



GEF Summer School Inc. Enrollment Form 2019



Has your child ever attended any Glendale Unified School? (either regular school year or summer school) **NO** **YES**

If yes, please provide the name of the last GUSD school attended: _____ Last grade attended in GUSD: _____

Has your child ever attended a school in the United States (K-12)? **NO** **YES** If YES, please provide first START date: _____

Has your child ever attended a school in California (K-12)? **NO** **YES** If YES, please provide first START date: _____

STUDENT'S LEGAL NAME (as it appears on a legal birth document):

Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____

Birth Date: / / **Male** **Female** Birth Place: _____
MM/DD/YYYY **City** **State** **Country**

Home Phone #: _____ Student's Cell #: _____

Home Address: _____
Number & Street, Apt. # **City** **Zip**

ETHNIC ORIGIN/RACE OF STUDENT (Please respond to questions 1 & 2. Respond to question 3 only if applicable):

1. What is your child's ethnicity? **Check one only:** **Hispanic/Latino** **Non-Hispanic/Latino**

2. What is your child's race? You must choose at least one from the following: (Circle all that apply)

100 American Indian or Alaskan Native

American Indian includes those who maintain tribal affiliation in North, South, or Central America.

300 Native Hawaiian or Pacific Islander

301 Hawaiian 302 Guamanian 303 Samoan 304 Tahitian 399 Other Pacific Islander

200 Asian

201 Chinese

206 Laotian

202 Japanese

207 Cambodian

203 Korean

208 Hmong

299 Other Asian

205 Asian Indian

204 Vietnamese

400 Filipino

600 Black or African American

700 White

STUDENT LIVING SITUATION:

Primary Residence Parent living with another party Exchange Student Homeless Shelter Hotel/Motel

Parent Education Level For:
Father Male Guardian

Parent Education Level For:
Mother Female Guardian

Circle one:
10 Grad School/Post Graduate 13 High School Graduate 10 Grad School/Post Graduate 13 High School Graduate
11 College Graduate 14 Not a High School Graduate 11 College Graduate 14 Not a High School Graduate
12 Some College 15 Decline to State 12 Some College 15 Decline to State

LAST SCHOOL ATTENDED: **Public** **Private** **Dates attended:** _____

Name of Last School: _____ Grade: _____ Phone # _____

School Address: _____
Number & Street City State Zip or Country

The information provided is true to the best of my knowledge:

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

DOCUMENT VERIFICATION

BIRTH:

- 1. () Birth Certificate # _____
- 2. () Hospital Certificate _____
- 3. () Affidavit _____
- 4. () Immigration Document _____
- 5. () Baptismal Certificate _____
- 6. () Physician's Certification _____
- 7. () Undocumented _____
- 8. () Other _____

OFFICE USE ONLY

School: _____ ID: _____

Counselor/Interviewer Name: _____

School Entry Date: _____ Grade Level: _____

Immunization Approval: _____ Date: _____