

**SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
STUDENT ENROLLMENT 2023-2024**

PAGE 1

- | | | |
|---|--|---|
| <input type="checkbox"/> Downieville Elementary | <input type="checkbox"/> Loyalton Elementary | <input type="checkbox"/> Sierra Pass Continuation |
| <input type="checkbox"/> Downieville Jr/Sr High | <input type="checkbox"/> Loyalton High | |

The State of California requires that we document much of the following information for each student enrolled in our District. Please complete all three pages of this form.

STUDENT INFORMATION

Student Full Legal Name: _____
Last First Middle

Other Names Used: _____
Last First Middle

Please check this box if no changes from last year and **SIGN PAGE 3**

Physical Home Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

County of Residence: _____ Grade: _____ Male Female

Inter-District Attendance Agreement on file (if student lives outside of Sierra-Plumas District)?

Yes No Not applicable

Home Phone Number: _____ Student Cell Number (optional): _____

Date of Birth: ___/___/___

Last School Attended: _____

Address: _____

PARENT/GUARDIAN AND PRIMARY CONTACT(S) IN-CASE-OF-EMERGENCY

Parent/Guardian (1) Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Parent/Guardian (2) Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

IN CASE OF ILLNESS OR INJURY, your child may be released to (secondary contacts)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
STUDENT ENROLLMENT 2023-2024
PAGE 2

DUPLICATE MAILING

If court order or mutual agreement allows duplicate mailing/information regarding this student and his/her activities to be given to other parent or legal guardian, please include their name, mailing address, phone number and email below:

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Is there a custody or other court order regarding this student?

Yes No

If yes, please provide a copy of the court order to the school

LIST OF SIBLINGS IN SCHOOL AND LIVING IN SAME HOUSEHOLD

Name	Birthdate	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME LANGUAGE English Spanish Other _____

ETHNICITY Hispanic/Latino Not Hispanic/Latino

RACE (Check all that apply)

American Indian/Alaskan Native

Asian:

Chinese Japanese Korean Vietnamese Asian Indian

Laotian Cambodian Hmong Other Asian Filipino

Black or African American

Native Hawaiian or Pacific Islander

Hawaiian Guamanian Samoan Tahitian Other Pacific Islander

White

SPECIAL SERVICES RECEIVED AT PREVIOUS SCHOOL (If unknown, leave blank)

Special Education Services

Speech/Language

Special Day Class (SDC)

Does the student have an active IEP? Yes No

Has the student received Special Education Services within the last two years? Yes No

Does the student have a 504 Plan? Yes No

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
STUDENT ENROLLMENT 2023-2024
PAGE 3

PARENT EDUCATION (Please mark highest education by either parent)

- Not a High School Graduate
- High School Graduate
- Some College or Associate's Degree
- College Graduate
- Graduate Degree or Higher
- Decline to State

FOSTER YOUTH

- Yes No

If Yes, please complete the following:

Who retains legal/parental rights? _____

Who retains educational rights? _____

If court placement, name of County: _____

Social Worker: _____ Phone: _____

Probation Officer: _____ Phone: _____

SIGNATURE

I verify that the information on this Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my child.

Date: _____

Parent/Guardian Signature: _____

Printed Name: _____

Relationship to Student: _____