

**Northern Humboldt Union High School District  
New Student Enrollment Form – 9th – 12<sup>th</sup> Grade**

School Year Applying for: \_\_\_\_\_/\_\_\_\_\_

Arcata HS   
  McKinleyville HS   
  Pacific Coast HS   
  Tsurai HS   
  Six Rivers Charter HS

<b>SCHOOL</b>		← school staff only →	<b>PERMANENT ID</b>		
<b>STUDENT INFORMATION</b>					
Student's LEGAL Last Name		Student's LEGAL First Name		Middle Name	
Suffix					
Grade Enrolling For:	Gender	Student Cell Phone	Primary Phone		
Student email address		Nick Name			
Birth Date	Birth Place	Birth State	Birth Country		
<b>RACE AND ETHNICITY</b>					
Please select one: <input type="checkbox"/> This student is Hispanic or Latino <input type="checkbox"/> This student is not Hispanic or Latino					
<b>Race(s) check any/all that apply</b>					
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islanders		
<input type="checkbox"/> Chinese	<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Guatemalan		
<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Middle Eastern			
<b>HOME ADDRESS</b>		<b>MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)</b>			
Address _____		Address _____			
City _____	State _____ Zip _____	City _____	State _____	Zip _____	
In order to assist students in transition, please respond to one of the following:					
<input type="checkbox"/> We are living with another family or in transitional accommodations due to financial hardship					
<input type="checkbox"/> This does not apply to my family					
<b>LANGUAGES</b>					
The California Education Code 52164.1 requires schools to determine the language(s) spoken at home by each student and the date they first enrolled in school in the United States. This information is essential for schools to provide meaningful instruction for all students.					
1. Which language did your student learn when he/she first began to talk? _____					
2. What language does your student most frequently use at home? _____					
3. What language do you most frequently speak to your student? _____					
4. What language is spoken most often by the adults at home? _____					
<b>PARENT/GUARDIAN INFORMATION – List Parent/Guardian living in PRIMARY residence FIRST</b>					
<b>PARENT/ GUARDIAN 1</b>	Last Name                      First Name		Relationship	Email Address	
	Employer                                      Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street                                      City                                      Zip Code		Alternate Phone Number		Type
	Circle all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military branch _____				
<b>PARENT/ GUARDIAN 2</b>	Last Name                      First Name		Relationship	Email Address	
	Employer                                      Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street                                      City                                      Zip Code		Alternate Phone Number		Type
	Circle all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military branch _____				
<b>STEP PARENT</b>	Last Name                      First Name		Relationship	Email Address	
	Employer                                      Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street                                      City                                      Zip Code		Alternate Phone Number		Type
	Circle all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights** <input type="checkbox"/> Has Custody** <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military branch _____				

**PLEASE NOTE:** If you need to add additional Legal Guardians or Stepparents, please attach an additional page to your enrollment packet.

\*\* If "yes" to stepparent Educational Rights or Custody, please provide court documentation.

**Northern Humboldt Union High School District  
New Student Enrollment Form PAGE 2**

<b>9th – 12<sup>th</sup> Grade - PLEASE LIST ALL SIBLINGS ENROLLED IN NHUHS D AND THEIR CURRENT SCHOOL OF ATTENDANCE</b>						
Name		School		Name		School
Name		School		Name		School
<b>ADULTS OTHER THAN PARENTS OR GUARDIANS AUTHORIZED TO PICK UP YOUR STUDENT FOR MEDICAL, EMERGENCY RELEASE, OR OTHER REASONS. (MUST BE 18 YEARS OF AGE OR OLDER)</b>						
<b>**Please note: Pick up during the school day requires prior notification to school office and that ID is shown**</b>						
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	Okay to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	Okay to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	Okay to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DATE FIRST ENROLLED IN :</b>						
CA Public School _____		US Public or Private School _____		US Preschool _____		
<b>PRIOR SCHOOL ATTENDED</b>						
School Name					Years Attended	
Address			City		State	Zip
<b>MEDICATION INFORMATION</b>						
Student is on a continuing medication program as prescribed by a physician: (Please check one) YES _____ NO _____						
If YES, you have my permission to contact student's physician:						
Physician's Name: _____			Telephone _____			
Medication: _____			Dosage: _____			
Medication: _____			Dosage: _____			
<b>SPECIAL PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL</b>						
Does your child receive special education on a current Individualized Educational Plan (IEP) or other program services? <input type="checkbox"/> yes <input type="checkbox"/> no						
Educational Program(s) Received at a Previous School				<input type="checkbox"/> Free/Reduced Meals		<input type="checkbox"/> English Language Learner (ELL)
Check all that apply:				<input type="checkbox"/> 504 Plan		<input type="checkbox"/> Other _____
<b>ACKNOWLEDGEMENTS</b>						
<ul style="list-style-type: none"> <li>• When deemed necessary, I authorize school district personnel to secure emergency services (medical, dental, paramedic, ambulance) for my child at my expense and to release any pertinent medical information.</li> <li>• I certify that all information above is accurate and that it is my responsibility to apprise the school of any changes in residency, employment, phone numbers, changes in custody or guardianship, and emergency release contacts.</li> <li>• This form must be completed, signed, and on file at school before the student can be admitted.</li> </ul>						
<b>PARENT/GUARDIAN SIGNATURE(S) – AT LEAST ONE REQUIRED</b>						
Signature of Parent /Guardian 1 /18 Year Old Student				Date		Signature of Parent /Guardian 2 /18-Year-Old Student
						Date
<b>~ FOR SCHOOL OFFICE USE ONLY ~</b>						
Signature of Registrar	Start Date	IDT Date	Birth Verification	Language		Initial Below if left blank in either E or R Field
		IDT Reason		Remarks		Ethnicity      Race