



Freshwater Elementary School Enrollment Form 2025-26



Student's Legal Name: _____

Male: _____ (Last) _____ (First) _____ (Middle) _____
Female: _____ Non Binary: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____
(City, State)

Home Address: _____
(Street) _____ (City) _____ (Zip)

Mailing Address: (If different) _____

School District of Residence: _____

Last School Attended: _____ Address: _____

Date of withdrawal: _____ Reason for withdrawal: _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all that apply)

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

Other: Gate Remedial Math Remedial Reading Counseling English Language Development

Parent/Guardian:

Name: _____ Address (if different) _____ Phone _____

Relationship to student: _____ Lives with student: Yes / No (circle one)

Employer: _____ Occupation: _____ Work # _____

Level of Education: Grad School College Grad Some College High School Grad Not a High School Grad

Parent/Guardian:

Name: _____ Address (if different) _____ Phone _____

Relationship to student: _____ Lives with student: Yes / No (circle one)

Employer: _____ Occupation: _____ Work # _____

Level of Education: Grad School College Grad Some College High School Grad Not a High School Grad

Step-Parent/Guardian:

Name: _____ Address (if different) _____ Phone _____

Relationship to student: _____ Lives with student: Yes / No (circle one)

Employer: _____ Occupation: _____ Work # _____

Level of Education: Grad School College Grad Some College High School Grad Not a High School Grad

____ Parent/Guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard) and are on active duty or full-time National Guard duty.

EMERGENCY INFORMATION

In case of an emergency, please name a responsible adult to whom your child may be released to, in case you are unavailable:

Name _____ Phone _____

Relationship _____ Work Phone _____ Cell Phone _____

Doctor _____ Phone _____

In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?

____ Yes ____ No

Does this student have any special health concerns and/or physical disadvantage? If yes, please specify: _____

Is this student taking any long-term medication? If yes, please specify _____

List siblings, under the age of 18, who reside in the household:

Name _____ M ____ F ____ Date of Birth _____

Name _____ M ____ F ____ Date of Birth _____

Name _____ M ____ F ____ Date of Birth _____

Name _____ M ____ F ____ Date of Birth _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB) – Please check one

____ In a single family, permanent residence (house, apartment, condo, mobile) ____ In a motel/hotel ____ Unsheltered (car/campsite)

____ Double up (sharing housing with other families/individuals due to economic hardship or loss) ____ Other _____

____ In a shelter or transitional housing program

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Language Background

What language did your child learn when he/she first began to talk? _____

What language does your child use most frequently at home? _____

What language do you use most frequently to speak to your child? _____

What language is most often spoken by the adults at home? _____

If a language, other than English is indicated above, please answer this question:

Has your child ever received formal instruction in the English language? ____ Yes ____ No

If you child was not born in the United States, please answer the following questions:

When did you arrive in the United States? Month _____ Year _____

When did you arrive in Humboldt County? Month _____ Year _____

Federal Race & Ethnicity Survey

Part A. IS this student Hispanic or Latino? ____ No, not Hispanic or Latino ____ Yes, Hispanic or Latino

Part A. is about ethnicity, not race. No matter what you selected above, please continue to answer Part B. by marking one or more spaces to indicate what you consider the student's race to be.

Part B. What is this student's race? Check all that apply.

____ American Indian or Alaskan Native ____ Hawaiian ____ Tahitian ____ Japanese ____ Korean ____ Vietnamese ____ Filipino

____ Black or African American ____ Guamanian ____ Other Pacific Islander ____ Chinese ____ Cambodian ____ Loatian

____ White ____ Samoan ____ Asian Indian ____ Hmong ____ Other Asian

Parent email: _____ / _____

Parent/Guardian Signature: _____ Date: _____