



Acalanes Union High School District New Student Enrollment Form



This form is to be completed for a NEW student enrolling in the Acalanes Union High School District

Check One:

Acalanes Campolindo Ctr. for Ind. Study Las Lomas Miramonte

Today's Date: _____

Student's
Legal Name: _____ (Last) _____ (First) _____ (Middle) Gender: _____

Enrolling in Grade: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Birthplace: _____ (City) _____ (State*) _____ (Country)
*U.S., Mexico, Canada only

Father's Name: _____ (Last) _____ (First) _____ (Middle)

Mother's Name: _____ (Last) _____ (First) _____ (Middle)

Legal Guardian's Name: _____ (Last) _____ (First) _____ (Middle)

If Legal Guardian is other than Parent, legal documentation is required to be submitted together with this form.

Student lives with: _____ Relationship: _____

Residence Address: _____ (Street Address) _____ (City) _____ (ST) _____ (Zip)

Mailing Address: (if diff) _____ (Street Address) _____ (City) _____ (ST) _____ (Zip)

Home Phone: _____ (Area Code/Number) Day time Phone: _____ (Father's) _____ (Area Code/Number) Day Time Phone: _____ (Mother's) _____ (Area Code/Number)

Parent/Guardian Email: _____ Relationship: _____

Parent/Guardian Email: _____ Relationship: _____

Student Email: _____ Student Cell Phone : _____ (_____) _____

Names of Sibling(s): _____ Ages: _____

Duplicate Mailing: If divorced/separated/joint custody allows duplicate mailing information to be given to other parent, please include their name, address and phone number.

Full Name _____ Relationship: _____

Mailing Address _____ (Street Address) _____ (City) _____ (ST) _____ (Zip) _____ (Area Code/Number)

My signature below indicates the above information is true and correct:

Student Name: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

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Name of Last School Attended: _____

(School Name)

(Street Address)

(City)

(ST)

(Zip)

Last School Attended Dates: _____ to _____

(Start Date)

(End Date)

**Records will be requested from your last school.
Parents/Guardians have the right to obtain a copy. (Education Code 40968)**

Did the student leave their last school in good standing? _____ **Y or N**

Was the student expelled or suspended from school this year? _____ **Y or N**

Did the student participate in interscholastic sports at their last school? _____ **Y or N**

Is the student going to participate in interscholastic sports at this school? _____ **Y or N**

On the student's most recent grade report, did the student have a "C" average or better? _____ **Y or N**

Did the student's parent or legal guardian move within the last 12 months? _____ **Y or N**

Has the student ever received Special Education services? _____ **Y or N**

Has the student ever had a 504 Plan? _____ **Y or N**

Has the student ever had English Language services? _____ **Y or N**

Has the student ever had GATE services? _____ **Y or N**

Transferring from one school to another school may affect athletic eligibility under North Coast Section, CIF and/or State CIF rules. It is your responsibility to see the school principal for a copy of the rules.

HIGH SCHOOL COURSES REQUESTED: [Please refer to our District Course Catalog](#)

Course Title

**Alternate or additional courses
(Depending on space availability)**

1. English: _____

2. Social Studies: _____

3. Mathematics: _____

4. Science: _____

5. Physical Education (9th/10th Required): _____

6. Elective: _____

Request for 7th course, GIVEN SPACE AVAILABILITY AND MASTER SCHEDULE CONSTRAINTS:

7. Elective: _____

My signature below indicates the above information is true and correct:

Student Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Counselor's Signature: _____ **Date:** _____