

# Oakdale Joint Unified School District K-12 Returning Student Enrollment Form

School Year: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	School: <input type="checkbox"/> CLO <input type="checkbox"/> FO <input type="checkbox"/> MG <input type="checkbox"/> SV <input type="checkbox"/> OJH <input type="checkbox"/> OHS <input type="checkbox"/> CH <input type="checkbox"/> ES <input type="checkbox"/> VO	Teacher/Counselor: _____
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⇒ Complete an entire form per student

SECTION A. STUDENT INFORMATION			
1. Last Name (LEGAL NAME ONLY):	First:	Middle:	Suffix (Jr, II, III):
2. Nickname:	3. Other name(s) used previously (AKA):	4. Home phone: (    )	5. Student Cell Phone: (    )
6. Mailing address:		City, State, ZIP Code:	
<b>OFFICE USE ONLY</b> Name/Addr verified: Date: / /	7. Household address:		City, State, ZIP Code:

SECTION B. RESIDENTIAL STATUS INFORMATION	
8. Student residential status (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Licensed Children's Institution(LCI)* <input type="checkbox"/> Foster Home (FFH)* <input type="checkbox"/> Hospital (except state hospital) <input type="checkbox"/> Residential facility <input type="checkbox"/> Incarcerated institution <input type="checkbox"/> State hospital <input type="checkbox"/> Developmental center <input type="checkbox"/> Foreign exchange student <input type="checkbox"/> Other: _____ *Residential facility license number: _____	
9. Homeless program/home type (check one): <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Shelter <input type="checkbox"/> Double-up <input type="checkbox"/> Unsheltered <input type="checkbox"/> Permanent housing <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	10. Program participation (check as needed): <input type="checkbox"/> 504 <input type="checkbox"/> GATE <input type="checkbox"/> Migrant Special Education: <input type="checkbox"/> SDC/LH <input type="checkbox"/> SH <input type="checkbox"/> ED <input type="checkbox"/> RSP <input type="checkbox"/> Speech <input type="checkbox"/> Other: _____

SECTION C. SIBLING INFORMATION			
11. Complete this section only if applicable. Include all siblings.			
Full name:	DOB: / /	Grade:	School:
Full name:	DOB: / /	Grade:	School:
Full name:	DOB: / /	Grade:	School:
Full name:	DOB: / /	Grade:	School:
Full name:	DOB: / /	Grade:	School:
Full name:	DOB: / /	Grade:	School:

SECTION D. CONTACT INFORMATION			
	12. PARENT/GUARDIAN	13. OTHER PARENT/GUARDIAN	14. OTHER PARENT/GUARDIAN
Contact full name:			
Relationship to student:			
Lives with student (check one):	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address: _____
Home phone:	(    )	(    )	(    )
Work phone:	(    )	(    )	(    )
Cell Phone:	(    )	(    )	(    )
Email address:			
Employer:			
Contact primary language:			
Education level (check one):	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school	<input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school
Flags (check as needed):	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> Interpreter needed <input type="checkbox"/> OK to release student

SECTION E. ADDITIONAL CONTACT INFORMATION				
15. Additional Contact (other than parent):	Emergency	Phone number	Relationship to student	OK to release student
	<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"/> 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"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(    )		<input type="checkbox"/> Yes <input type="checkbox"/> No

The information provided in Sections A – E is true to the best of my knowledge.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY – DISTRICT ADMINISTRATIVE INFORMATION	
ADDRESS/BOUNDARY INFORMATION	
Address verification document: _____	
School of residence: <input type="checkbox"/> CL <input type="checkbox"/> FO <input type="checkbox"/> MG <input type="checkbox"/> SV	<input type="checkbox"/> Intradistrict attendance permit
District of residence: _____	<input type="checkbox"/> Interdistrict attendance permit