New Student Enrollment Information

The school district is required to collect certain information about newly enrolled students in order to comply with legal requirements and make appropriate placements of those students. Please answer the questions below.

Student Name: ______________________________________

(Check One)  
☐ YES  ☐ NO

☐ Is this child currently (or has this child previously been) under an expulsion order or an involuntary transfer from the El Dorado Union High School District or another school? If so, please provide the name of the school and district in which this occurred.

☐ Has this child been suspended from school during the current school year? If so, please provide the name of the previous school and district of attendance.

☐ Does this child currently receive (or has this child previously received) special education services (i.e., Resource Specialist Program, Special Day Class, Speech, Adaptive PE) through an active Individual Education Plan (IEP)? If so, please indicate the special education program and provide the name of the previous school and district of attendance.

☐ Is this child currently under the care of a physician or taking any medication? If so, please provide the name of the physician and the medications being taken.

☐ Is this child subject to any court order(s) that the school should have knowledge of, e.g., custody order or restricted access to specific individuals (such as a restraining order)? If so, please provide a copy of the court documents.

☐ Do both biological parents have parental rights? If not, please provide a copy of the court documents.

☐ Are you the natural or adoptive parent of the child? If not, please indicate: ☐ Foster Parent  ☐ Other (specify): ________________________________

Residency: Presently, where is the student living? Please check one:

☐ Permanent house/home
☐ In an emergency shelter or transitional housing shelter
☐ Doubled up with friends or relatives in a house or apartment (other family rents or owns the apartment or house)
☐ In a motel, hotel, campground or vehicle
☐ Other: ____________________________________________

Name of person completing this form: ________________________________________________

Print Name ___________________________ Signature ___________________________

Relationship to Student ___________________________ Date ____________________________