



Office Use Only  
Student ID #

# STUDENT REGISTRATION FORM

PLEASE COMPLETE THE INFORMATION ON BOTH SIDES OF THIS FORM

Please print clearly

Name		Legal First Name		Last/Middle Name		Other Names	
<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:		
Parent/Guardian Last Name		First Name		Home:		Relationship:	
				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 _____							
Is there a legal custody agreement regarding this student? Please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian							
Is the student involved in any active court orders? <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"/> Foster Family Home or Kinship Placement							
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Licensed Children's Institution							
<input type="checkbox"/> Temporarily Unsheltered (car/campsite) <input type="checkbox"/> Residential School/Dormitory							
<input type="checkbox"/> Other (please specify) _____							
Date student first attended school in the United States?							
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)							
<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"/> Lao-tian							
<input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian							
<input type="checkbox"/> Chinese <input type="checkbox"/> Other Pacific Islander							
<input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> Samoan							
<input type="checkbox"/> Guamanian <input type="checkbox"/> Tahitian							
<input type="checkbox"/> Hawaiian							

PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM

# STUDENT REGISTRATION FORM

Legal Last Name	Legal First Name	Legal Middle Name	Other Names / Nickname
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**PARENT EDUCATION** - Check the box that best describes the highest education level of either parent (or guardian).

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

**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
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**District Use Only**

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

**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**