



STUDENT REGISTRATION FORM

All requested information must be filled out to be enrolled in school. Please print all information and fill out packet completely.

Student's **Legal** Name: _____
 Last Name First Name Middle Name aka
 Last Grade Level Completed: _____ Birth Date: ____/____/____ County of Residence: (ex. Tehama, Shasta, etc.) _____
 Physical Address: _____
 Street Address Apt. # City Zip Code
 Mailing Address: _____
 Street Address Apt. # City Zip Code
 Student Email: _____ Parent Email: _____
 Student Home Phone: (____) _____ Student Cell Phone: (____) _____ Gender: ____ Male ____ Female

Family Information

Father/Step-Father/Guardian

Title: _____ Last Name: _____ First: _____ Middle: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Day Phone: _____ Home Phone: _____ Cell Phone: _____
 Employer: _____ Email Address: _____

Mother/Step-Mother/Guardian

Title: _____ Last Name: _____ First: _____ Middle: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Day Phone: _____ Home Phone: _____ Cell Phone: _____
 Employer: _____ Email Address: _____

Student lives with: _____ (If foster parent, please list social worker/foster worker as an emergency contact.)
 Social Worker's Name: _____ Contact Phone: _____

Emergency Information

Name: _____
 Relationship: _____
 Contact Number: _____

Name: _____
 Relationship: _____
 Contact Number: _____

Name: _____
 Relationship: _____
 Contact Number: _____

Medical Information

Doctor's Name: _____ Phone: _____

Report of Health Examination-required for school entry-must be completed by a doctor no earlier than 18 months prior to first grade.

Has your child had any of the following conditions? (Check all that apply)
 ___ Asthma ___ Vision/hearing problems ___ Food allergies (Please list) _____
 ___ Bee sting allergy ___ Heart problem ___ Hepatitis ___ Seizure disorder ___ Diabetes
 ___ Other (Please explain) _____

Dentist's Name: _____ Phone: _____
Oral Health Assessment Form must be completed by a dentist by May 31st of Kindergarten.

Federal Race and Ethnicity Collection (California Government Code Section 8310.5 requires that schools collect this data.)

A. Ethnicity: Is the student Hispanic or Latino?

- Yes, Hispanic or Latino No, not Hispanic or Latino

B. Race: What is the student's race? (Select one or more)

- | | | | |
|--|--------------------------------|--|------------------------------|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Filipino | <input type="radio"/> Other Asian | <input type="radio"/> Hmong |
| <input type="radio"/> Asian Indian | <input type="radio"/> Hawaiian | <input type="radio"/> Tahitian | <input type="radio"/> Samoan |
| <input type="radio"/> Black or African American | <input type="radio"/> Japanese | <input type="radio"/> Other Pacific Islander | <input type="radio"/> White |
| <input type="radio"/> Cambodian | <input type="radio"/> Korean | <input type="radio"/> Vietnamese | |

**Part A of this question refers to ethnicity, not race. No matter what you selected in this section, please continue on Part B. Mark one or more boxes indicating the student's race.*



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Student Services Information

Residence: Where is your student/family currently living? (Check one box only)-This information will be used according to the ESSA (Every Student Succeeds Act).

- 200-In a single family residence-house, apartment, condominium or mobile home
- 100-In a shelter, group home or transitional housing program
- 110-In a motel/hotel
- 120-With more than one family in a house, apartment or with friends or family other than parents, grandparents or legal caregiver
- 130-Temporarily unsheltered (Tent, Automobile)
- 210-Foster Family Home or Kinship Placement
- 000-Active Military _____ Branch

Additional Student Background

- School year student entered 9th grade: 20____-20____
- Has your student ever been expelled from another school/district?
Yes _____ No _____
When: _____
District: _____
- Has your student been retained in any school?
Yes _____ No _____
If yes, what grade: _____

Special Programs: Did your student receive any of the following programs or services?

YES () NO () Please check one-(If yes, please check those that apply below)

- Special Education-IEP (Individual Education Plan) (RSP, Speech, Special Day Class)
- 504 Plan
- GATE (Gifted and Talented Program)

Parent/Guardian Highest Education Level:

Each public school is required to gather information on the highest level of education achieved by the parents or guardians of each student. This information is reported only in percentages. All individual data is kept confidential.

Please check the box that indicates **the highest level of education** completed by each parent/guardian. Thank you for your assistance with this state requirement.

Please check one selection:

Father/Step-Father/Guardian:

- Grad School/Post Graduate Training (Master's or Doctorate degree)
- College Graduate
- Some college or Associate's Degree
- High School Graduate
- Not a High School Graduate
- Decline to state my educational level

Mother/Step-Mother/Guardian:

- Grad School/Post Graduate Training (Master's or Doctorate degree)
- College Graduate
- Some college or Associate's Degree
- High School Graduate
- Not a High School Graduate
- Decline to state my educational level

I certify that the above information is correct and understand any incorrect information could compromise the enrollment of my student:

Parent/Guardian Signature: _____ **Date:** _____