

Harmony Union School District
1935 Bohemian Hwy • Occidental, CA 95465

FOR SCHOOL USE ONLY
Enrollment Date: _____
Student ID#: _____

Student's Name (Legal Name): _____ **Birth Date** _____
MONTH DAY YEAR

Other Name Known By (aka): _____

Student Street Address: _____ **City** _____ **State** _____ **Zipcode** _____

Mailing Address (if different): _____ **City** _____ **State** _____ **Zipcode** _____

Home Phone: _____ **Gender** _____ **Grade Entering** _____

Ethnicity (*choose one*)
 Not Hispanic or Latino
 Hispanic or Latino (*a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race*)

Circle the primary race and check all others that apply (*The first part of the question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your heritage to be.*)

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

Home Language Survey

- Which language/dialect did your child learn when he/she first began to talk?
- What language/dialect does your child most frequently use at home?
- What language/dialect do you most frequently speak to your child?
- Name the language/dialect most often spoken by the adults at home:

Has your child ever been given the CELDT Test (California English Language Development Test)?
 YES NO I DON'T KNOW

What special services has your child received?	SDC	RSP	Other Services:	GATE/Gifted	ESL (English Language Learner)	Title 1
Current	Exit Date _____	504	Speech	Remedial reading and/or math	Other (specify) _____	

Are there psychological or confidential reports available from student's former schools? YES NO I DON'T KNOW

Has student ever repeated a grade? YES NO >>>> If YES, in what grade? _____ Name of School _____

Has student ever been suspended from school? YES NO >>>> If YES, when? _____ Reason _____

Has student ever been expelled from school? YES NO >>>> If YES, when? _____ Reason _____

Is the student on probation? YES NO >>>> If YES, in which County? _____

Most Recent School Attended: Name _____ Address _____ City _____ State _____ Zipcode _____

In which language do you wish to receive written communications from the school? English Spanish