) services in their previous school district?	Yes	No
G.	If yes, do you have a copy of the student's GATE paperwork?	Yes	No
Name of School Last Attended:		District:	City:
Date of First School Attended in California:			

D. Home Language and Ethnicity Information

1.	Home Language of the Student								
A.	Which language did this student learn when he/she began to talk?								
B.	Which language does this student most frequently use at home?								
C.	Which language do you most frequently speak with this student?								
D.	Which language is most often used by the adults at home?								
2.	Is the student's ethnicity Hispanic/Latino? Yes No								
3.	Student's Race (Mark all that apply)								
African American or Black		American Indian or Alaska Native			White				
Asian Indian	Cambodian	Chinese	Filipino	Hmong	Japanese	Korean	Laotian	Vietnamese	
Asian - Other	Guamanian	Native Hawaiian	Samoan	Tahitian	Pacific Islander - Other				

E. Additional Household Information

1.	Are there any court orders you wish to notify the school about regarding legal custody, physical custody, or restricted contact with the school or child? Yes No NOTE: If yes, a copy of the court order must be provided to the school.				
2.	Student lives with Foster Family	Yes	No	Relative Caregiver	Non-Relative Caregiver
Children's Social Worker:		Phone Number:			
3.	Have you or anyone in your family/household worked or traveled to look for work in agriculture, fishing, dairy/livestock, packing, and/or food processing industries in the last 3 years? Yes No				
If yes, did your children move as well?		Yes	No		
4.	Where did you move to?				
When did you arrive?					
5.	In the last three years, have you and/or your family moved in search of work in agriculture, fishing, dairy/livestock, packing, and/or food processing industries? Yes No				
What type of work did you acquire?					
Who did the work?					
Additional School Age Children Living in the Household:					
1.					
	Last Name	First Name	Date of Birth	Current School	
2.					
	Last Name	First Name	Date of Birth	Current School	
3.					
	Last Name	First Name	Date of Birth	Current School	
4.					
	Last Name	First Name	Date of Birth	Current School	

F. Signature

I verify that the information contained in this document is true and correct to the best of my knowledge.				
X				
Signature				Date
Printed Name				
Relationship to the Student:	Parent	Legal Guardian	Other (Specify)	

