

NAME OF SCHOOL: \_\_\_\_\_ SSID: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's LEGAL Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year  
 Male  
 Female  
 Non-binary

County of Residence: \_\_\_\_\_ District of Residence: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Are there any legal restrictions in place regarding this student?  Yes  No *(If yes, please attach court order/documentation.)*

**PARENT/GUARDIAN 1**

\_\_\_\_\_] \_\_\_\_\_]  
 Last Name First Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Residence Address (IF DIFFERENT)

( ) ( )  
 Primary Phone Alt/Work Phone

**Relationship to Student:**  Mother  Step Parent  Legal Guardian  
 Father  Foster Parent  Caregiver  
**Person has:**  Physical Custody  Legal Custody  Education Rights

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 Email Address

**PARENT/GUARDIAN 2**

\_\_\_\_\_] \_\_\_\_\_]  
 Last Name First Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Residence Address (IF DIFFERENT)

( ) ( )  
 Primary Phone Alt/Work Phone

**Relationship to Student:**  Mother  Step Parent  Legal Guardian  
 Father  Foster Parent  Caregiver  
**Person has:**  Physical Custody  Legal Custody  Education Rights

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 Email Address

**PARENT/GUARDIAN EDUCATION LEVEL:** Check the response that describes the highest education level of parent/guardian(s).

**Person 1**

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/ post graduate training

**Person 2**

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/ post graduate training

**DUPLICATE MAILING** — If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address and phone number.

\_\_\_\_\_] \_\_\_\_\_] ( ) ( )  
 Last Name/Relationship to Student First Name Primary Phone Alt/Work Phone

\_\_\_\_\_  
 Mailing Address City State ZIP

\_\_\_\_\_  
 Residence Address (IF DIFFERENT) City State ZIP

**EMERGENCY CONTACTS/PICK-UP PERMISSION** — Individuals not listed above who are emergency contacts, can pick student up, or both.

First and Last Name	Relationship to Student	Phone Number	Role (check all that apply)
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up

**PREVIOUS SCHOOL INFO** — What month and year did your child first enroll in a California School? \_\_\_\_ / \_\_\_\_

Last School Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Name of School City/State Phone

Has the student been expelled or is the student in the process of being expelled from any school?  Yes  No

If yes, name of school: \_\_\_\_\_ Location: \_\_\_\_\_ Date Expelled: \_\_\_\_\_

**SPECIAL SERVICES:** What special services has your child received? *(Please check all boxes that apply)*

- Special Education:**  Resources (RSP)  Special Day Class  Speech/Language  504 Accommodation Plan
- Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  
 English Lang Dev.  Medical Health Plan

**MEDICAL INFORMATION** — Are there medical issues that the school should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

Medication taken at home?  Yes  No If yes, please describe: \_\_\_\_\_

Medication taken at school?  Yes  No If yes, please submit the Medication Form signed by doctor at time of registration.

Allergies the school should be aware of?  Yes  No If yes, please describe: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**HOME LANGUAGE SURVEY**

Which language did your son/ daughter learn when he/ she first began to talk? \_\_\_\_\_

What language does your son/ daughter most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/ daughter? \_\_\_\_\_

Name the language most often spoken by adults at home: \_\_\_\_\_

Must answer both questions

**ETHNICITY:** Mark the ethnicity with which the student most closely identifies. Please check one:

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Non Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE?** *(Please check up to five racial categories)* The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br><i>(Person having origins in any of the original peoples of North and South America (including Central America))</i> | <input type="checkbox"/> Korean (203)       | <input type="checkbox"/> Hawaiian (301)               | <input type="checkbox"/> African American or Black (600)   |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)   |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303)                 | <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
|  | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Tahitian (304)               |  |
|  | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Other Pacific Islander (399) |  |
|  | <input type="checkbox"/> Hmong (208)        |   |  |
|  | <input type="checkbox"/> Other Asian (299)  |   |  |

**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

*I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.*

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_