

FOR OFFICE USE ONLY

Paperwork Rec'd _____ Start Date _____ Student ID No. _____
Grade _____ Assigned to _____ School _____ Verification of Birth _____

PARENT COMPLETES

PUPIL REGISTRATION FORM

Pupil's Name _____ Male Female
(Last) (First) (Middle)
Address _____
(Street) (City) (Zip)
Do you and your child have a permanent residence? Yes No (Circle one)
Home Phone _____ Cell Phone _____ Contact Phone: _____
Birth Date: _____

PREVIOUS SCHOOL(S) ATTENDED (List in order; include pre-school attendance)

GRADE(S)	NAME OF SCHOOL	CITY	STATE	DATE ATTENDED

Is/was pupil in any Special Education programs? (Please check all that apply)
 Special Day Class Resource Specialist Speech Therapy Gifted & Talented Educ. Bilingual Educ.
 Other _____
Has your child been retained? Yes No Has your child ever been tested by a school psychologist? Yes No
(If yes, see the school office manager or school clerk for confidential release form.)

What is the Child's Primary Language? _____ Parent's Primary Language: _____
Are there any special custody regulations regarding your child? No Yes- *If yes, see school principal*

EXPULSION INFORMATION

California Education Code Section 48915.1(b) states that "If a pupil has been expelled from his or her previous school for any of the offenses listed in paragraphs (1) to (4) [(1) *Causing serious physical injury...*, (2) *Possession of any firearm, knife, explosive, or other dangerous object of no reasonable use to the pupil at school or at a school activity ...*, (3) *Unlawful sale of any controlled substance ...*, (4) *Robbery or extortion*] ... the parent, guardian, or pupil (if emancipated), shall, upon enrollment, inform the receiving school district of his or her status with the previous school district."

Has the above named pupil ever been or is he/she currently on expulsion from another school district? Yes No
If yes, for what offense? _____
Date expelled: _____ Name of school / district: _____
Address of school / district: _____

THE FOLLOWING INFORMATION IS REQUIRED BY THE STATE OF CALIFORNIA

STUDENT ETHNICITY - IS THIS STUDENT HISPANIC OR LATINO? (Choose only one)
 YES, Hispanic / Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. **NO, NOT Hispanic / Latino**

STUDENT RACE - PRIMARY Check the <u>one</u> group with which the pupil most closely identifies.		STUDENT RACE - SECONDARY Check <u>all other</u> groups with which the pupil identifies.	
<input type="checkbox"/> White - A person having origins in Europe, the Middle East or North Africa	<input type="checkbox"/> Chinese	<input type="checkbox"/> White - A person having origins in Europe, the Middle East or North Africa	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black / African American / Haitian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Black / African American / Haitian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Asian / Asian Indian / Asian American	<input type="checkbox"/> Korean	<input type="checkbox"/> Asian / Asian Indian / Asian American	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino / Filipino American	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Tahitian
<input type="checkbox"/> American Indian / Alaskan Native* - A person having origins in any of the original peoples of North & South America (including Central America), AND who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian / Alaskan Native* - A person having origins in any of the original peoples of North & South America (including Central America), AND who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Guamanian		<input type="checkbox"/> Guamanian
	<input type="checkbox"/> Samoan		<input type="checkbox"/> Samoan
	<input type="checkbox"/> Laotian		<input type="checkbox"/> Laotian
	<input type="checkbox"/> Cambodian		<input type="checkbox"/> Cambodian

*Ask office staff for Student Eligibility Certification for Indian Education

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PARENTAL INFORMATION

GUARDIAN 1: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> LEGAL GUARDIAN/FOSTER PARENT				CONTACT INFORMATION	
LAST NAME		FIRST NAME	MIDDLE	PRIMARY PHONE	
ADDRESS		UNIT	CITY	ZIP	SECONDARY PHONE
EMPLOYER		OCCUPATION			WORK PHONE
WORKPLACE		UNIT	CITY	ZIP	HOME EMAIL
PARENT EDUCATION LEVEL (Please check the highest level completed) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate School/Post Graduate <input type="checkbox"/> Some College					LANGUAGE PREFERENCE
GUARDIAN 2: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> LEGAL GUARDIAN/FOSTER PARENT				CONTACT INFORMATION	
LAST NAME		FIRST NAME	MIDDLE	PRIMARY PHONE	
ADDRESS		UNIT	CITY	ZIP	SECONDARY PHONE
EMPLOYER		OCCUPATION			WORK PHONE
WORKPLACE		UNIT	CITY	ZIP	HOME EMAIL
PARENT EDUCATION LEVEL (Please check the highest level completed) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate School/Post Graduate <input type="checkbox"/> Some College					LANGUAGE PREFERENCE

ADDITIONAL SIBLINGS living with family					
Name	Sex	Birth Date	Name	Sex	Birth Date

MIGRANT PROGRAM **Migrant?** **Yes** **No**

Please answer the following questions to see if you qualify for the Migrant Education Program. A person from the Migrant Office will contact you for an eligibility interview. For additional information, or if you have any questions, please contact the Migrant Office at 437-1520.

1. Do you work in agricultural (fruits or vegetables), food processing/packing, nursery or fishing industry? Yes No
2. Did you come to this school district looking for work in agriculture or in the fishing industry? Yes No
3. What type of agricultural or fishing work do you do? (i.e. pick strawberries, pack celery, harvest broccoli, cultivate tomatoes, etc.)

4. Have you worked in the agricultural or fishing industry in the past three years? Yes No
Doing what? _____
5. Have you and your family moved in/out of the school district because you were seeking work in agriculture or in the fishing industry in the past three years? Yes No

MOBILITY

Has your child previously attended **THIS** school? Yes No If so, what year? _____

Has our child previously attended **ANY** school in Hueneme Elementary School District? Yes No
If so, what year? _____

Parent/Guardian PRINTED NAME Parent/Guardian SIGNATURE DATE SIGNED