



## **WILLIAM C. OVERFELT HIGH SCHOOL**

1835 CUNNINGHAM AVE SAN JOSE CA 95122

408.347.5900

### **ENROLLMENT REQUIRMENTS CHECKLIST:**

- PARENT/GUARDIAN PHOTO ID
  - BIRTH CERTIFICATE
- NOTARIZED GUARDIANSHIP AFFIDAVIT
- IMMUNIZATION RECORD
  - CURRENT TB TEST
- WITHDRAWAL PAPERWORK FROM PREVIOUS SCHOOL
  - OFFICIAL TRANSCRIPT 10<sup>TH</sup>-12<sup>TH</sup>
  - LAST REPORT CARD 9<sup>TH</sup>
- ENROLLMENT FORM
- EMERGENCY FORM
- IMAGE RELEASE
- REQUEST FOR STUDENT RECORDS
- RESIDENCY STATUS VERFICATION
  - 2 BILLS IN PARENT/GUARDIAN'S NAME AT CURRENT ADDRESS
- LUNCH APPLICATION
- CURRENT IEP (FOR SPECIAL EDUCATION)
  - 504 PLAN
  - SDC
  - RSP



# Student Enrollment Form

East Side Union High School District

830 North Capitol Avenue • San Jose, CA 95133 • 408.347.5000 • [www.esuhdsd.org](http://www.esuhdsd.org)

ESUHSD Student # \_\_\_\_\_

Date \_\_\_\_\_

Last School Attended \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Does the student receive Special Ed services?  Yes  No  
 Does the student have a 504 Plan?  Yes  No  
 If yes, please attach the latest IEP or 504 Plan.

Does the student have current siblings attending this school?  
 Yes  No If yes, provide names:

## STUDENT INFORMATION - PRINT CLEARLY IN CAPITAL LETTERS

Legal Last Name	Legal First Name	Middle Name	Suffix	Nickname
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (mm/dd/yy) / /	Social Security # - -	
Birth Country	Birth State		Birth City	

## PARENT/GUARDIAN INFORMATION – Below check all who live with this student

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster	<input type="checkbox"/> Group Home	<input type="checkbox"/> Ed Rights Holder	

**Household Info** (where student lives): Primary Contact Phone: ( ) -  Receive Texts

Address	Apt. #	City	Zip Code
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**First/Guardian** Last Name First Name Relationship

Address (if different from above) City Zip Code

Email Address: [ ]

Cell Phone Number ( ) -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number ( ) -	Home/Other Phone Number ( ) -
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Language preference:  English  Spanish  Vietnamese Resides with Student?  Yes  No

**Second/Guardian** Last Name First Name Relationship

Address (if different from above) City Zip Code

Email Address: [ ]

Cell Phone Number ( ) -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number ( ) -	Home/Other Phone Number ( ) -
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Language preference:  English  Spanish  Vietnamese Resides with Student?  Yes  No

## PARENT EDUCATION – Check the response that describes of the most educated parent.

<input type="checkbox"/> Not high school graduate	<input type="checkbox"/> High school graduate
<input type="checkbox"/> Some college includes A.A degree	<input type="checkbox"/> College graduate <input type="checkbox"/> Graduate degree or higher

## RESIDENCE – Where is your child/family currently living? – check appropriate box

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel	<b>Active Military Family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:
<input type="checkbox"/> Doubled-up (Sharing housing with others due to economic hardships or loss)	<input type="checkbox"/> Unsheltered (car/campsite)	
<input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> Other (please specify below)	

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

ID#: \_\_\_\_\_

## RACE AND ETHNICITY INFORMATION

Is this student Hispanic or Latino Ethnicity?  Yes, Hispanic or Latino  No, not Hispanic or Latino

*Hispanic/Latino is an ethnic group describing people of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*

What is this student's race? You must check 1 or up to five racial categories, no matter what was selected above.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native - persons having origins in North, Central or South America | <input type="checkbox"/> Hawaiian            | <input type="checkbox"/> Other Pacific Islander   |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Hmong               | <input type="checkbox"/> Samoan   |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Japanese            | <input type="checkbox"/> Tahitian   |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Korean              | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Laotian - from Asia | <input type="checkbox"/> White - persons having origins in Europe, Middle East or N. Africa |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Other Asian         |   |
| <input type="checkbox"/> Guamanian  |  |   |

## HOME LANGUAGE SURVEY – List multiple languages as appropriate

- Which language did your child learn when she/he first began to talk? \_\_\_\_\_
- What language does your child most frequently use at home? \_\_\_\_\_
- What language do you use most frequently to speak to your child? \_\_\_\_\_
- Name the language most often spoken by the adults at home? \_\_\_\_\_
- Was your child reclassified from English Learner to Fluent English speaker?  Yes  No  
If yes, provide the reclassification date: Date \_\_\_\_\_ OR Month \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

## SCHOOL ATTENDANCE HISTORY

- What month, year and grade did your child first attend public school in USA?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_
- What month, year and grade did your child first attend public school in California?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_
- Has your child attended school in East Side before?  Yes  No  
Name of last East Side school attended: \_\_\_\_\_
- What grade did your child FIRST attend this district? Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>
- What grade did your child FIRST attend this school? Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>
- Previous Special Needs Placement?  SDC  RSP  DIS  504  
Last IEP meeting date: \_\_\_\_\_ ATTACH THE CURRENT IEP OR 504 PLAN

I, the parent /legal guardian of this child, certify that all information given on this enrollment form is correct and true.

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

## ~FOR OFFICE USE ONLY~

### Enter Code

- |  |  |
|--|--|
| <input type="checkbox"/> New Student             | <input type="checkbox"/> Foster                    |
| <input type="checkbox"/> Returning Student       | <input type="checkbox"/> Group Home                |
| <input type="checkbox"/> Intra District Transfer | <input type="checkbox"/> McKinney- Vento           |
| <input type="checkbox"/> Administrative Intra    | <input type="checkbox"/> Foreign Enrollment (F1)   |
| <input type="checkbox"/> Disciplinary Intra      | <input type="checkbox"/> Foreign Enrollment (J1)   |
| <input type="checkbox"/> Voluntary transfer      | <input type="checkbox"/> Inter District Transfer – |
| <input type="checkbox"/> Junior/Senior Privilege | District of Residence: _____                       |
| <input type="checkbox"/> Magnet                  |  |
| <b>Home School:</b> _____                        | <input type="checkbox"/> Other: _____              |

### Grade

- 9<sup>th</sup>  
 10<sup>th</sup>  
 11<sup>th</sup>  
 12<sup>th</sup>

### Instructional Setting

- Regular  
 Continuation  
 ISP  
 FLC  
 Special Education  
 Other

### Blanks:

- ETH  
 RC V2010.01.02



# East Side Union High School District

830 North Capitol Avenue • San José, California 95133-1316 • 408-347-5000

*Academic, personal and social success for each and every student.*

*Dan Moser, Interim Superintendent*

## IMAGE RELEASE

It is the policy of the East Side Union High School District to create student photos/images for ID badges, the student information system and yearbook publications. For security and school business reasons, student photos, voice recordings, and video images may be transmitted in print and electronic form. All other print, broadcasting, website and other electronic publications of photos, voice recordings and video recordings with identification is permissible only with the written permission of the student and parent or guardian, if the student is a minor.

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

School \_\_\_\_\_

ID Number \_\_\_\_\_

DOB \_\_\_\_\_

I give my permission to the East Side Union High School to photograph, video or voice record me and to publish or to transmit my image and recordings to any print or electronic media such as newspapers, television, pod cast and/or websites. I give permission to the East Side Union High School District to include my identification along with my images or recordings.

Student signature \_\_\_\_\_

Parent signature \_\_\_\_\_ (student is under 18 years old)

Date \_\_\_\_\_

**BOARD OF TRUSTEES:** Frank Biehl, Eddie Garcia, J. Manuel Herrera, Patricia Martinez-Roach, Lan Nguyen.

It is the policy of the East Side Union High School District not to discriminate on the basis of sex, age, religion, race or national origin, sexual orientation, or handicapping condition in its educational programs and activities or in the recruitment and employment of personnel.



- New Student
- Change of information

**WILLIAM C. OVERFELT HIGH SCHOOL**  
EMERGENCY INFORMATION FORM

Please print clearly in ink.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

Sex  M  F      Grade  9  10  11  12      Date of birth \_\_\_\_\_

First Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Please list at least three people other than the parent/guardian in the even the student becomes ill or injured during the school day and needs to be dismissed from school when parent/guardian cannot be contacted.

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Third Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Medical Physician Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_ Medical Insurance Carrier \_\_\_\_\_

Does your son/daughter have any current health problems in which the school should be informed?

YES  NO If yes, please explain \_\_\_\_\_

Does he/she take daily medications at home?  YES  NO If yes, list the names of all medications and medical reason: \_\_\_\_\_

Will medications need to be administered at school?  YES  NO If yes, list the names of all medications and medical reason: \_\_\_\_\_

\* In order for medications to be given at school, please request Medications Consent Form from our school health care technician to be completed by parent and doctor.

In case of an emergency, my son/daughter may be taken to an emergency facility by ambulance. I understand the District assumes no responsibility for expenses incurred.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Nuevo Alumno  
 Cambio de informacion

# WILLIAM C. OVERFELT HIGH SCHOOL

Información en caso de Emergencia

Por favor de llenar la forma en letra de molde

Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_ Número de Identificación \_\_\_\_\_

Sexo  M  F Grado  9  10  11  12 Fecha de Nacimiento \_\_\_\_\_

Primer Padre/Guardián \_\_\_\_\_ Parentesco: \_\_\_\_\_

Número de Teléfono de: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Segundo Padre/Guardián \_\_\_\_\_ Parentesco: \_\_\_\_\_

Número de Teléfono de: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Si mi hijo/hija tiene que salirse de la escuela por causa de enfermedad o una lesión, y no se pueden poner en contacto con el padre/guardián, únicamente las siguientes personas están autorizadas para saber a mi hijo/ hija de la escuela:

Primer Contacto Nombre \_\_\_\_\_ Parentesco \_\_\_\_\_

Número de Teléfono de: \_\_\_\_\_

Casa (\_\_\_\_) \_\_\_\_\_ Trabajo (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Celular (\_\_\_\_) \_\_\_\_\_

Segundo Contacto Nombre \_\_\_\_\_ Parentesco \_\_\_\_\_

Número de Teléfono de: \_\_\_\_\_

Casa (\_\_\_\_) \_\_\_\_\_ Trabajo (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Celular (\_\_\_\_) \_\_\_\_\_

Tercer Contacto Nombre \_\_\_\_\_ Parentesco \_\_\_\_\_

Número de Teléfono de: \_\_\_\_\_

Casa (\_\_\_\_) \_\_\_\_\_ Trabajo (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Celular (\_\_\_\_) \_\_\_\_\_

Nombre del médico \_\_\_\_\_ Número de teléfono (\_\_\_\_) \_\_\_\_\_

Nombre del hospital \_\_\_\_\_ Seguro medico \_\_\_\_\_

Tiene su hijo/hija algún problema de salud del cual la escuela deberá de estar informada?

SI  NO Si su contestación es si, por favor explique: \_\_\_\_\_

Toma medicamentos diariamente en casa?  SI  NO Si su contestación es si, cual es el nombre del medicamento y por qué razón médica lo/la toma: \_\_\_\_\_

Se tiene que administrar este medicamento en la escuela?  YES  NO Si su contestación es si, cual es el nombre del medicamento y por qué razón médica lo/la toma: \_\_\_\_\_

En caso de una emergencia, su hijo/hija puede ser llevado/ a un hospital de emergencia por ambulancia si es necesario. Yo comprendo que el distrito no asume ninguna responsabilidad de gastos incurridos.

Firma de padre/guardián \_\_\_\_\_ Fecha \_\_\_\_\_





**W.C. OVERFELT HIGH SCHOOL COURSE SELECTION**  
**2020-2021**

Student's Name: \_\_\_\_\_  
Last First Middle initial

Parent/Guardian Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

**Students will have 6 classes. All students are required to select an Academy.**

<u><b>4/5 Required Classes</b></u> English Math Science Social Studies Physical Education or Elective	<u><b>1/2 Elective/s</b></u> Will be academy elective if required (see academy selection on back)  or from list below
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<u>Visual/Performing Arts</u> P-Art P-Photo P-Band * P-Orchestra P-Piano	<u>Foreign Language</u> P-French 1 P-Spanish 1 (non speakers) P-Spanish for Heritage Speakers	<u>Other Electives</u> P-Computer Science P -Leadership * P- AP Psychology  * = can be taken as a 7 <sup>th</sup> class
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**Elective Choice – Select in order of preference - Academy Elective will be placed first.**

1<sup>st</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ \*7<sup>th</sup> class elective \_\_\_\_\_

**List the sports you are interested in playing by season.**

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_



## W.C. OVERFELT HIGH SCHOOL COURSE SELECTION

**2020-2021**

**Academy Selection: Rank your choices 1-6 for what academy you are interested in joining . Students will be screened for eligibility and placed in the appropriate academy.**

\_\_\_\_\_ **AVID** - This program is designed to increase our college knowledge and give you academic support in your classes. You can expect to learn about college requirements, A-G courses, college pathways, the college systems, and have guest speakers. In the AVID program you will have a chance to go on college trips. You will take the AVID elective.

\_\_\_\_\_ **Child Development and Education** - This program will begin in the 10th grade year and will increase knowledge in theories and milestones of development, the importance of early childhood education for future success, and teen and child nutrition, health and safety. Students in this program will receive college information and will explore careers. Students will have real world experience in our children's center and on field trips. You will take the Child Development Elective

\_\_\_\_\_ **Electronics** - This program will begin in the 10th grade and focuses on Engineering and Design. Students in this program take a nationally recognized program to prepare them for a four year college with an emphasis in a STEM or engineering major. Students focus on career readiness, and as juniors will have paid internship opportunities. Students will have field trips to local colleges and manufacturing sites in Silicon Valley. You will take the Intro to Engineering class.

\_\_\_\_\_ **Fiat Lux** - This program is an accelerated academic program designed to prepare students for four year colleges, particularly selective colleges like the UC system and private universities across the country. Students in this program take accelerated English and World History in the 9th grade which prepares them for taking Advanced Placement courses during their 10th - 12th grades. There is no required elective.

\_\_\_\_\_ **Multimedia** - This program begins in the 10th grade and explores the roles, skill sets, jobs and equipment associated with the development of digital media. Students get hands-on experience with programs such as Adobe Illustrator, and Adobe Photoshop. Students receive information about college readiness and visit colleges all over the state. Students also receive career pathway information which could prepare them for working in the field of digital arts. You will take the Multimedia elective.

\_\_\_\_\_ **Puente** - This program is designed by the UC California system to help prepare students for attending a four year university. In this program, students take Puente English which is an accelerated English class designed to prepare them for Advance Placement and college level courses. Students study literature written by people of color and learn critical thinking, reading, and writing skills that they will need to succeed in a variety of professions. Students attend an annual conference at a UC campus and have the opportunity to visit many four year universities during their four years in the PUENTE program. There is no required elective class.