

DOLORES SCHOOL DISTRICT RE-4A STUDENT HISTORY

STUDENT'S FULL NAME _____

Please list all **children and adults** living in the household.

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth Father's Name _____ **Birth date** _____

Address (if different from student) _____

Birth Mother's Name _____ **Birth date** _____

Address (if different from student) _____

Education of Parents: (circle last year of school attended)

Father: K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+ **Mother:** K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Which language did your child learn when beginning to speak? _____

What language does your child most frequently use at home? _____

What language do you use most frequently when speaking to your child? _____

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

By my signature below, I am verifying that the information provided at the time of my child's enrollment is to the best of my knowledge, complete and truthful. I understand that my child is being enrolled based on the condition that I provided accurate and truthful information. I further understand that my child may be withdrawn from enrollment if any information proves to be false.

_____ I verify that the child and I live at the address given on the enrollment forms which is an address within the Dolores Public School boundaries. (Proof is required)

_____ I verify that I have legal guardianship of the child. (If relevant, proof is required)

_____ My child **HAS NOT** been expelled from another school in the last 12 months or engaged in behavior that was detrimental to the safety or welfare of other students or school personnel.

_____ My child **HAS** been expelled from another school in the last 12 months. (Attach a written explanation of the circumstances.)



SIGNATURE OF PARENT/GUARDIAN

DATE