Juvenile Justice Center Court School Enrollment Form

Office Use Only:

Student I.D. No._____
SSID No._____

Grade ☐

Male ☐ Female ☐

Student's LEGAL Name:_____ Date of Birth:_____
(from birth certificate) Last Name First Name Middle Name Mo./Day/Year

_____|_____| (_____)_____| (_____)_____
Mother's/Guardian's First Name Last Name Home Phone Cell/Work Phone

_____|_____|(_____)_____| (_____)_____
Father's/Guardian's First Name Last Name Home Phone Cell/Work Phone

_____
Mailing Address City State Zip

_____
Residence Address (IF DIFFERENT) City State Zip

Last School Attended:_____Last Day of Attendance_____
Name of School City/State Phone No.

Student's Birthplace: _____ If not born in the U.S., what month/year did student enter U.S.? _____/_____
City/State /Country Mo./Year

What month and year did student first enroll in a *U.S.* school? _____/_____ In a *California* school? _____/_____
Mo. / Year Mo. / Year

(Both the Ethnicity and Race questions must be answered. If the student declines to state or does not know, please check the box to indicate that an effort was made to gather the information but respondent did not answer.)

ETHNICITY: *Mark the ethnicity with which the student most closely identifies: Please check one:*

☐ Hispanic/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
☐ Declined to state or unknown

WHAT IS STUDENT'S RACE (Please check up to five racial categories) The above part of the question 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 what you consider your race to be.

☐ **American Indian or Alaskan Native (100)** (Person having origins in any of the original people of North and South America (including Central America)
☐ Chinese (201)
☐ Japanese (202) ☐ Other Asian (299)
☐ Korean (203)
☐ Vietnamese (204)
☐ Asian Indian (205)
☐ Laotian (206)
☐ Cambodian (207)
☐ Hmong (208)
☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Tahitian (304)
☐ Other Pacific Islander (399)
☐ African American or Black (600)
☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
☐ Declined to state or unknown

HOME LANGUAGE SURVEY

Which language did student learn when he/she first began to talk?_____

What language does student most frequently use at home?_____

What language does student use most frequently to speak to his/her parents?_____

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

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

☐ Not a high school graduate
☐ High school graduate
☐ Some college (includes AA degree)
☐ College graduate
☐ Graduate school/post graduate training
☐ Declined to state or unknown

What special services has student received? *(Please check all boxes that apply)*
Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan
Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling
☐ English Language Development ☐ Medical Health Plan

RESIDENCE – where is student currently living? (Federally mandated by NCLB: Please check appropriate box)

☐ In a single family permanent residence (house, apartment, condo, mobile home)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
Other_____
☐ In a sheltered or transitional housing program
☐ In a motel/hotel
☐ Unsheltered (car/campsite)
☐

ALIASES:_____

RECEIVED SPECIAL ED: YES or NO _____
(Name of School or Facility you received Special ED Services at.)

1	Have you ever been in special education or received special education services?	YES	NO
2	Have you ever gone to another classroom to get help from another teacher?	YES	NO
3	Has a special teacher ever come to your classroom to help you?	YES	NO
4	Has either of your parents ever had to go to a special meeting with some one other than your classroom teacher to discuss you progress?	YES	NO
5	Have you ever been in a Special Day Class? That is a special class with fewer students so that you could do better in school?	YES	NO
6	Have you ever had a 504 plan at school which gives you accommodations for homework, tests or health issues?	YES	NO
7	Do you have a behavior contract with teachers at your school?	YES	NO
8	Do you have concerns about your own behavior that you want to work on in school?	YES	NO
9	Do you need help learning a particular subject in math, such as fractions, long division, algebra?	YES	NO
10	Do you need help in a particular area of language arts, such as writing paragraphs, or reading comprehension?	YES	NO
11	Do you receive counseling at school?	YES	NO
12	Is there anything else you think we should know to help ensure that you receive appropriate education services while you are here?	YES	NO

	Name of School	**CITY**	**DATES ATTENDED**
1			
2			
3			
4			

Probation Officer: _____

_____ _____ _____
Student - Print Name Student - Signature Date

_____ _____ _____
Teaching Staff - Print Name Teaching Staff - Signature Date