

- Harmony Elementary KinderLeap (TK) Program
- Harmony Elementary School (K-1st)
- SalmonCreekSchool-ACharterSchool (2nd - 8th)

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

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

Student's Name (legal name) _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10%;"> First Middle Last </div>	Birth Date ____/____/____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10%;"> Mo Day Year </div>
Other Name Known by (aka) _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10%;"> First Middle Last </div>	
Student Street Address _____ City _____ State ____ Zip _____	
Mailing Address (if different) _____	
Home Phone () _____ Gender _____ Grade Entering _____	

Ethnicity (check 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

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

Has your child ever been given the CELDT Test (Calif. English Language Development Test)? Yes No Don't Know

What special services has your child received? <input type="checkbox"/> SDC <input type="checkbox"/> RSP <input type="checkbox"/> Current <input type="checkbox"/> Exit Date _____ <input type="checkbox"/> 504 <input type="checkbox"/> Speech	Other Services: <input type="checkbox"/> GATE/Gifted <input type="checkbox"/> ESL/English Language Learner <input type="checkbox"/> Title I <input type="checkbox"/> Remedial reading and/or math <input type="checkbox"/> Other (specify) _____
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Are there psychological or confidential reports available from student's former schools? Yes No

Has student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what grade? _____ Name of School _____
Has student ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ Reason _____
Has student ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ Reason _____
Is the student on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which county? _____
Most Recent School Attended _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10%;"> School Address City State Zip </div>	

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

