SANTA MONICA-MALIBU USD ENROLLMENT FORM

Last Name:_____ First:_____ Middle:_____ Soc Sec #:_____

Address:_____ Apt:_____ City:_____ Zip:_____ Phone:_____

Birth Date:_____ City:_____ State:_____ Country:_____ Arrival to U.S.A.:_____

Last School Attended:_____ Last Grade Completed:_____
Name Address City State

New to California Public Schools? (Y, N):_____ New to Santa Monica Schools? (Y, N):_____ School Name:_____

Gender (Circle One): Female Male Student Lives with (Circle One): Father Mother Both Guardian Grandparents Other

Father's Name:_____ Birth Date:_____ Soc Sec #:_____ Email:_____

Father's Address (If different):_____
Number Street City State Zip

Father's Employer:_____
Name Address City State Zip Work Phone

Mother's Name:_____ Birth Date:_____ Soc Sec #:_____ Email:_____

Mother's Address (If different):_____
Number Street City State Zip

Mother's Employer:_____
Name Address City State Zip Work Phone

Guardian's Name:_____ Address:_____
First Last Number Street City State Zip

Guardian's Employer:_____
Name Address City State Zip Work Phone

Circle highest education level of Parent/Guardian in the home: 1. Not high school graduate 2. High school graduate 3. Some college 4. College graduate 5. Graduate school 6. Decline to state

Brothers and sisters under 18 year of age:

Name	Birth Date	School	Name	Birth Date	School

Please send Progress Reports to (Circle One): Father Mother Both Guardian Grandparents

I certify the above information to be correct: Date:_____ Parent/Guardian Signature:_____

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FOR SCHOOL USE ONLY School Code:_____ Actual Entry Date:_____ Student ID:_____ Permit Code:_____

Teacher Assignment:_____ Grade Level:_____ Graduation Year:_____ Ethnic Code:_____ Language Code:_____ Block Code:_____

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