

Dual Enrollment Form

For Central Registration Use Only

Date: _____ Initials: _____
Student I.D. # _____ School: _____ Grade: _____

Student's Name: _____
Last First M.I.

Gender: Male ___ Female ___ Date of Birth: ____/____/____

Student's Home Address: _____ Student's Home Phone: _____

_____ # Street Apt# City State Zip Code

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

(For question (1) check the box that best describes your child) Check only ONE box.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of Race.

YES, Hispanic NO, not Hispanic

2. Select one or more races from the following five racial groups. (For question (2) check all groups that apply to your child. Check AT LEAST ONE box.)

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

BLACK or AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the peoples of Europe, North Africa or the Middle East.

Country of Origin: _____ Primary Language Spoken at Home: _____

With Whom Does the Student Live? Both Parents ___ Mother ___ Father ___ Guardian ___ Other ___

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Number Street City Zip Code

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Number Street City Zip Code

Parent or Guardian Signature: _____