



STUDENT REGISTRATION FORM

Student ID #

PLEASE COMPLETE THE INFORMATION ON BOTH SIDES OF THIS FORM

100

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date	Month	Day	Year	Verification:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (list) _____																								
Birthplace		City:		State:		Country:																									
				Home:		Relationship:																									
Parent/Guardian Last Name		First Name		Work:		Employer:																									
				Contact Phone		Cell Phone:																									
Parent/Guardian Last Name		First Name		Home:		Relationship:																									
				Work:		Employer:																									
Parent/Guardian Last Name		First Name		Contact Phone		Cell Phone:																									
Residence Address (house # and street name)		Apt #		City		State																									
						Zip Code																									
Mailing Address (if DIFFERENT)		Apt #		City		State																									
						Zip Code																									
E-mail Address:																															
Parent/Guardianship Information (with whom the student lives) - check all that apply																															
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____ <input type="checkbox"/> Is there a legal custody agreement regarding this student? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, what kind?																															
RESIDENCE - Where is your child/family currently living? - Please check one: <input type="checkbox"/> Permanent Residence (house, apartment, condo, mobile home) <input type="checkbox"/> Temporarily Doubled-up (sharing housing with other families or individuals due to economic hardship or loss) <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Temporarily Unsheltered (car/campsite) <input type="checkbox"/> Other (please specify) _____																															
Date student first attended school in the United States?				Month	Day	Year																									
Date student first attended school in California?				Month	Day	Year																									
IS YOUR CHILD Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No																															
WHAT IS YOUR CHILD'S RACE? (check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> African American or Black</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Korean</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Laotian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other Asian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Filipino/Filipino American</td> <td><input type="checkbox"/> Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Samoan</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Tahitian</td> <td></td> </tr> </table>								<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian		<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian		<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Other Pacific Islander		<input type="checkbox"/> Guamanian	<input type="checkbox"/> Samoan		<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Tahitian	
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Legal Last Name _____ **Legal First Name** _____ **Legal Middle Name** _____ **Other Names / Nickname** _____

PARENT EDUCATION - Check the box that best describes the highest education level of either parent (or guardian).

- College Graduate
- Graduate Degree or Higher
- High School Graduate
- Not a High School Graduate
- Some College (includes AA degrees)

PRIMARY LANGUAGE (Indicate one language as listed on the *Home Language Survey*)

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Check all boxes that apply)

Special Education: IEP Resource (RSP) Special Day Class (SDC) Speech & Language Other

Other: 504 Gifted (GATE) Math Intervention
 Reading Intervention After School Program Counseling
 SARB / SART Student Study Team English Learner Support
 Behavior Support/Improvement

MOST RECENT SCHOOL(S) ATTENDED

School	City / State	Grade(s)	Dates

HAS YOUR CHILD EVER BEEN EXPELLED? No Yes If yes, name of district and school: _____

The information provided above is accurate to the best of my knowledge.

Signature of Person Registering Pupil	Relation to Student	Date

District Use Only

Proof of Residence	Proof of Immunization	Date / Time Registered	Enrollment Date	Grade	District Official Signature
Type: _____	Type: _____	Date: _____			

Type of Registration

- Neighborhood Open Enrollment Program Improvement Intradistrict Transfer Interdistrict Transfer
- Overenrollment - Neighborhood school: _____ Receiving school: _____
- Special Education - Placement: _____

SSID (if available from previous school)

COMMENTS