



Livermore Valley Joint Unified School District
685 E. Jack London Blvd.
Livermore, CA 94551
<http://www.livermoreschools.com>

New Student Enrollment

Completing the attached forms is the **first step to enrolling** your student. Once you complete the form, please contact your school of residence to submit and provide the documents listed below.

To find out your school of residence, visit any school or go to the school location section of our website at <http://www.livermoreschools.com/location>

For questions or more information contact Student Services at 925 606-3207.

Documents for enrollment

Category **Bring one original document from each of the five categories below:**

- | | |
|---|---|
| Proof of Birth Date | <ul style="list-style-type: none">▪ Birth Certificate▪ Statement by local registrar or county recorder certifying date of birth▪ Passport |
| Parent/Guardian
Picture ID | <ul style="list-style-type: none">▪ Driver's License▪ California Issued ID▪ Passport |
| Proof of Residence
(one from the list
on the right) | <ul style="list-style-type: none">▪ Current mortgage statement (escrow papers that show close of sale no later than seven (7) days after the student's first day of school)▪ Grant Deed▪ Property Tax Bill▪ Lease/Rental Agreement including property address, name of occupants, and signatures of both parties |
| Proof of Residence
(one from the list
on the right) | <ul style="list-style-type: none">▪ Current PG&E bill with name and address listed▪ Current garbage bill with name and address listed▪ Current cable bill with name and address listed▪ Current water bill with name and address listed |

Immunization Records - Please bring original of the most current immunization record signed or stamped by a doctor.



New Student Enrollment Form

Student's First Name: _____

Middle Name: _____

Last Name: _____

Suffix (i.e. Jr, II, III): _____

Male or Female: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Enrolling Grade: _____ School Year: _____

School of Residence: _____

Last School Attended: _____

Last LVJUSD School Attended: _____

Has student ever been suspended and/or expelled? _____

Does student receive Special Ed and/or 504 services? _____

Parent/Guardian Name (First Last): _____

Parent/Guardian Phone: _____

* Primary Parent Email: _____

Secondary Parent Email: _____

* required for online enrollment



Home Language Survey

The California Education Code 52164.1 contains legal requirements which direct schools to determine the language(s) spoken in the home by each student. This information is essential in order for school to provide adequate instructional programs and services.

Name of Student: _____
(Surname/Last Name) (First Given Name) (Second Given Name)

Grade Level: _____ Age: _____ Birthplace/State: _____

Birthplace/Country: _____ Initial US School Enrollment Date: _____

Enrolled in US school less than three (3) years? Yes _____ No _____

Has your child attended a California school? Yes _____ No _____

If yes, what is the name of the school? _____ In what city? _____

What is your child's State Student Identification (SSID) number? _____

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four (4) questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please **do not leave** any questions unanswered.

Answers of languages other than English on questions 1, 2, or 3 will result in students taking the California English Language Development Test (CELDT). This test identifies the English proficiency level of each child, allowing us to determine his/her educational needs and provide the student access to the appropriate English Learner educational program.

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. What language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below. Thank you for your cooperation.

Signature of Parent or Guardian

Date