



## 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 31<sup>st</sup> 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 9<sup>th</sup> 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 circle 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 either of 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 either parent/guardian. Thank you for your assistance with this state requirement.

#### Please check one selection:

- ☐ 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:** \_\_\_\_\_