



Student Registration Form
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STUDENT'S NAME:	Last Name:	First Name:	Middle Name:
STUDENT'S LEGAL NAME:	Last Name:	First Name:	Middle Name:
BIRTH DATE:	MONTH	DAY	YEAR
	Male <input type="checkbox"/> Female <input type="checkbox"/>		HOME PHONE NUMBER
STUDENT'S AGE:	Grade:		
HOME ADDRESS:	Street		City
			State
			Zip
Has student been enrolled in a U.S. school for less than 3 cumulative years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE FIRST ATTENDED U.S. SCHOOL		DATE FIRST ATTENDED IN CALIFORNIA
	MONTH	DAY	YEAR
BIRTH PLACE:	City	State	Country
PARENT/GUARDIANSHIP INFORMATION – check all that apply			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Caregiver Is the above checked person(s) the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete a "Caregiver Affidavit". If there is a legal custody agreement regarding this student, please check one (custodial documentation is required at time of registration): <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian			
PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES			
1. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Name: _____			
Home Phone: _____ Cell Phone: _____ Email Address: _____			
Employer: _____ Address: _____ Work Phone: _____			
2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Name: _____			
Home Phone: _____ Cell Phone: _____ Email Address: _____			
Employer: _____ Address: _____ Work Phone: _____			
Duplicate Mailing: If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their contact information:			
Name: _____ Address: _____			
City/State/Zip: _____ Contact Phone: _____			
Email Address: _____			
PARENT EDUCATION: Please indicate the highest level of either parent's/guardian's education:			
<input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate			
RESIDENCE: Please check the appropriate box – where your child/family are currently living. (Federally mandated by ESSA)			
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> Other (please specify): _____			

PLEASE COMPLETE OTHER SIDE OF FORM

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SPECIAL SERVICES: Please check any service your child has received.

- Special Education/ I.E.P. (Individualized Education Plan) 504 Gifted (GATE) English Language Learner (ELL)
 Speech Counseling Other: _____

LAST SCHOOL ATTENDED: _____

Has Child Previously Attended CRPUSD: No Yes **WAS CHILD EVER RETAINED:** No Yes - In which grade: _____

SIBLINGS: Name: _____ Birthdate: _____ School & Grade: _____
 Name: _____ Birthdate: _____ School & Grade: _____

STUDENT'S ETHNICITY (Please check one): Hispanic or Latino NOT Hispanic or Latino

STUDENT'S RACE (Please check up to five racial categories)

Student's Ethnicity is about ethnicity, not race. No matter what you selected under student's ethnicity, please continue to answer the following marking one or more boxes to indicate what you consider your race to be.

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Hmong | <input type="checkbox"/> Laotian | <input type="checkbox"/> Filipino/Filipino American |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> White (Persons having origins in any of the original people of Europe, North Africa, or the Middle East) | | |

HOME LANGUAGE SURVEY*:

1. Which language did your child first learn to speak? _____ (First)
2. Which language does your child use most frequently at home? _____ (Primary)
3. Which language do you most frequently use to speak to your child? _____ (At Home)
4. Which language is most often spoken by adults in the home? _____ (IFEP)
5. Has your child ever been given an English Language Proficiency Test (CELDT/ELPAC)? Yes No I don't know
6. In which language do you wish to receive written/verbal communication from the school? English Spanish

*Students whose primary language is something other than English will be tested.

MILITARY SERVICE: Is either parent/guardian on active duty in the U.S. Armed Forces: No Yes - Army Navy Air Force
 Marine Corps or Coast Guard or on full-time National Guard Duty?

Is your child on medication?: No Yes

If yes, please name: _____

Does your child have a medical condition of which the school should be aware?: No Yes

If yes, please describe: _____

PROOF OF RESIDENCY: California Education Code requires proof of residency in any district within which you are registered. The following proof has been provided upon registration: Rental Agreement PG&E Bill City Utility Bill Purchase of Property Contract

My signature indicates that I have read and understand the registration form. It also certifies that the information on this form is true and correct. My signature affirms that the child resides with me at this address. I understand that any change of residency information (address, telephone number, guardianship) must be reported to the school, examined and verified within 30 days of change. Falsification of information may be grounds for invalidating the student's enrollment.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR SCHOOL USE ONLY School of Residence: _____ School of Choice: _____ Student #: _____

Notified <input type="checkbox"/> SPED <input type="checkbox"/> EL <input type="checkbox"/> 504	Proof of Birth Type: _____ Verified by: _____	Residence Type: _____	Immunization Type: _____	CUM Requested / /	Enrollment Date / /	Assigned to Grade: _____ Room: _____ Teacher/Counselor: _____
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