

COMPLETE IN FULL SECTIONS A - F

Student Name – Last Name	First Name	M. I.	Birth Date ( mm/dd/yy)	Birthplace: City/State/Country	Gender - circle <b>M</b> <b>F</b>	Grade Level Registering For:
Address			City	Zip		
Home Phone (Not Cell)	Former Address (include zip code)			mm/dd/yy Moved to current address		
Siblings /School They Currently Are Attending/Grade			Anticipated Starting Date	Has this student ever received any of the following services in this or any Other District?		
_____			Returning Student <input type="checkbox"/> Yes <input type="checkbox"/> No	GATE <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____			To keep current with enrollment, please indicate how long your child will be at PAUSD: _____	ELD <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____				Special Education/504* <input type="checkbox"/> Yes <input type="checkbox"/> No		
* (If "yes," provide copy of IEP or 504 Plan at time of registration)						

Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "yes", provide custody calendar and court custody documents.	Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Title: Mr./Mrs./Ms./Dr. _____	
	First Name: _____ Last Name: _____	
	Address if Different From Student _____	
	Business Phone: _____ Ext. _____  Cell Phone: _____  E-Mail Address: _____	Highest level of education completed: <input type="checkbox"/> Not high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school <input type="checkbox"/> Some college <input type="checkbox"/> Decline to state
	Employer _____	Occupation _____

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	First Name: _____ Last Name: _____	
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	Business Phone: _____ Ext. _____  Cell Phone: _____  E-Mail Address: _____	Highest level of education completed: <input type="checkbox"/> Not high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school <input type="checkbox"/> Some college <input type="checkbox"/> Decline to state
	Employer _____	Occupation _____

Previous School(s) (List Pre-School if Applicable)								
Grades Attended	Date Enrolled	Date Left	School	Public		State	County	Country
				Yes	No			

HOME LANGUAGE SURVEY (required to be answered by all students)	
<b>STOP!</b>	
If a language other than English is listed in questions 1-3, the student will be <b>REQUIRED</b> to take an ELD test.	
LIST ONLY ONE LANGUAGE FOR EACH QUESTION. If language spoken is Chinese, specify: <input type="checkbox"/> Cantonese or <input type="checkbox"/> Mandarin	
1. What language did this student learn when first beginning to talk? _____	3. What language does this student <b>most frequently</b> use at home? _____
2. What language do you use <b>most frequently</b> to speak to this student? _____	4. What language is <b>most often spoken</b> by the adults at home? _____

**F** PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only

ID	ENR-DT	ENR-CD	IMMUN	PERMIT-CD	TARGET SCH	HOME-SCH	NEXT SCHL CODE	GRID CODE	PRIM-LANG
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Date \_\_\_\_\_

**PALO ALTO UNIFIED SCHOOL DISTRICT  
Central Attendance  
REQUEST FOR RECORDS**

**(REQUIRED ONLY IF YOUR CHILD IS TRANSFERING FROM ANOTHER U.S. SCHOOL, PRIVATE OR PUBLIC)**

It is requested that the records of:

\_\_\_\_\_ Student Name

be obtained from:

School	Birth Date	
Address		
City	State	Zip Code

The Federal Family Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission to release the records in compliance with California Education Code Section 49068. The parent has the right to inspect these records and to challenge the content of the records upon written request.

I hereby authorize the release of the following information: School cumulative records, psychological studies/reports/confidential file, medical/immunization information.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

*For Official Use Only*

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**PLEASE SEND RECORDS TO LOCATION MARKED BELOW:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>ADDISON</b><br>650 Addison Avenue, Palo Alto, CA 94301<br>(650) 322-5935 FAX: (650) 322-3306        | <input type="checkbox"/> <b>LUCILLE NIXON</b><br>1711 Stanford Avenue, Stanford, CA 94305<br>(650) 856-1622 FAX: (650) 813-1417  |
| <input type="checkbox"/> <b>BARRON PARK</b><br>800 Barron Avenue, Palo Alto, CA 94306<br>(650) 858-0508 FAX: (650) 813-1031     | <input type="checkbox"/> <b>OHLONE</b><br>950 Amarillo Avenue, Palo Alto, CA 94303<br>(650) 856-1726 FAX: (650) 852-9447   |
| <input type="checkbox"/> <b>JUANA BRIONES</b><br>4100 Orme Street, Palo Alto, CA 94306<br>(650) 856-0877 FAX: (650) 856-3750    | <input type="checkbox"/> <b>PALO VERDE</b><br>3450 Louis Road, Palo Alto, CA 94303<br>(650) 856-1672 FAX: (650) 856-6316   |
| <input type="checkbox"/> <b>DUVENECK</b><br>705 Alester Avenue, Palo Alto, CA 94303<br>(650) 322-5946 FAX: (650) 322-4387       | <input type="checkbox"/> <b>YOUNG FIVES AND PRESCHOOL PROGRAMS</b><br>Greendell School, 4120 Middlefield Road, Palo Alto, CA 94306<br>(650) 856-0833 FAX: (650) 493-8371 |
| <input type="checkbox"/> <b>EL CARMELO</b><br>3024 Bryant Street, Palo Alto, CA 94306<br>(650) 856-0960 FAX: (650) 856-4817     | <input type="checkbox"/> <b>JANE LATHROP STANFORD MIDDLE SCHOOL</b><br>480 East Meadow Drive, Palo Alto, CA 94306-3699<br>(650) 856-5188 FAX: (650) 856-3248             |
| <input type="checkbox"/> <b>ESCONDIDO</b><br>890 Escondido Road, Stanford, CA 94305<br>(650) 856-1337 FAX: (650) 424-1079       | <input type="checkbox"/> <b>DAVID STARR JORDAN MIDDLE SCHOOL</b><br>750 N. California Avenue, Palo Alto, CA 94303<br>(650) 494-8120 FAX: (650) 858-1310                  |
| <input type="checkbox"/> <b>FAIRMEADOW</b><br>500 E. Meadow Drive, Palo Alto, CA 94306<br>(650) 856-0845 FAX: (650) 852-9436    | <input type="checkbox"/> <b>TERMAN MIDDLE SCHOOL</b><br>655 Arastradero Road, Palo Alto, CA 94306<br>(650) 856-9810 FAX: (650) 856-9878                                  |
| <input type="checkbox"/> <b>WALTER HAYS</b><br>1525 Middlefield Road, Palo Alto, CA 94301<br>(650) 322-5956 FAX: (650) 329-8713 | <input type="checkbox"/> <b>GUNN HIGH SCHOOL</b><br>780 Arastradero Road, Palo Alto, CA 94306<br>(650) 354-8288 FAX: (650) 493-7801                                      |
| <input type="checkbox"/> <b>HOOVER</b><br>445 E. Charleston Road, Palo Alto, CA 94306<br>(650) 320-8106 FAX: (650) 493-8130     | <input type="checkbox"/> <b>PALO ALTO HIGH SCHOOL</b><br>50 Embarcadero Road, Palo Alto, CA 94301<br>(650) 329-3701 FAX: (650) 329-3753                                  |