

## TUHSD PRE-ENROLLMENT INFORMATION

Any falsified information provided on this form may result in immediate involuntary transfer to an alternative program or expulsion from the Taft Union High School District.

Students Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Are you currently living **outside** of the Taft Union High School District? Yes / No

If yes, do you have a **signed Inter-District Agreement**? Yes / No

If yes, is your transfer to occur at a **Semester Break**? Yes / No

Have you been enrolled in a Court, Community of Alternative/Continuation School? Yes / No

Are you currently on **Probation**? Yes / No

If yes, Probation Officer Name \_\_\_\_\_ Phone# \_\_\_\_\_

Are you currently **expelled** or **suspended** from another school district? Yes / No

If Yes, dates of **expulsion**: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If Yes, dates of **suspension**: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### Previous School Information

School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( )

( )

Phone

Fax

Have you withdrawn from your previous school? Yes / No

Do you have a copy of your **transcript** and **transfer grades**? Yes / No

Parent Signature

Date / /

# TAFT UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE \_\_\_\_\_

▶ Has your student ever attended school in the Taft Union High School District before?  Yes  No

PLEASE PRINT – STUDENT’S LEGAL NAME

Perm ID#	Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:					( )	
		Month	Day	Year	Home Phone #			

Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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Proof of Residency is Required-Copy of Utility bill needed, (No rental Agreement)\_\_\_

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

Last Name	First Name	Relationship	Cell Phone#	Work Phone#

Parent/Guardian Email \_\_\_\_\_ Check box if you agree to receive text messages

Last Name	First Name	Relationship	Cell Phone#	Work Phone#

Parent/Guardian Email \_\_\_\_\_ Check box if you agree to receive text messages

Is the above person(s) the student’s LEGAL guardian?  Yes  No **If No, please complete a “Caregiver Affidavit”**  
 If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

Foster Family/Home  Yes  No

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

Last Name	First Name	Relationship	Cell Phone#	Home Phone#

Mailing Address	City	State	Zip Code
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\*If requested, student grades will be mailed to both parents. This does not guarantee that every mailing from the school will be sent to both parents.

**WHAT IS YOUR CHILD’S ETHNICITY? (Please check one) Required by Federal Government:**  Not Hispanic or Latino  
 Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Were you receiving ELD English Language Development (For second Language Learners) Support? Yes / No

**WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) Required by Federal Government**

*The above part of the question 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 race to be.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)<br>(Persons having origins in any of the original people of North, Central or South America ) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)  |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)  |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)   |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205)   | <input type="checkbox"/> Guamanian (302)   |  |
|   | <input type="checkbox"/> Samoan (303)      |  |

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

Have you moved to this area to work in agriculture, dairy, lumber, or fishing industries?  Yes  No

**PARENT EDUCATION – Check the response that describes the education level of the most educated parent.**

- |  |  |
|--|--|
| <input type="checkbox"/> Not a High School Graduate (14)         | <input type="checkbox"/> 4 Year College Graduate (BA or BS) (11) |
| <input type="checkbox"/> High School Graduate (13)               | <input type="checkbox"/> Masters Degree or Higher (10)           |
| <input type="checkbox"/> Some College or Associate's Degree (12) |  |

**STUDENT BIRTHPLACE:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**If student born outside of California**

Date first attended school in the U.S.

Date first attended school in California

Month

Day

Year

Month

Day

Year

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school?  Yes  No

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

What special services has your child received in previous school(s)? (please check all boxes that apply)

**Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504

**Other:**  Migrant  Remedial Math  Remedial Reading  Title I  English Language Development

Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

**Residence – where is your child/family currently living? – Please check appropriate box:**

- |  |   |
|--|---|
| <input type="checkbox"/> Foster family home or kinship placement (court appointed) (210)                                     | <input type="checkbox"/> In a shelter or transitional housing program (100) |
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200)                 | <input type="checkbox"/> In a motel/hotel (110)                             |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) | <input type="checkbox"/> Unsheltered (car/campsite) (130)                   |
| <input type="checkbox"/> Other (300) (please specify) _____  |   |

**Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:**

- Yes, at least one parent/guardian of this student is active in the United States Armed Forces.  
 No, this student does not have a parent/guardian who is active in the United States Armed Forces.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Please return during Registration

Taft Union High School  
Guidance Center  
1 Wildcat Way  
Taft CA 93268  
(661)763-2322 Fax (661)763-4736

## REQUEST AND AUTHORIZATION FOR STUDENT RECORDS

In accordance with Education Code, Section 56043(m), upon receipt of a request from an educational agency where a student has enrolled, a former educational agency shall send the pupil's records, or a copy thereof, to the new educational agency within five (5) working days. I hereby give permission for Taft Union High School District to release to, obtain from, or exchange with any appropriate person or agency, any confidential, educational, psychological, special program, and medical records for:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Birth Date

Should my child transfer from Taft Union High School District, cumulative and/or behavioral records will be forwarded to the new school within five (5) working days after receiving request from the educational agency that the student has enrolled with. I understand that I may request a hearing regarding the content of my child's records prior to the actual transfer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\*\*\*\*\*

Please send records, cum folder, transcript, behavioral and health records to:

Taft Union High School District  
Registrar, Sara Burell  
1 Wildcat Way  
Taft CA 93268

Your immediate response to our request is appreciated.

School use only: Request sent \_\_ Cum Record sent --- No Record Received ---

## HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_  
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

2. Which language does your child most frequently speak at home? \_\_\_\_\_

3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_

4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date