

## 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Have you withdrawn from your previous school?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