

Student # _____

State # _____

ARCADIA SCHOOL ENROLLMENT & EMERGENCY CARD

Date of Enrollment _____ Date of Birth _____ Male/Female Teacher _____
Circle One

Name _____ Grade _____ Present Age _____
Last First Initial

Address _____ City _____ Zip _____

Home Phone _____ Place of Birth _____
County State

Mother's Name _____ Address _____ Phone _____
If Different than Child's

Mother's Employer _____ Phone _____

Father's Name _____ Address _____ Phone _____
If Different than Child's

Father's Employer _____ Phone _____

The following may give permission/directions if the school is unable to reach parents, including consent for any necessary physician consultation or medical treatment.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Does this child receive any special services? (Title, IEP) _____ If yes, please list _____

Is another language spoken in your home? _____ If yes, please complete back side of form.

Names/ages of children at home _____

Last school attended _____
Name Address

Reason for transfer _____

Parent/Guardian Signature _____

Date _____

DPI required data collection on race and ethnicity. Please answer both:

1. Is this student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

2. Is this student: (Choose one or more. You must select at least one.)

- Asian
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Black or African American

Language Survey - Arcadia School District

Name: _____ Age: _____ Date of birth: _____

Date of enrollment in the Arcadia Public Schools: _____ Grade: _____

Place of birth: _____
Country City

What language is spoken at home? _____

What language is spoken with friends? _____

How many years has he/she attended school in his/her home country? _____

How many years of schooling in the United States? _____

What is the last grade that the student completed? _____

Is the student able to read in his/her native language? **Yes / No**

Reading ability is: *Excellent* *Good* *Average* *Limited*

Is the student able to write in his/her native language? **Yes / No**

Writing ability is: *Excellent* *Good* *Average* *Limited*

Do you believe your child needs help learning the English Language? **Yes / No**

If your child does need help, in what areas does he/she need the most help?

Reading *Writing* *Listening* *Speaking* *All Areas*

Comments:

Educational History – ESL

Grade	School Year	School address – Country and City
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		