

OFFICE USE ONLY
_____ CSIS No.
_____ Local ID No.

Westwood Unified School District

ENROLLMENT INFORMATION

School of Enrollment _____

➤ STUDENT INFORMATION

Last School Attended: _____ Last District Attended: _____

City _____ State _____ Zip _____ FAX Number _____

Enrollment Date: _____ Grade Level: _____ Age: _____ Male Female

Student's LEGAL Name (Please print): _____
(Last) (First – no nickname) (Middle – full name)

Physical Address: _____
(House # and Street Name) (City) (Zip)

Mailing Address If Different: _____
(Street # and Name or P.O. Box) (City) (Zip)

Date of Birth: _____ Social Security # _____ Home Phone: _____ If unlisted

Birthplace – City: _____ State: _____ Country: _____

If country is other than U.S., please complete the following:

Arrival Date in U.S.: ____/____/____ Date of Initial Enrollment in a U.S. School: ____/____/____

Date of Initial Enrollment in a California School: ____/____/____

ETHNICITY: (Please Circle One)

- 100 = American Indian or Alaskan Native
- 299 = Asian/Asian American
- 600 = African American or Black (not of Hispanic origin)
- 400 = Filipino/Filipino American
- 500 = Hispanic or Latino
- 399 = Pacific Islander
- 700 = White (not of Hispanic origin)
- Other _____

<p>For Office Use Only English Proficiency – Circle One 1= English Only 2= Initial Fluent English Proficient 3= English Learner 4= Reclassified Fluent English Proficient</p>
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HOME LANGUAGE: (Please circle one)

- 00 = English
- 01 = Spanish
- 99 = Other Non-English Language

Does your child receive Special Education services? Yes No Does your child have an active 504 Plan? Yes No

Is the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD)? Yes No

Has the student been an English learner less than 12 months? Yes No

Is the student GATE identified? Yes No

Health Issues/Concerns: _____

➤ **PARENT/GUARDIAN INFORMATION**

Student resides with:

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other

Is the above (checked) person(s) the student's **LEGAL** guardian? Yes No If No, please obtain a "Caregiver's Authorization Affidavit" from the School Office.

MUST COMPLETE: Parent/Guardian:

1. Name _____ Phone: _____ Cell: _____

Email address: _____

Employer: _____ Phone: _____

2. Name _____ Phone: _____ Cell: _____

Email address: _____

Employer: _____ Phone: _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name	Mailing Address	Phone Number

3. If Foster or Group Home, name of organization: _____

Phone Number: _____ Name of Case Worker: _____

PARENT EDUCATION LEVEL: If the child resides with both parents, indicate the parent with the highest level only. If the child resides primarily with one parent, indicate that parent's education – please circle your answer.

14 = Not a High School Graduate

12 = Some College

10 = Graduate School / Post Graduate Training

13 = High School Graduate

11 = College graduate (B.A. or B.S. Degree)

15 = Decline to Answer / Unknown

➤ **EMERGENCY CONTACT** (Please list someone in our **LOCAL** area other than whom the student lives with.)

Name: _____ Hm Phone: _____ Work Phone: _____ Relation: _____
Cell Phone: _____

Name: _____ Hm Phone: _____ Work Phone: _____ Relation: _____
Cell Phone: _____

Doctor: _____ Phone Number: _____

Insurance: _____

➤ **CALIFORNIA HIGH SCHOOL EXIT EXAM (CAHSEE)**

Has your student taken the California High School Exit Exam? Yes No

If yes, name of high school: _____ Please attach a copy of test results if available.

➤ **SIGNATURE**

I VERIFY THAT THE INFORMATION ON THIS Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my student.

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian name: _____

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ <i>Licensed Dental Professional Signature</i> _____ <i>CA License Number</i> _____ <i>Date</i> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.
 Original to be kept in child's school record.