

**SANTA UNIFIED SCHOOL DISTRICT HEAD START
ENROLLMENT APPLICATION**

SECTION 1 – CHILD INFORMATION					
Name of Center:			Program Option: <input type="checkbox"/> Part Day - Session Preference: <input type="checkbox"/> AM (8:00-11:30) <input type="checkbox"/> PM (12:30-4:00) <input type="checkbox"/> Full Day		
Child's Legal First Name:		Child's Legal Last Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race (if more than one apply check <i>Bi-Racial</i>): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:				Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Specify:	
Child's PRIMARY Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:			Language Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Street Address:		Apt #:	City:		State: Zip Code:
Home Phone #: () () ()		Cell Phone #: () () ()		May we contact you via text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:		Do you have any relatives working for SAUSD HS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Employee: Relationship to Child:	
SECTION 2 – MOTHER'S/GUARDIAN AND/OR PREGNANT WOMAN INFORMATION					
Parental Status: (Family members must be supported and living in this household to count as part of the family size.) <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> 50/50 Joint Physical Custody (two separate households)					
Mother's/Guardian's Legal First Name:		Mother's/Guardian's Legal Last Name:		Date of Birth:	
Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the due date:					
Race (if more than one apply check <i>Bi-Racial</i>): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:				Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Specify:	
PRIMARY Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:			Language Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Level of Education (check only one) <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> College Degree/Training <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> G-12 <input type="checkbox"/> G-11 <input type="checkbox"/> G-10 <input type="checkbox"/> G-9 or less					
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> In Job Training Program <input type="checkbox"/> Other (please explain):					
SECTION 3 – FATHER'S/GUARDIAN INFORMATION					
Parental Status: (Family members must be supported and living in this household to count as part of the family size.) <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> 50/50 Joint Physical Custody (two separate households)					
Father's/Guardian's Legal First Name:		Father's/Guardian's Legal Last Name:		Date of Birth:	
Race (if more than one apply check <i>Bi-Racial</i>): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:				Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Specify:	
PRIMARY Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:			Language Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Level of Education (check only one) <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> College Degree/Training <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> G-12 <input type="checkbox"/> G-11 <input type="checkbox"/> G-10 <input type="checkbox"/> G-9 or less					
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> In Job Training Program <input type="checkbox"/> Other (please explain):					
Parent/Guardian Signature: _____				Date: _____	
SIGNATURES FOR RE-ENROLLMENT ONLY					
Parent/Guardian Signature: _____				Date: _____	
Sausd HS Staff Signature: _____				Date: _____	