

Twin Ridges Enrollment Application

▶ Student Name: _____

Name Of Last School Attended: _____

Address: _____

Phone: _____ Fax: _____

Last Day Attended: _____

▶ **Expulsion Information**

Has student ever been expelled from a school? Yes No

If yes, please provide date of expulsion: _____

▶ **Is This Student Presently Enrolled In:**

Special Education Program with a current IEP Yes No

Title I Yes No

504 Plan Yes No

Gifted & Talented (GATE) Yes No

▶ **Mobility Information**

1st Year entered in this school: _____

1st Year entered in this district: _____

▶ **Home Language Survey (Ed Code 62002)**

Which Language did your child learn when he/she first began to talk? _____

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

Which language do you most frequently speak to your child? _____

Name the language most often spoken by the adults in the home: _____

Should your child be receiving English Learned Language (ELL) services? Yes No

Necessary Standardized Testing Information
Twin Ridges School District Needs The Following Required Information
(The Information is Confidential)

Check The Box That Describes The Education Level Of Child's Most Educated Parent

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) The question below * is about ethnicity, not race. No matter what you select below, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> African American or Black 600	<input type="checkbox"/> Himong 208
<input type="checkbox"/> High school graduate	<input type="checkbox"/> American Indian or Alaskan Native 100	<input type="checkbox"/> Japanese 202
<input type="checkbox"/> Some College (Up To AA)	<input type="checkbox"/> Asian Indian 205	<input type="checkbox"/> Korean 203
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Cambodian 207	<input type="checkbox"/> Loatian 206
<input type="checkbox"/> Graduate school/post graduate	<input type="checkbox"/> Filipino/Filipino American 400	<input type="checkbox"/> Other Asian 299
	<input type="checkbox"/> Guamanian 302	<input type="checkbox"/> Other Pacific Islander 399
	<input type="checkbox"/> Hawaiian 301	<input type="checkbox"/> Samoan 303
	<input type="checkbox"/> Chinese 201	<input type="checkbox"/> Tahitian 304
	<input type="checkbox"/> Vietnamese 204	<input type="checkbox"/> White 700

WHAT IS YOUR CHILD'S ETHNICITY?

(Please choose one):

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

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