



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 10TH-12TH
 - LAST REPORT CARD 9TH
- 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

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: 9th 10th 11th 12th
- What grade did your child FIRST attend this school? Grade: 9th 10th 11th 12th
- 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 | |
| Home School: _____ | <input type="checkbox"/> Other: _____ |

Grade

- 9th
 10th
 11th
 12th

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>4/5 Required Classes</u> English Math Science Social Studies Physical Education or Elective	<u>1/2 Elective/s</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 <i>* = can be taken as a 7th class</i>
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Elective Choice – Select in order of preference - Academy Elective will be placed first.

1st _____ 3rd _____

2nd _____ *7th 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.