Student #: _____

CORONA-NORCO UNIFIED SCHOOL DISTRICT

SCHOOL ENROLLMENT FORM

Grade: _____

LEGAL NAME OF THE STUDENT (BIRTH CERTIFICATE OR EQUIVALENT)

☐ Female ☐ Male

Legal Last Name | Legal First Name | Legal Middle Name | Student's Nickname

Birth Date: _____ (Mo Day Year) **Birth Place:** _____ (City State Country)

Student Email Address: (optional)

Has child attended Corona Norco Unified School District before? **If so, when?** _____ **School:** _____

Date your child first attended school in the U.S. _____ (Mo Day Year) **First attended school in California** _____ (Mo Day Year)

Most recent school attended: _____

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

What is your child's ethnicity? (*Please check one*)

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

☐ Not Hispanic or Latino

What is your child's race? *The question above 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 your child's race. If your child is multiracial, you may select two or more race.*

☐ African American or Black
☐ American Indian or Alaskan Native
Persons having origins in any of the original peoples of North, Central, or South America
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino/Amer. Filipino
☐ Guamanian
☐ Hawaiian
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Other Asian
☐ Other Pacific Islander
☐ Samoan
☐ Tahitian
☐ Vietnamese
☐ White
Persons having origins in any of the original peoples Europe, North Africa, Northwestern Asia or the Middle East

STUDENT'S HOUSEHOLD ADDRESS

☐ Unlisted

House # | Street Name | Street Type | Complex Name/Apt # | City / State / Zip

Student's mailing address if different than student's household address:

House # | Street Name | Street Type | Complex Name/Apt # | City / State / Zip

Student's Household Telephone _____ (Phone Number) _____ (Phone Type) ☐ Unlisted Phone

Names and Birthdates of **ALL** other children (*related or not*) living in the home. Include last name if different than this child:

Parent/Guardianship Contact Information #1

First Name | Last Name

Contact Type (Ex: *Parent, Care Provider*) | Relationship (Ex: *Father, Mother*)

Home address IF different than students household address

House # | Street Name/Type | Apt # | City | State/Zip

For phone message broadcast, which number would you prefer to be the primary contact:

Residence or Cellular

Home Phone: _____ ☐ Unlisted

Cellular Phone: _____ ☐ Unlisted

Work Phone: _____ ☐ Unlisted

Primary Language Spoken at Home | Contact Education Level

Employer/Occupation: _____

Contact Email Address: _____

Parent/Guardianship Contact Information #2

First Name | Last Name

Contact Type (Ex: *Parent, Care Provider*) | Relationship (Ex: *Father, Mother*)

Home address IF different than students household address

House # | Street Name/Type | Apt # | City | State/Zip

For phone message broadcast, which number would you prefer to be the primary contact:

Residence or Cellular

Home Phone: _____ ☐ Unlisted

Cellular Phone: _____ ☐ Unlisted

Work Phone: _____ ☐ Unlisted

Primary Language Spoken at Home | Contact Education Level

Employer/Occupation: _____

Contact Email Address: _____

REGISTRATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL INFORMATION REQUESTED IS OBTAINED

Parent/Guardian Signature _____ **Date** _____