

Paso Robles Joint Unified School District
ENROLLMENT FORM/EMERGENCY CONTACT 20__ - 20__

STUDENT DEMOGRAPHICS			
Student's Legal Last Name	Student's Legal First Name	Student's Middle Name	
Alias Last Name	Alias First Name	Student's Nickname	
Residence Address		City, State Zip Code	
Mailing Address (if different from above)		City, State, Zip Code	
Birthdate	Age	Gender	Student's Cell Phone
Is the student Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic / Latino <input type="checkbox"/> No, Not Hispanic / Latino			
STUDENT EDUCATIONAL HISTORY			
Has the student ever been previously enrolled at Paso Robles Joint Unified School District (if yes, school: _____)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list 3 schools previously attended (if applicable), beginning with the most recent.			
1. School/District	City, State	Grade	Public/Private/Cont/Comm
2. School/District	City, State	Grade	Public/Private/Cont/Comm
3. School/District	City, State	Grade	Public/Private/Cont/Comm
Is the student currently enrolled in a Special Education Program or have an IEP (if yes, please indicate: _____)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
What special services, if any, does your student receive: <input type="checkbox"/> None <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech & Language <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Migrant Education <input type="checkbox"/> Dual Immersion <input type="checkbox"/> English Language Development (ELD) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other:			
Has the student ever been retained or accelerated a grade (if yes, please circle RETAINED or ACCELERATED and indicate which grade: _____)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the student currently going through the expulsion process or under an expulsion contract (if yes, please attach)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER SCHOOL AGED CHILDREN IN STUDENT'S FAMILY			
Full Name	Birthdate	School/District (if not PRJUSD)	Grade
Full Name	Birthdate	School/District (if not PRJUSD)	Grade
Full Name	Birthdate	School/District (if not PRJUSD)	Grade
Full Name	Birthdate	School/District (if not PRJUSD)	Grade



Paso Robles Joint Unified School District
Consent & Request to Release Student Records

Date: _____

Student's Last Name _____ First Name _____

Last Alias _____ First Alias _____

Grade _____ Date of Birth _____ Gender _____

I authorize the release of the following records from:

Name of Last School Attended: _____

District _____ City/State _____

I request that the information be kept confidential, used for professional reasons only, and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school's records that are released.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Home Phone # _____ Cell Phone # _____

For Office Use Only Below This Line

Please mail the student's cumulative file to:

P.O. Box 7010, Paso Robles, CA 93447

Address to the school checked below

- | | |
|--|---|
| <input type="checkbox"/> <u>Georgia Brown</u> FAX (805) 237-3426 | <input type="checkbox"/> <u>Flamson Middle School</u> FAX: (805) 237-3427 |
| <input type="checkbox"/> <u>Pat Butler</u> FAX (805) 237-3496 | <input type="checkbox"/> <u>Lewis Middle School</u> FAX: (805) 237-3458 |
| <input type="checkbox"/> <u>Kermit King</u> FAX (805) 237-6196 | <input type="checkbox"/> <u>Paso Robles High School</u> FAX (805) 237-3499 |
| <input type="checkbox"/> <u>Virginia Peterson</u> FAX (805) 237-3497 | <input type="checkbox"/> <u>Liberty High School</u> FAX (805) 237-3466 |
| <input type="checkbox"/> <u>Winifred Pifer</u> FAX (805) 237-3398 | <input type="checkbox"/> <u>Independence High School</u> FAX (805) 237-3374 |
| <input type="checkbox"/> <u>Bauer Speck</u> FAX (805) 237-3498 | <input type="checkbox"/> <u>PRISC</u> FAX (805) 237-3374 |

PLEASE FAX THE RECORDS CHECKED BELOW TODAY. THANK YOU!

- | | | | |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Birth Certificate | <input type="checkbox"/> | Unofficial Transcript | <input type="checkbox"/> |
| Immunizations | <input type="checkbox"/> | Discipline & Attendance Records | <input type="checkbox"/> |
| Withdrawal Grades | <input type="checkbox"/> | CSIS Number | <input type="checkbox"/> |
| Last Report Card | <input type="checkbox"/> | | |
| IEP or 504 (If Applicable) | <input type="checkbox"/> | | |
| Cumulative File | <input type="checkbox"/> | | |
| ELPAC Scores (If Applicable) | <input type="checkbox"/> | | |
| Other: _____ | <input type="checkbox"/> | | |

Requested by: _____ Date: _____

Registrar/Records Clerk/Counselor/Psychologist/Principal
Previous School's Fax Number: _____ Phone Number _____



Paso Robles Joint Unified School District Home Language Survey

Student's Last Name _____ First Name _____

Last Alias _____ First Alias _____

Grade _____ Date of Birth _____ Gender _____

Name of Last School Attended _____

District _____ City/State _____

Parent/Guardian _____

Address _____

Home Telephone _____ Cell Phone _____

*California Education Code § 52164.1(a) requires schools to determine the language(s) spoken in the home of each student. This information is essential in order for schools to provide meaningful instruction for all students. **If a language other than English is spoken in the home the district is required to do further assessment of your student.** Please respond with one language per question.*

1. Which language did your son/daughter learn when he/she first began to speak? _____

2. What language does your son/daughter most frequently speak at home? _____

3. What language do you most frequently speak to your son/daughter? _____

4. What language do the adults in your home most frequently speak? _____

If applicable, please indicate number of years in U.S.

1 year or less

3 years or less

4 years or more

As a parent/guardian, I verify that the above information is accurate.

Signature _____ Date _____



PASO ROBLES

MIGRANT EDUCATION PROGRAM

PROGRAMA DE EDUCACIÓN MIGRANTE

STUDENT SURVEY - ENCUESTA ESTUDIANTIL

For more information and details about the program please read the back of this form.

Para información más detallada sobre este programa favor de leer la parte de atrás de esta forma.

To determine if your family qualifies for the services of Migrant Education Program please answer the following questions. *Para determinar si su familia califica para recibir los servicios de Programa de Educación Migrante por favor conteste las siguientes preguntas:*

1. Have you moved within the past 3 years, even for a short time? Yes _____ No _____
¿Usted se ha mudado en los últimos (3) años aunque sea por un corto tiempo? Si _____ No _____
2. When you moved, did you move from one school district to another Yes _____ No _____
¿Cuándo usted o su familia se mudaron fue de un distrito escolar a otro? Si _____ No _____
3. Did you move so that a member of your family could find work in agriculture, livestock or fishing? Yes _____ No _____
¿Usted o su familia se mudaron para que un miembro de su familia pudiera encontrar trabajo en la agricultura, (el campo), ganadería o pesca? Si _____ No _____
4. Where do you presently work? _____
¿Dónde trabaja usted ahora? _____
5. Have you ever worked in agriculture, livestock or fishing? Yes _____ No _____
¿Usted o su pareja han trabajado en agricultura, (el campo) ganadería o pesa? Si _____ No _____

Student Name _____ Day _____
Nombre del Alumno Fecha

Parent/Guardian _____ Grade _____
Padre o Tutor Grado

Address _____ Phone _____ Cell _____
Domicilio Teléfono Celular

Siblings _____
Hermanos

Completed by migrant office staff

Action taken by _____

_____ Enrolled Date of Interview _____
_____ Not Enrolled Reason _____

Comments: _____

Migrant Education Program: Migrant Education is a federal program for eligible migrant children. The purpose of the program is to provide high quality educational programs and services for migratory students and their families. The program focuses mainly on the educational needs of migrant children and tries to reduce barriers to successful educational achievement. For more information, call the local office of the migrant program at (805) 769-1380 or the district office (805) 769-1000.

A child is considered "migrant" if the parent or guardian is a migratory worker in the agricultural, dairy, or fishing industries and whose family has moved during the past three years. A "qualifying" move can range from moving across school district boundaries or from one state to another for the purpose of finding temporary or seasonal employment. A young adult may also qualify if he/she has moved on his/her own for the same reason.

Programa de educación migrante: Educación Migrante es un programa federal para niños migrantes elegibles. El propósito del programa es proporcionar a los estudiantes migrantes programas educativos de alta calidad y servicios para estudiantes migratorios y sus familias. El programa se centra principalmente en las necesidades educativas de los niños migrantes y trata de reducir las barreras para lograr el exitoso educativo. Para obtener más información, llame a la oficina local del programa migrante al (805) 769-1380 o a la oficina del distrito al (805) 769-1000.

Un niño se considera "migrante" si el padre o tutor es un trabajador migratorio en las industrias lácteas, agricultura, o de la pesca y cuya familia ha mudado durante los últimos tres años. Un movimiento de "calificación" puede variar de movimiento a través de los límites del distrito escolar o de un estado a otro con el propósito de encontrar un empleo temporal o estacional. Un joven adulto puede también calificar si él o ella se han movido por la cuenta por la misma razón.



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT

CONFIDENTIAL FORM
Student Residency Questionnaire

This document is intended to comply with the McKinney-Vento Assistance Act 42 USC § 11434a. The answers help determine the services that your student may be eligible to receive.

Student Name: _____ Gender: _____

School: _____ Grade: _____ DOB: _____ Age: _____

Name of Parent / Guardian: _____ Phone: (_____) _____

Address / Current Location: _____

Siblings (name, school, grade, DOB, age): _____

Student lives with:

- Parent(s) / Legal Guardian
- Relative
- Adult who is NOT the parent/legal guardian
- Foster Parent
- Friend
- Unaccompanied minor (not in custody of legal guardian)

Do you and your student live in a permanent home or apartment? Yes No

Do you or your student meet one of the following conditions for the McKinney Vento Homeless Assistance Act:

- Lack a fixed, regular nighttime residence
- Live with a friend or relative due to loss of housing and/or economic hardship
- Live in a motel/hotel (provide name: _____)
- Live in an emergency shelter, transitional shelter, domestic violence shelter, or group home (name of program: _____)
- Live in a car, recreational vehicle/trailer, park, or campground
- Other: _____

Students experiencing homelessness will not be removed from parent/guardian solely because the family is experiencing homeless.

Our District may be able to provide assistance in the following areas. Please check areas of need, if any:

- School Supplies
- Backpacks
- Hygiene Kits
- Early Childhood Education/Pre-school
- Education Advocacy
- Food Pantries
- Counseling (emotional, substance abuse)
- School Clothing Assistance
- Housing Assistance
- Free Breakfast/Lunch Program
- Transportation Assistance
- Medical/Dental/Health
- Other: (please indicate) _____

May we provide your name and contact information to outside resources or groups that may be able to provide additional services? Yes No

Parent / Guardian: _____ Date: _____

Please return this form to your student's school office or the District Office.

For District Office Use Only:

- Foster Youth
- Student DOES qualify for McKinney-Vento
- Student DOES NOT qualify for McKinney-Vento

Approved By: _____ Date _____