



March 27, 2017

Via U.S. Mail and Email

Xavier Becerra
California Attorney General
Office of the Attorney General
1300 "I" Street
Sacramento, CA 95814-2919

Re: Complaint Concerning Discriminatory Enrollment Practices Denying Immigrant Youth Their Right to Enroll in School.

Dear Attorney General Becerra :

We are legal and civil rights advocacy organizations requesting that you use your authority as California's Attorney General to launch an investigation and take pro-active steps with respect to enrollment practices imposed by certain California school districts that unlawfully discourage and bar students from enrolling in school . We believe that Latino immigrant children are disproportionately impacted by these unlawful enrollment policies and practices, which target a student's actual or perceived immigration and national origin status.

This is a time of great uncertainty for immigrant families in our state. Many immigrant families currently live in fear as demonstrated by reports from our clients and news reports across the state . We believe that there are in fact immigrant families who are keeping their children at home from school for fear of pending Immigration and Custom Enforcement ("ICE ") raids and sweeps.

1) All Children, Regardless of their Immigration Status, Have a Constitutional Right to Attend Public Schools.

As you are aware, all children have a constitutional right to attend public school regardless of their immigration status. This was confirmed in the Supreme Court decision in *Plyler v. Doe*, 457 U.S. 202, 102 S.Ct. 2382 (1982) which struck down a

Texas statute that barred undocumented immigrant children from the schools of that state. In finding the statute unconstitutional, the court concluded the following:

. . . the record is clear that many of the undocumented children disabled by this classification will remain in this country indefinitely, and that some will become lawful residents or citizens of the United States. It is difficult to understand precisely what the State hopes to achieve by promoting the creation and perpetuation of a subclass of illiterates within our boundaries, surely adding to the problems and costs of unemployment, welfare and crime. It is thus clear that whatever savings might be achieved by denying these children an education, they are wholly insubstantial in light of the costs involved to these children, the State, and the Nation.

In 1994 California voters passed a state-wide anti-immigrant initiative, Proposition 187, which sought to deny undocumented students access to our public schools. Proposition 187 was challenged in both state and federal court and the education-exclusion provisions were soundly struck down.¹

In the aftermath of Proposition 187, there was increased attention on the “chilling” effects of certain school practices that would discourage immigrant families from enrolling their children in school. The focus was primarily on what information school districts could elicit from parents concerning evidence of their child’s age and residency. There was an across the board acknowledgement on the part of advocates and the California Department of Education that school districts had no reason to ask about the immigration status of students or their parents. If there was a need to inquire about a student’s social security number, then a district was obligated to inform parents that providing such information was voluntary.

These concepts and the obligation of school districts to ensure that all students have access to our public schools regardless of their immigration status and national origin were confirmed by a joint guidance issued by the federal Department of Justice (“DOJ”) and Department of Education (“DOE”) which specifically stated the following concerning what a school district may inquire about to establish residency for purposes of enrollment:

While a district may restrict attendance to district residents, inquiring into students’ citizenship or immigration status, or that of their parents or guardians would not be relevant to establishing residency within the district. A district should review the list of documents that can be used to establish residency and ensure that any required documents would not unlawfully bar or discourage a student who is undocumented or whose parents are undocumented from enrolling in or attending school.²

¹ *League of United Latin American Citizens v. Wilson* [CD Cal. 1995] 908 F.Supp. 755, 774; *League of United Latin American Citizens v. Wilson* [CD Cal. 1997] 997 F.Supp. 1244, 1255-56.

² Dear Colleague Letter: School Enrollment Procedures (May 8, 2014) at page 2.
<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf>

With respect to proving age, the guidance explicitly states that a school district “may not bar a student from enrolling in its schools because he or she lacks a birth certificate or has records that indicate a foreign place of birth, such as a foreign birth certificate.” The guidance further states that if a district chooses to request a social security number, “it shall inform the individual that the disclosure is voluntary, provide the statutory or other basis upon which it is seeking the number, and explain what uses will be made of it.”

Most recently in December of 2016 and January and March of 2017, these basic principles and protections were reaffirmed by State Superintendent Tom Torlakson in the form of guidance letters and press releases.³ Superintendent Torlakson has directed school districts not to “collect or maintain any documents pertaining to immigration status”⁴ and has urged that they “continue to make sure students and their families feel safe at school and reminded educators that existing laws protect students’ records from questions about immigration status”.⁵

Notwithstanding the clear legal protections afforded to immigrant children, we have found that many school districts have placed clear barriers with respect to the constitutional right of these children to enroll in school. Our review of school district enrollment policies and practices statewide reveals that certain districts openly inquire about a student’s citizenship status and/or their social security number. Asking for a social security is often a proxy for seeking information regarding immigration status. Exclusion or other burdens imposed on individuals who lack immediate access to a social security number disparately affects individuals based on their national origin and is unlawful unless justified by a legitimate purpose. No legitimate purpose can be articulated for requiring a social security number at enrollment as Educ. Code § 49076.7(b) expressly provides that: “A school district, county office of education, or charter school shall not collect or solicit social security numbers or the last four digits of social security numbers from pupils or their parents or guardians unless otherwise required to do so by state or federal law.” There simply is no state or federal statute or regulation that requires collection of this information for enrollment. Therefore, districts that do so violate this Education Code section.

³ State Schools Chief Tom Torlakson Urges “Safe Haven” Designation for California’s 10,500 Public Schools, December 21, 2016 available at <http://www.cde.ca.gov/nr/ne/yr16/yr16rel87.asp>; Public Schools Remain Safe Havens for California’s Students, December 21, 2016 available at <http://www.cde.ca.gov/nr/el/le/yr16ltr1221.asp>;

State Superintendent of Public Instruction Tom Torlakson Responds to President Trump’s Immigration Order, January 30, 2017 available at <http://www.cde.ca.gov/nr/ne/yr17/yr17rel0130.asp>;

State Superintendent of Public Instruction Tom Torlakson Asks Federal Authorities to Clarify Policy on Immigration Actions Near Schools, March 9, 2017 available at <http://www.cde.ca.gov/nr/ne/yr17/yr17rel19.asp>.

⁴ State Schools Chief Tom Torlakson Urges “Safe Haven” Designation for California’s 10,500 Public Schools, December 21, 2016 available at <http://www.cde.ca.gov/nr/ne/yr16/yr16rel87.asp>; Public Schools Remain Safe Havens for California’s Students, December 21, 2016 available at <http://www.cde.ca.gov/nr/el/le/yr16ltr1221.asp>.

⁵ State Superintendent of Public Instruction Tom Torlakson Responds to President Trump’s Immigration Order, January 30, 2017 available at <http://www.cde.ca.gov/nr/ne/yr17/yr17rel0130.asp>.

2) Despite Clear Legal Protections and Directives to the Contrary, Many School Districts Inquire About Citizenship Status and/or Social Security Numbers.

Our review of school district websites, registration forms, board policies and administrative regulations has uncovered seventy-five school districts in thirty-five counties that inquire about a student's citizenship status and/or social security number at the time of registration. The chart below identifies each of the districts, the county in which they are located and provides relevant excerpts from the district's enrollment/registration forms or websites.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Alameda	Dublin Unified School District	Registration Form ⁶ Soc. Sec. No. (Student) _____ US Citizenship? Yes No Citizenship Country other than US
	Sunol Glen Unified School District	Registration Form ⁷ Social Security:
Butte	Biggs Unified School District	Registration Form ⁸ Entry Date to USA: ____/____/____ Student's Social Security Number _____
	Feather Falls Union Elem. School District	Registration Form ⁹ Social Security # (New Students only)

⁶ Exhibit 1 available at http://www.dublin.k12.ca.us/cms/lib5/CA01001424/Centricity/Domain/150/DUSD_registration_form.pdf.

⁷ Exhibit 2 available at https://drive.google.com/file/d/0B2AUC_0UKPo4NzIKNU0tSIh2OEE/view.

⁸ Exhibit 3 available at <http://www.biggs.org/documents/NEW%20STUDENT%20REGISTRATION.pdf>.

⁹ Exhibit 4 available at http://media.wix.com/ugd/1f1c55_4f2077523f954e12be74b643834ad831.pdf.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
	Palermo Union School District	<p>Enrollment/Emergency Information Form¹⁰</p> <p>If student was born in country other than U.S. complete the following: Arrival date in US: ____/____/____</p> <p>U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of first enrollment in a U.S. School: ____/____/____</p> <p>Date of first enrollment in a California School: ____/____/____</p>
Calaveras	Calaveras Unified	<p>Registration Form¹¹</p> <p>____-____-____</p> <p>Student's Social Security #</p>
	Mark Twain Union School District	<p>Registration Form¹²</p> <p>STUDENT'S SOCIAL SECURITY NUMBER</p> <p>____-____-____</p>
Contra Costa	Antioch Unified	<p>Enrollment Form #1 and #2¹³</p> <p>US Citizen at time of birth? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was student born outside of US? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, answer the next three questions.</p> <p>1. Date first entered U.S. _____</p>

¹⁰ Exhibit 5 available at <http://wilcox.palermoschools.schoolfusion.us/modules /groups/homepagefiles/cms/2441987/File/Enrollment%20Forms/Microsoft%20Word%20-%201a%20New%20student%20or%20Kinder%20enrollment%20form.pdf?sessionid=17a28313d52fe9fd2034761a8fabe296>.

¹¹ Exhibit 6 available at <https://drive.google.com/file/d/0B8sH9QvGjIjQVWVSWVByV2V5bG8/view>.

¹² Exhibit 7 available at <http://www.mtwain.k12.ca.us//site/Default.aspx?PageID=986>.

¹³ Exhibit 8 available at <http://antioch-ca.schoolloop.com/file/1240064366129/1240064354851/2681177550315400513.pdf>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		2. Date First Entered U.S. School (Public or private)_____ 3. Date first entered a California School _____
	Orinda Union School District	Registration Information ¹⁴ US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
El Dorado	Buckeye Union School District	Student Registration Form ¹⁵ CHILD'S BIRTHPLACE: City_____ State____ Country_____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mother Lode Union School District	Student Registration ¹⁶ BIRTHPLACE: City_____ State____ Country_____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pioneer Union Elem. School District	Registration Form ¹⁷ Birth City, State and Country If born outside US, granted Citizenship? <input type="checkbox"/> US Entry Date____ US School Entry Date____
Fresno	Kings Canyon Joint Unified School District	Registration Website ¹⁸ To register your child you must bring: <ul style="list-style-type: none"> • Birth Certificate • Social Security Number • Immunization Records . . .

¹⁴ Exhibit 9 available at <http://orinda-ca.schoolloop.com/file/1346926987700/1356610163662/2710501483769066078.pdf>.

¹⁵ Exhibit 10 available at <http://buckeye-ca.schoolloop.com/file/1283091920611/1289141416611/7103563208489981184.pdf>.

¹⁶ Exhibit 11 available at <http://ic-mlusd-ca.schoolloop.com/file/1319264722072/1408776027535/7474234921875565896.pdf>.

¹⁷ Exhibit 12 available at <https://drive.google.com/drive/folders/0B9lvuB10jZj0fmkxcjIOaVJnczJQN21wdWFPLVI3ZlQ2LVcwbXREYVdzaHI1WlZVbmhVQXc>.

¹⁸ Exhibit 13 available at <http://www.kcusd.com/apps/news/article/682688>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Humboldt	Arcata School District	Registration Form ¹⁹ Student's Social Security # _____ Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Place: _____ City State Country
	Eureka Unified	Student Registration Form ²⁰ CHILD'S BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ferndale Unified School District	Student Registration ²¹ BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: ___Yes ___No
	Jacoby Creek School District	New Student Registration Form ²² BIRTHDATE _____ SS# _____ STUDENT'S BIRTHPLACE (City, State & Country) _____ DATE FIRST ATTENDED SCHOOL IN THE U.S. (Month/Year) _____
	Klamath-Trinity Joint Unified	Student Registration Form ²³ Social Security: --- ---- US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth (City, State/ Country)

¹⁹ Exhibit 14 available at <http://arcataschooldistrict.org/wp-content/uploads/Arcata-School-District-Registration-form.pdf>.

²⁰ Exhibit 15 available at http://www.eurekacityschools.org/index.php?option=com_remository&Itemid=150&func=fileinfo&id=2767.

²¹ Exhibit 16 available at <http://ferndalek12.org/fes/wp-content/uploads/sites/2/2015/03/Student-Registration-FUSD.pdf>.

²² Exhibit 17 available at <http://jcsk8.org/wp-content/uploads/2017/01/02-Registration-Form-rev01.pdf>.

²³ Exhibit 18 available at <http://www.ktjUSD.k12.ca.us/documents/parents/KTJUSD%20Registration%20FormRev04-04-11.pdf>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
	Northern Humboldt Union High School District	New Student Registration Form ²⁴ Social Security# ____-____-____ Birthplace – City ____ State ____ Country_____ If country is other than U.S., please complete the following: Arrival date in U.S.:_____ Enrollment date in U.S. school:____
Imperial	Westmoreland Union Elem. School District	Student and Parent Information Registration Form ²⁵ Birth Date:____ Birth Place:____ SS# _____
Kern	Delano Union Elementary School District	Enrolling a Student Webpage ²⁶ Parents MUST BRING all of the following documents for registration to be completed: Birth Certificate Child's social security card . . .
	Muroc Joint Unified School District	Enrollment Webpage ²⁷ <u>Documents required:</u> Birth Certificate/Passport/I.D. Card Social Security Number Immunization Record . . .
	Sierra Sands Unified School District	Student Registration ²⁸ BIRTHPLACE: City: ____ State:____ Country: ____ U.S. Citizen (at birth): <input type="checkbox"/> Yes <input type="checkbox"/> No

²⁴ Exhibit 19 available at <https://drive.google.com/file/d/0B9s91WzSRyqYlhGSzRXSEJMMGtab2REN3YxaHhBUUI6MFIj/view>.

²⁵ Exhibit 20 available at http://www.wued.org/UserFiles/Servers/Server_73890/File/forms/student_info_english.pdf.

²⁶ Exhibit 21 available at <http://duesd.org/District/1182-Enrolling-a-Student.html>.

²⁷ Exhibit 22 available at <http://www.muroc.k12.ca.us/District/26947-Untitled.html>.

²⁸ Exhibit 23 available at http://www.ssusd.org/UserFiles/Servers/Server_116651/File/Parents/Registration/2016-17%20SSUSD%20Student%20Registration%20Form%20-%20English%20Version.pdf.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Kings	Corcoran Unified School District	Student Registration ²⁹ CHILD'S BIRTHPLACE: _____ CITY STATE COUNTRY U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lemoore Union Elem. School District	Student Registration Form ³⁰ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state
	Pioneer Union Elementary School District	Registration Form ³¹ Birth City, State and Country If born outside US, granted Citizenship? <input type="checkbox"/>
Lassen	Lassen Union High School District	Enrollment Information Form ³² Student's Social Security # _____-_____-_____ Student's Birthplace _____ City State Country If birth country is other than the United States, please complete the following: Arrival date in US: ____/____/_____ Date of initial enrollment in a US school: ____/____/_____
Los Angeles	South Whittier School District	Registration Form ³³ Social Security

²⁹ Exhibit 24 available at http://toolbox1.s3-website-us-west-2.amazonaws.com/site_0681/CUSD_11-12_RegistrationForm.pdf.

³⁰ Exhibit 25 available at <https://www.luesd.k12.ca.us/cms/lib/CA01001213/Centricity/Domain/16/Enrollment%20form%201617.pdf>.

³¹ Exhibit 26 available at https://doc-08-0g-apps-viewer.googleusercontent.com/viewer/secure/pdf/3If23ijndI09s7c9i6nps64tfjkmBob7/1mg6btvr03nkgnichvdh1aigpe53mchi/1489171200000/drive/18107884510038311153/ACFrOgDwM7L_gMKS2BG9EQ7_VcEKrouyMPRatBSTkZpQAbQwUAmJIEZiCeKa1o1fTmQ8I409s0H6vgxKrCzorb337CeV8U2OUIKLtBKUziAw8R0CXP1f4BP3thFtnog=?print=true&nonce=mjsr5jalf3k5q&user=18107884510038311153&hash=fao4bnctc05qla4i68cin34fa6qhredv.

³² Exhibit 27 available at <http://lhs.lassenhigh.org/common/pages/DisplayFile.aspx?itemId=3483351>.

³³ Exhibit 28 available at http://www.swhittier.k12.ca.us/apps/pages/index.jsp?uREC_ID=160786&type=d&pREC_ID=901244.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		<p>BIRTH INFORMATION VERIFIED BY</p> <p>1 – BIRTH CERTIFICATE</p> <p>2 – HOSPITAL CERTIFICATE</p> <p>3 – AFFIDAVIT</p> <p>4 – IMMIGRATION DOCUMENT</p> <p>5 – BAPTISMAL/CHURCH CERT.</p> <p>6 – PHYSICIAN CERTIFICATE</p> <p>7 – UNDOCUMENTED (NO BIRTH VERIFICATION)</p> <p>ENTER SELECTION _____</p>
Madera	Yosemite Unified School District	<p>Enrollment Packet³⁴</p> <p>You will need to submit the following information with your completed paperwork: ...</p> <p><input type="checkbox"/> A copy of your child's social security card</p> <p>Enrollment Form</p> <p>SS#</p> <p>Emergency Procedure and Address Card</p> <p>Student's Social Security#_____</p>
Marin	Ross Valley School District	<p>Pupil Registration Form³⁵</p> <p>Student's Place of Birth:</p> <p>Birth City: ____ State: ____</p> <p>Country: _____</p> <p>US Citizen at time of birth?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date first entered US: __/__/__</p>
Mendocino	Arena Union Elementary School District	<p>Student Registration³⁶</p> <p>Date student first attended school in the U.S.</p> <p>U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

³⁴ Exhibit 29 available at [http://www.yosemiteusd.com/files/user/17/file/Enrollment%20Packet%207-16\(1\).pdf](http://www.yosemiteusd.com/files/user/17/file/Enrollment%20Packet%207-16(1).pdf).

³⁵ Exhibit 30 available at http://www.rossvalleyschools.org/files/registration/1617/4_PUPIL.REGISTRATION.FORM.pdf.

³⁶ Exhibit 31 available at <http://pointarenaschools.org/aues/forms-info/forms/>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		STUDENT'S BIRTHPLACE City & State: Country:
Modoc	Surprise Valley Joint Unified	Surprise Valley High School Registration Form ³⁷ Birthplace: City _____ State _____ Country _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Napa	Howell Mountain Elem. School District	Registration Form ³⁸ BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nevada	Twin Ridges Elementary School District	Registration Application ³⁹ Social Security Number
Riverside	Banning Unified	Emergency Contact/Enrollment Form ⁴⁰ U.S. Citizen Y___ N___
	Beaumont Unified	Student Enrollment Sheet ⁴¹ Date student first attended school in the U.S.? _____ Student Birthplace: City _____ State: _____ Country: _____ Is student a U.S. Citizen? _____
Sacramento	Arcohe Union School District	Registration Information ⁴²

³⁷ Exhibit 32 available at <http://www.svjusd.org/wp-content/uploads/2016/08/SVHS-Required-Registration-Packet.pdf>.

³⁸ Exhibit 33 available at <http://www.hmesd.k12.ca.us/domain/41>.

³⁹ Exhibit 34 available at http://twinridgeselementary.com/wp-content/uploads/2013/05/Enrollment_b.pdf.

⁴⁰ Exhibit 35 available at <http://www.banning.k12.ca.us/documents/2016-2017/Enrollment%20Packets/Enrollment%20TK-5%20English.pdf>.

⁴¹ Exhibit 36 available at <http://beaumont-ca.schoolloop.com/file/1244873695322/1254374479493/1137222072668321643.pdf>.

⁴² Exhibit 37 available at <https://docs.google.com/viewer?a=v&pid=sites&srcid=YXJjb2hlLm5ldHxhcmNvaGV8Z3g6NDZkZmMwZjQ1ZWFiMDU0OQ>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		Pupils Social Security Number_____
	River Delta Joint Unified	Student Registration ⁴³ Birthplace: City_____ State_____ Country_____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Robla School District	Student Registration Form ⁴⁴ If born outside USA, date of USA entry: ____/____/_____ Date entered USA school __/__/____ Grade entered USA school _____ Social Security_____
San Benito	North County Joint Union School District	Student Registration Form ⁴⁵ Social Security Number
San Diego	Dehesa School District	Student Registration Form ⁴⁶ S.S.#_____
	Del Mar Union School District	Race/Ethnicity Identification ⁴⁷ Birth City, State / Birth Country _____ Country of Citizenship If student born outside the US, date entered the US (mm/dd/yy)
	Julian Union High School District	Registration Form ⁴⁸ Social Security # _____

⁴³ Exhibit 38 available at <http://rdusd-ca.schoolloop.com/file/1440224076031/1418888548714/1743959638543452985.pdf>.

⁴⁴ Exhibit 39 available at <https://1.cdn.edl.io/GxpgJu6E9v6BVNASFiAUujzAaUJbA99CN2EXCKiWJkEEI0VB.pdf>.

⁴⁵ Exhibit 40 available at http://www.ncjUSD.k12.ca.us/north_county/docs/SG_kindergarten-registration-2017-18.pdf.

⁴⁶ Exhibit 41 available at <http://www.juhsd.org/home/2014-2015-registration>.

⁴⁷ Exhibit 42 available at <http://www.dmusd.org/cms/lib02/CA01001898/Centricity/Domain/62/Registration%20Packet%20rev%202-2-2016.pdf>.

⁴⁸ Exhibit 43 available at <http://www.juhsd.org/home/2014-2015-registration>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
	Santee School District	Registration/Emergency Information ⁴⁹ Student's Social Security Number FOREIGN BORN STUDENTS Date student first enrolled in school in California (K-8th grade). Date student first enrolled in school in United States (K-8th grade). Since entering school, has student left the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes
San Joaquin	Escalon Unified	Student Registration Form ⁵⁰ STUDENT BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ripon Unified	Student Registration Form ⁵¹ BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
San Mateo	La Honda-Pescadero Unified School District	Student Registration ⁵² Social Security # _____ Date student entered school in U.S. _____
Santa Barbara	College School District	Enrollment Form ⁵³ Social Security # _____

⁴⁹ Exhibit 44 available at

<http://www.santeesd.net/cms/lib/CA01000468/Centricity/Domain/16/REGIST2013.pdf>.

⁵⁰ Exhibit 45 available at http://images.pcmac.org/Uploads/EscalonUnified/EscalonUnified/Divisions/PagesLevel1/Documents/EUSD%20Student%20Registration%20English%202-2013_1.pdf.

⁵¹ Exhibit 46 available at http://media.wix.com/ugd/4b98ce_46c45a42b9e449da87f689af9bcb3b69.pdf.

⁵² Exhibit 47 available at http://www.lhpusd.com/files/_3lCj3_1acf073a897a337e3745a49013852ec4/Student_Registration_Form_English.pdf.

⁵³ Exhibit 48 available at http://collegeschooldistrict.org/wp-content/uploads/2016/04/1112_001.pdf.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Santa Clara	Berryessa Unified	Student Enrollment Form ⁵⁴ Social Security# ____-____-____ Student Date of Entry into United States _____
	Campbell Union High School District	Registration Card ⁵⁵ Date student first entered the U. S.: ____/____/____ Since entering, has student left the U.S. for any long period of time? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the student a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give immigration number: # _____
	Fremont Union High School District	New Student Registration Form ⁵⁶ Social Security # Birth Country U.S. Citizen Yes No Birth City Birth State or Province Date 1st Entered the U.S. Date Last Entered the U.S.
	Santa Clara Unified	Student Registration Form ⁵⁷ Birthplace: City _____ State _____ Country _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No US Entry Date ____/____/____

⁵⁴ Exhibit 49 available at <http://www.berryessa.k12.ca.us/documents/Education%20Services/2017%202018%20ENROLLMENT%20PACKET%20-7-%20with%20new%20logo%20fillable%20form.pdf>.

⁵⁵ Exhibit 50 available at <https://d3jc3ahdjad7x7.cloudfront.net/DV2M3NURZuZeHzSI9nz0Cy2pS48YV4cvcapAQJxXAlqwPCfM.pdf>.

⁵⁶ Exhibit 51 available at <http://www.fuhdsd.org/file/1220712390804/1224957816940/8345308192096957.pdf>.

⁵⁷ Exhibit 52 available at http://www.santaclarasdsd.org/files/1633655/2017-2018_registration_form_english.pdf.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Santa Cruz	Mountain Elementary School District	Student Registration Form ⁵⁸ BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	McSwain Union Elementary School District	Enrollment Packet ⁵⁹ You will also need to bring the following items for each student: 1. Birth Certificate 2. Immunization Records 3. Social Security Card ...
Shasta	Anderson Union High School District	Anderson Union High School Student Enrollment Form ⁶⁰ Social Security #
	Junction School District	Pupil Registration ⁶¹ STUDENT SSN#: _____
	Cottonwood Union School District	Registration Form ⁶² SSN# _____ If country is other than U.S., please complete the following: Arrival date in US: ____/____/____ Date of initial enrollment in a US school: ____/____/____
	Enterprise Elementary School District	Registration Form ⁶³

⁵⁸ Exhibit 53 available at <http://www.mountainesd.org/links>.

⁵⁹ Exhibit 54 available at <http://www.mcswain.k12.ca.us/about/downloads/Enrollment-Packet.pdf>.

⁶⁰ Exhibit 55 available at <http://www.auhsd.net/Downloads/AUHS%20Enrollment%20Form%202017.pdf>.

⁶¹ Exhibit 56 available at <http://www.junctionesd.net/cms/lib011/CA01902470/Centricity/Shared/Forms/Admissions%20Packet.pdf>.

⁶² Exhibit 57 available at http://images.pcmac.org/SiSFiles/Schools/CA/CottonwoodUnionElem/WestCottonwood/Uploads/DocumentsCategories/Documents/16-17_Registration_Form_1_18_12.pdf.

⁶³ Exhibit 58 available at <http://images.pcmac.org/Uploads/EnterpriseElementary/EnterpriseElementary/Divisions/DocumentsCategories/Documents/NEW%20PAGE%20PACKET%20FOR%20GRADES%202-8%20REGISTRATION%201-2016.pdf>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
Siskiyou		Social Security # _____ If not born in the U.S., what month/year did your child enter U.S.? _____ Month/Year
	Millville Elementary School District	Student Registration ⁶⁴ Birthplace: City: _____ State: _____ Country: _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
	Big Springs Union School District	Student Registration ⁶⁵ Social Security # - - BIRTHPLACE OF CHILD: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mount Shasta Union Elementary School District	Student Registration Emergency Contact Card ⁶⁶ Social Security # - - BIRTHPLACE OF CHILD: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No City: _____ State: _____ Country: _____ Date child first attended school in the U.S. _____ (mm/dd/yyyy)
	Weed Union School District	Student Registration Emergency Contact Card ⁶⁷ Social Security # - - BIRTHPLACE OF CHILD:

⁶⁴ Exhibit 59 available at <https://drive.google.com/file/d/0Bz5-8zgecPh7VEJ2cktqT1pmUWs/view>

⁶⁵ Exhibit 60 available at <http://bse-bsestd-ca.schoolloop.com/file/1346921287206/1436253927305/3643934479481216804.pdf>.

⁶⁶ Exhibit 61 available at <http://mse-mswusd-ca.schoolloop.com/file/1316929340043/8032583332734085969.pdf>.

⁶⁷ Exhibit 62 available at <http://wes-weed-ca.schoolloop.com/file/1315636590391/4171440715707966511.pdf>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		City: _____ State: _____ Country: _____ Date child first attended school in the U.S. _____ (mm/dd/yyyy) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Solano	Benicia Unified	Student Enrollment ⁶⁸ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sonoma	Cinnabar School District	Student Application Form 2016-2017 ⁶⁹ <input type="checkbox"/> Click here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Click here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Click here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.
	Dunham School District	Application/Registration ⁷⁰ Mother's Birthplace _____ Mother's Citizenship _____ Father's Birthplace _____ Father's Citizenship _____
	Healdsburg Unified	Student Registration Form ⁷¹ STUDENT'S BIRTHPLACE: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

⁶⁸ Exhibit 63 available at <https://drive.google.com/file/d/0B5rQ4jawvvEoWXJFSUITbFVpdU0/view>.

⁶⁹ Exhibit 64 available at <http://static1.1.sqspcdn.com/static/f/1346072/26822659/1454016140713/Cinnabar+School+District+Enrollment+Form+English.pdf?token=5%2BI2ypguwXsbuVvqgtmk7B7X%2Fc%3D>.

⁷⁰ Exhibit 65 available at <http://static1.1.sqspcdn.com/static/f/987161/27376896/1481733740083/registration-enrollment-form-2016.pdf?token=8JaWVdxyZ7FjTJNlQSPt%2BGCI2d0%3D>.

⁷¹ Exhibit 66 available at <http://healdsburgusd-ca.schoolloop.com/file/1268488575123/1375543468058/5303401568244980754.pdf>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		U.S. Enter Date: _____
	Mark West Union School District	Application-Registration ⁷² Child's birthplace: _____ (City) _____ (State) _____ (Country) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Old Adobe Union School District	Student Registration Form ⁷³ U.S. Citizen? Yes ____ No ____ Date student first attended school in the United States: _____
	Roseland School District	Student Registration ⁷⁴ STUDENT'S BIRTHPLACE: City:_____ State:_____ Country:_____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sonoma Valley Unified	Sonoma Valley High School Registration Form ⁷⁵ Student's Social Security Number Número de seguro social del estudiante For NEW students entering grades 9- 12: / Para NUEVOS estudiantes que entran en grados 9-12 Date first attended school in the: / Fecha en que asistió por vez primera a la escuela en: United States/Estados Unidos _____ California

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		Date/Fecha (month/day/year)_____
Stanislaus	Waterford Unified School District	<p>Student Enrollment Form⁷⁶</p> <p>Social Security #: _____</p> <p>If country is other than US, please complete the following:</p> <p>Arrival date in US: ____/____/____</p> <p>Date of initial enrollment is US school: ____/____/____</p>
Sutter	East Nicholas Joint Union High School District	<p>Registration Form⁷⁷</p> <p>S.S. Number: ____-____-____</p> <p>BIRTHPLACE: ____/____/____</p> <p>City State Country</p> <p>U.S. CITIZEN? Yes / No (Circle One)</p>
Tulare	Rockford Elementary School District	<p>Student Registration⁷⁸</p> <p>SOCIAL SECURITY NO. _____</p>
	Tulare Joint Union High School District	<p>Registration and Immunizations Webpage⁷⁹</p> <p>When you're ready to enroll your child, please go to the school of residence for your student. Be sure to bring the following documents:</p> <p>Proof of residency (current mortgage statement, rental agreement, gas or electric bill)</p>

⁷⁶ Exhibit 71 available at <http://waterford-ca.schoolloop.com/file/1298113648378/1303568425681/4358008746398870868.pdf>.

⁷⁷ Exhibit 72 available at http://www.eastnicolaus.k12.ca.us/sites/default/files/2017-18_registration_form_page_1.pdf.

⁷⁸ Exhibit 73 available at <http://rockfordschooldistrict.org/wp-content/uploads/2017/01/Enrollment-Master-for-Caron.pdf>.

⁷⁹ Exhibit 74 available at <http://www.tjuhdsd.org/Registration>.

School Districts That Inquire About Student Immigration Status		
County	School District	Enrollment/Registration Form-Website Excerpts
		Student's social security number . . .
Tuolumne	Columbia Elementary School District	Registration Form ⁸⁰ Student's Social Security Number - - If Foreign Born, Please Provide the Following: Birth Country: Date Entered United States:

As noted above, in addition to asking about citizenship status, some of these districts ask about the date the student first entered the U.S. and if they have left the U.S. for any period of time. The fact that a student was not born in a U.S. state may be relevant to eligibility for Title III Immigrant Education funding. However, it is not necessary to collect that information at enrollment. There is no compelling reason to inquire about time spent out of the U.S. Inquiring about and collecting this information during the enrollment process has the obvious potential to create fear, uncertainty, and anxiety for immigrant families and to chill the enrollment of immigrant children, especially when they are also asked directly about their citizenship status.

Campbell Union High School District's registration process is perhaps the most disturbing we have uncovered. Not only does the district inquire about a student's citizenship status, it further asks for his/her immigration number if they are not a U.S. citizen. The district also inquires as to when the student first entered the U.S. and "since entering, has the student left the U.S. for any long period of time." This inquiry alone would be enough to discourage some parents from attempting to enroll their child in the Campbell Union High School District. Unfortunately, the district doesn't think this inquiry is enough. In order to prove documentation of birth, it further requires the following: "[a] government issued birth certificate, immigration document, or proof of permanent residence, Green Card, passports are accepted."⁸¹ These inquiries are in direct contravention of the district's own Board Policy governing District Residency, which state that "When establishing a student's residency for enrollment purposes, the Superintendent or designee shall not inquire into a student's citizenship or immigration status."⁸²

⁸⁰ Exhibit 75 available at <https://drive.google.com/file/d/0BwA-uLZ6HX28WFhQr0FyWUVvR00/view>.

⁸¹ Campbell Union High School District Student Enrollment Requirements <https://d3jc3ahdjad7x7.cloudfront.net/Y7L02ESN75HlbTm7DGQJlvrPlklxcVEYqpnh1L9PcpgRXRQy.pdf>

⁸² See, Campbell Board Policy BP 5111.1 (Students) District Residency <http://www.gamutonline.net/district/campbellhigh/DisplayPolicy/1048327/5>

Several other districts that ask about U.S. Citizenship status and/or for social security numbers do so in direct violation of their own Board of Education policy including: Anderson Union High School District; Antioch Unified; Arcohe Union School District; Benicia Unified; Biggs Unified; Calaveras Unified; Columbia Union School District; Escalon Unified; Eureka Unified; Healdsburg Unified; Lassen Union High School District; Lemoore Union Elementary School District; Mark Twain Union Elementary School District; Mother Lode Union Elementary School District; North County Joint Union Elementary School District; Pioneer Union Elementary School District; Ross Valley School District; Sonoma Valley Unified; and Surprise Valley Joint Unified.

It should be noted that the California School Boards Association (“CSBA”) recently issued a legal advisory concerning the obligation of its members with respect to immigrant student enrollment. In the advisory, CSBA acknowledges the current fear in immigrant communities, “families that fear an increase in immigration enforcement by the federal government may act on these concerns by keeping their children home from school.”⁸³ In the advisory, CSBA cites to and echoes the reasoning in both the *Plyler* decision and the Dear Colleague letter issued by DOJ and DOE to confirm the rights of undocumented children to attend our public schools. The CSBA guidance also explicitly advises its members that:

Schools should not inquire about a student’s immigration status for establishing residency in the district as it unnecessary to collect this information to establish residency. Any such inquiry may also violate federal law, and may put the school in a position of being challenged by federal agents to release such information if collected . . . Critically, districts may not request information such as visas or passports that may be used to deny access to compulsory education.⁸⁴

Conclusion

Because of the breadth of this problem and the urgency of the times, it is not feasible for us to address these violations district by district on behalf of individual clients with standing. We fear that these policies will frighten parents and deter enrollment of all of their children based on the fears that one or more family members may be vulnerable to ICE enforcement actions. The State of California has a direct interest in ensuring that school districts comply with both state and federal law regarding access to the public schools system. That is why we are asking your office to exercise its powers under Cal. Const., Art. V § 1385 and Gov’t Code §§ 12511, 12522 to undertake the necessary

⁸³ “Legal Guidance – Providing All Children Equal Access to Education, Regardless of Immigration Status” (CSBA – February 2017) page 2 <http://files.clickdimensions.com/csbaorg-akcvq/files/201702csba-legal-guidance-equalaccessv2.pdf?cldee=eGlsb25pbkBnbWFpbC5jb20%3d&recipientid=contact-916ab619e2e4e41180e2005056b02a09-9057ee63d6c04189ad32a89aef54820c&esid=85170d2a-f0fa-e611-80f0-005056b02a09>.

⁸⁴ *Id.* at page 3.

⁸⁵ That section provides in part that “Whenever in the opinion of the Attorney General any law of the State is not being adequately enforced in any county, it shall be the duty of the Attorney General to prosecute any violations of law of which the superior court shall have jurisdiction.” Cal. Const., Art. V § 13.

action, including prosecution, to ensure that school districts rescind and remove these policies from their internal and public policies and revise their websites and parent information materials to eliminate any references to these illegal practices.

Thank you for your consideration of this request and for your expressed commitment to ensuring that immigrant families are afforded the full protection of state law. We look forward to speaking with you or your staff about the issues raised in this complaint.

Respectfully submitted,



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James Zahradka, Deputy Attorney General, Bureau of Children's Justice
Jeanne Finberg, Deputy Attorney General, Bureau of Children's Justice
California Latino School Boards Association
California School Boards Association

EXHIBITS: IN SUPPORT OF COMPLAINT CONCERNING DISCRIMINATORY ENROLLMENT POLICIES AND PRACTICES DENYING IMMIGRANT YOUTH THEIR RIGHT TO ENROLL IN SCHOOL.

ALAMEDA

EXHIBIT 1 - DUBLIN UNIFIED SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 2 - SUNOL GLEN UNIFIED SCHOOL DISTRICT REGISTRATION
FORM

BUTTE

EXHIBIT 3 - BIGGS UNIFIED SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 4 - FEATHER FALLS UNION ELEM. SCHOOL DISTRICT
REGISTRATION FORM

EXHIBIT 5 - PALERMO UNION SCHOOL DISTRICT ENROLLMENT/
EMERGENCY INFORMATION FORM

CALAVERAS

EXHIBIT 6 - CALAVERAS UNIFIED REGISTRATION FORM

EXHIBIT 7 - MARK TWAIN UNION SCHOOL DISTRICT REGISTRATION FORM

CONTRA COSTA

EXHIBIT 8 - ANTIOCH UNIFIED ENROLLMENT FORM #1 AND #2

EXHIBIT 9 - ORINDA UNION SCHOOL DISTRICT REGISTRATION
INFORMATION

EL DORADO

EXHIBIT 10 - BUCKEYE UNION SCHOOL DISTRICT CHARTER STUDENT
REGISTRATION FORM

EXHIBIT 11 - MOTHER LODGE UNION SCHOOL DISTRICT STUDENT
REGISTRATION

EXHIBIT 12 - PIONEER UNION ELEM. SCHOOL DISTRICT REGISTRATION
FORM

FRESNO

EXHIBIT 13 - KINGS CANYON JOINT UNIFIED SCHOOL DISTRICT
REGISTRATION WEBSITE

HUMBOLDT

EXHIBIT 14 - ARCATA SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 15 - EUREKA UNIFIED STUDENT REGISTRATION FORM

EXHIBIT 16 - FERNDALE UNIFIED SCHOOL DISTRICT STUDENT
REGISTRATION

EXHIBIT 17 - JACOBY CREEK SCHOOL DISTRICT NEW STUDENT
REGISTRATION FORM

EXHIBIT 18 - KLAMATH-TRINITY JOINT UNIFIED STUDENT REGISTRATION
FORM

EXHIBIT 19 - NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT
NEW STUDENT REGISTRATION FORM

IMPERIAL

EXHIBIT 20 - WESTMORELAND UNION ELEM. SCHOOL DISTRICT STUDENT
AND PARENT INFORMATION REGISTRATION FORM

KERN

EXHIBIT 21 - DELANO UNION ELEMENTARY SCHOOL DISTRICT
ENROLLING A STUDENT WEBPAGE

EXHIBIT 22 - MUROC JOINT UNIFIED SCHOOL DISTRICT ENROLLMENT
WEBPAGE

EXHIBIT 23 - SIERRA SANDS UNIFIED SCHOOL DISTRICT STUDENT
REGISTRATION

KINGS

EXHIBIT 24 - CORCORAN UNIFIED SCHOOL DISTRICT STUDENT
REGISTRATION

EXHIBIT 25 - LEMOORE UNION ELEM. SCHOOL DISTRICT STUDENT
REGISTRATION FORM

EXHIBIT 26 - PIONEER UNION ELEMENTARY SCHOOL DISTRICT
REGISTRATION FORM

LASSEN

EXHIBIT 27 - LASSEN UNION HIGH SCHOOL DISTRICT ENROLLMENT
INFORMATION FORM

LOS ANGELES

EXHIBIT 28 - SOUTH WHITTIER SCHOOL DISTRICT REGISTRATION FORM

MADERA

EXHIBIT 29 - YOSEMITE UNIFIED SCHOOL DISTRICT ENROLLMENT
PACKET

MARIN

EXHIBIT 30 - ROSS VALLEY SCHOOL DISTRICT PUPIL REGISTRATION
FORM

MENDOCINO

EXHIBIT 31 - ARENA UNION ELEMENTARY SCHOOL DISTRICT STUDENT
REGISTRATION

MODOC

EXHIBIT 32 - SURPRISE VALLEY JOINT UNIFIED-SURPRISE VALLEY HIGH
SCHOOL REGISTRATION FORM

NAPA

EXHIBIT 33 - HOWELL MOUNTAIN ELEM. SCHOOL DISTRICT
REGISTRATION FORM

NEVADA

EXHIBIT 34 - TWIN RIDGES ELEMENTARY SCHOOL DISTRICT
REGISTRATION APPLICATION

RIVERSIDE

EXHIBIT 35 - BANNING UNIFIED EMERGENCY CONTACT / ENROLLMENT
FORM

EXHIBIT 36 - BEAUMONT UNIFIED STUDENT ENROLLMENT SHEET

SACRAMENTO

EXHIBIT 37 - ARCOHE UNION SCHOOL DISTRICT REGISTRATION
INFORMATION

EXHIBIT 38 - RIVER DELTA JOINT UNIFIED STUDENT REGISTRATION

EXHIBIT 39 - ROBLA SCHOOL DISTRICT STUDENT REGISTRATION FORM

SAN BENITO

EXHIBIT 40 - NORTH COUNTY JOINT UNION SCHOOL DISTRICT STUDENT
REGISTRATION FORM

SAN DIEGO

EXHIBIT 41 - DEHESA SCHOOL DISTRICT STUDENT REGISTRATION FORM
EXHIBIT 42 - DEL MAR UNION SCHOOL DISTRICT RACE/ETHNICITY
IDENTIFICATION

EXHIBIT 43 - JULIAN UNION HIGH SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 44 - SANTEE SCHOOL DISTRICT REGISTRATION/EMERGENCY INFORMATION

SAN JOAQUIN

EXHIBIT 45 - ESCALON UNIFIED STUDENT REGISTRATION FORM

EXHIBIT 46 - RIPON UNIFIED STUDENT REGISTRATION FORM

SAN MATEO

EXHIBIT 47 - LA HONDA-PESCADERO UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

SANTA BARBARA

EXHIBIT 48 - COLLEGE SCHOOL DISTRICT ENROLLMENT FORM

SANTA CLARA

EXHIBIT 49 - BERRYESSA UNIFIED STUDENT ENROLLMENT FORM

EXHIBIT 50 - CAMPBELL UNION HIGH SCHOOL DISTRICT REGISTRATION CARD

EXHIBIT 51 - FREMONT UNION HIGH SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

EXHIBIT 52 - SANTA CLARA UNIFIED STUDENT REGISTRATION FORM

SANTA CRUZ

EXHIBIT 53 - MOUNTAIN ELEMENTARY SCHOOL DISTRICT STUDENT REGISTRATION

EXHIBIT 54 - MCSWAIN UNION ELEMENTARY SCHOOL DISTRICT ENROLLMENT PACKET

SHASTA

EXHIBIT 55 - ANDERSON UNION HIGH SCHOOL DISTRICT- ANDERSON UNION HIGH SCHOOL STUDENT ENROLLMENT FORM

EXHIBIT 56 - JUNCTION SCHOOL DISTRICT PUPIL REGISTRATION

EXHIBIT 57 - COTTONWOOD UNION SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 58 - ENTERPRISE ELEMENTARY SCHOOL DISTRICT REGISTRATION FORM

EXHIBIT 59 - MILLVILLE ELEMENTARY SCHOOL DISTRICT STUDENT
REGISTRATION

SISKIYOU

EXHIBIT 60 - BIG SPRINGS UNION SCHOOL DISTRICT STUDENT
REGISTRATION

EXHIBIT 61 - MOUNT SHASTA UNION ELEMENTARY SCHOOL DISTRICT
STUDENT REGISTRATION EMERGENCY CONTACT CARD

EXHIBIT 62 - WEED UNION SCHOOL DISTRICT STUDENT REGISTRATION
EMERGENCY CONTACT CARD

SOLANO

EXHIBIT 63 - BENICIA UNIFIED STUDENT ENROLLMENT

SONOMA

EXHIBIT 64 - CINNABAR SCHOOL DISTRICT STUDENT APPLICATION FORM
2016-2017

EXHIBIT 65 - DUNHAM SCHOOL DISTRICT APPLICATION/REGISTRATION

EXHIBIT 66 - HEALDSBURG UNIFIED REGISTRATION FORM

EXHIBIT 67 - MARK WEST UNION SCHOOL DISTRICT APPLICATION-
REGISTRATION

EXHIBIT 68 - OLD ADOBE UNION SCHOOL DISTRICT STUDENT
REGISTRATION FORM

EXHIBIT 69 - ROSELAND SCHOOL DISTRICT STUDENT REGISTRATION

EXHIBIT 70 - SONOMA VALLEY UNIFIED - SONOMA VALLEY HIGH SCHOOL
REGISTRATION FORM

STANISLAUS

EXHIBIT 71 - WATERFORD UNIFIED SCHOOL DISTRICT STUDENT
ENROLLMENT FORM

SUTTER

EXHIBIT 72 - EAST NICHOLAS JOINT UNION HIGH SCHOOL DISTRICT
REGISTRATION FORM

TULARE

EXHIBIT 73 - ROCKFORD ELEMENTARY SCHOOL DISTRICT STUDENT
REGISTRATION

EXHIBIT 74 - TULARE JOINT UNION HIGH SCHOOL DISTRICT
REGISTRATION AND IMMUNIZATIONS WEBPAGE

TUOLUMNE

EXHIBIT 75 - COLUMBIA ELEMENTARY SCHOOL DISTRICT REGISTRATION
FORM

EXHIBIT 1

DUBLIN UNIFIED SCHOOL DISTRICT

REGISTRATION FORM

FOR SCHOOL USE ONLY

School entry date	School Dublin High	Teacher/Counselor	Grade	Student ID No
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FILL OUT FORM COMPLETELY

Please print legibly

STUDENT INFORMATION

(Legal Name) Last		First		Middle		Grade	Gender
Resident Address Street		City		Zip Code	Home Phone Number ()		
Mailing Address (If Different)		City		Zip			
Date Of Birth / /	Place Of Birth (City/State)	Soc. Sec. No. (Student)	US Citizenship? Yes No		Citizenship Country other than US		

ETHNIC IDENTITY

☒ Check One (Used to comply with state and federal reporting requirements)

<input type="checkbox"/> White 700 (not of Hispanic origin) <input type="checkbox"/> American Indian or Alaskan Native 100 <input type="checkbox"/> Hispanic or Latino 500 <input type="checkbox"/> African American not Hispanic 600 <input type="checkbox"/> Filipino 400	Pacific Islander <input type="checkbox"/> Hawaiian 301 <input type="checkbox"/> Guamanian 302 <input type="checkbox"/> Samoan 303 <input type="checkbox"/> Tahitian 304	<input type="checkbox"/> Other Pacific Islander 399 ASIAN (Far East/Southeast Asia) <input type="checkbox"/> Chinese 201 <input type="checkbox"/> Japanese 202 <input type="checkbox"/> Korean 203 <input type="checkbox"/> Vietnamese 204	<input type="checkbox"/> Asian Indian 205 <input type="checkbox"/> Laotian 206 <input type="checkbox"/> Cambodian 207 <input type="checkbox"/> Other Asian 299
---	--	--	---

Has Your Child Ever Attended School In This District Before? Yes No If Yes, Which School? When?	
Has Your Child Ever Been In Any Special Programs? (circle all that apply) Yes No Received Services In The Following Programs:	
SST IEP Resource Special Day Class Adaptive PE 504 Plan Speech ELL/ESL Gate Reading Assistance Title I	
School Last Attended	Date Left
Has your child ever been retained? Yes No	
If yes, please indicate what grade your child was retained. _____	

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. **Please answer the following questions. Thank you for your help.**

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you most frequently use to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home? _____
5. Date son or daughter first entered school in the United States: ____/____/____ What Grade? ____
Month/Day/Year

PARENT/GUARDIAN INFORMATION

Student Resides With: (Check One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Joint Custody (Please Provide Info On Both Parents) <input type="checkbox"/> Relative <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Please Specify _____			
Father/Guardian (Full Name)		Relationship (Other Than Parent)	
Employer/Business Name	Work Phone ()	Employer/Business Name	CELL Phone ()
Cell Phone Number ()		WORK Phone Number ()	
E-Mail Address		E-Mail Address	
Parent Education Level Please Indicate Highest Level Of Schooling Of Parents (Using Numbers 1-5): 1 = College Graduate/Bachelors 4 = Not High School Graduate 2 = Some College Includes AA 5 = Post Graduate/Grad School Father ____ 3 = High School Graduate 6 = Declined to state or unknown		Parent Education Level Please Indicate Highest Level Of Schooling Of Parents (Using Numbers 1-5): 1 = College Graduate/Bachelors 4 = Not High School Graduate 2 = Some College Includes AA 5 = Post Graduate/Grad School Mother ____ 3 = High School Graduate 6 = Declined to state or unknown	
Would You Like Double Mailings? Yes (Must Provide 2nd Guardian Information Below) No			
Other Parent/Guardian (Full Name)		Relationship	
Street Address		City State Zip	
Home Phone ()		Cell Phone ()	
Other Children Living At Home			
Name	Birthdate	School	

I UNDERSTAND THAT DUE TO ENROLLMENT CHANGES, MY CHILD MAY NOT BE ABLE TO ATTEND THE NEIGHBORHOOD SCHOOL, OR CLASS ASSIGNMENTS MAY NEED TO BE ADJUSTED.

I hereby authorize Dublin Unified School District personnel, unless previously notified on the student emergency card, to arrange for the doctor, dentist named on the emergency card and/or nearest hospital emergency facility to treat my child in case of emergency accident or illness in the event that I cannot be contacted to receive or give information concerning my child.

I verify all the above to be true and accurate.

FOR SCHOOL USE ONLY
Request for Records (date)

Signature of Parent/Guardian

Date

EXHIBIT 2

SUNOL GLEN SCHOOL REGISTRATION FORM

Student (Legal) Name: Last, Middle, First:	Birthdate:	Grade:
	Birthplace:	Gender: M / F
Home Address:	Social Security:	Mother Cell:
	Mother E-mail:	
Mailing Address (if other than Home Address):	Home Phone:	Father Cell:
	Father E-mail:	

Lives with both parents: Yes or No Which Parent?: _____ **Other:** _____
If divorced, which parent has authority to make school related decisions? Mother ____ **Father** ____ **Other** ____

	FIRST NAME - LAST	EMPLOYER/OCCUPATION	WK PHONE	HOURS
FATHER				
MOTHER				
STEP-FATHER				
STEP-MOTHER				
GUARDIAN				

SPECIAL EDUCATION SERVICES: RS Program: _____ **Speech:** _____ **Hearing:** _____ **Other:** _____

HOW DID YOU HEAR ABOUT SUNOL GLEN SCHOOL? _____

ETHNICITY	RACE (Select one or more)	HOME LANGUAGE (If other than English)
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian (Country of Origin) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Hebrew <input type="checkbox"/> Japanese <input type="checkbox"/> Mandarin <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____

LAST SCHOOL ATTENDED (by student):	PARENT EDUCATION LEVEL:
Name of School:	Level of education for parents (check up to two): <input type="checkbox"/> Did not graduate high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college (academic) <input type="checkbox"/> College graduate <input type="checkbox"/> Studies beyond college graduation <input type="checkbox"/> Declined to state
Address:	
City, ST ZIP	
Phone & Fax Number:	

MILITARY CONNECTED FAMILY - In efforts to provide resources and support to military families, please respond to the following:

Immediate family member in the military : Yes _____ No _____ Active Duty _____ Guard _____ Reserve _____ Veteran _____ Deceased _____	Currently Deployed: Yes _____ No _____ Military Branch: _____ Relationship to Student: _____
--	---

SIBLING INFORMATION:

NAME	BIRTHDATE	BIRTHPLACE	CURRENT SCHOOL	GRADE

EXHIBIT 3

**BIGGS - RICHVALE ELEMENTARY SCHOOLS****REGISTRATION FORM**☐ Check this box IF address and/or phone is different from last year

(Please type or print clearly all information requested on both sides of this form)

<input type="checkbox"/> Intra / Inter on file:	<input type="checkbox"/> Restraining Order on file:	OFFICE USE ONLY	First Enrolled in District: _____
<input type="checkbox"/> Address Verification:	<input type="checkbox"/> Immunization Verification:	<input type="checkbox"/> Birth date Verification:	Enrollment Date: _____
Transfer from School: _____ Home Language Survey _____			Drop Date: _____
Address: _____			Date Records Received: _____

School: Biggs / Richvale Elementary Schools Grade: _____ Teacher: _____ Student I.D.# _____Student Name: _____
First Middle Last

MAILING Address: _____ PO Box # _____ STREET Address _____ Apt. # _____

City: _____ Zip Code: _____ Home phone # _____

Birth date: ____/____/____ Place of Birth: ____/____/____ Sex: ____
Mo. Day Year City State County M/F

Entry Date to USA: ____/____/____ Student's Social Security Number: _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino**Primary Race (Please check one):**

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

Secondary Race (Please check one):

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

NAME OF PERSON(S) WITH WHOM STUDENT LIVES (Parent or Legal Guardian):

(1 - Name) _____

Relationship: _____

STREET Address: _____

City: _____ Zip: _____

HOME phone: _____ Cell: _____

Employer: _____

City: _____ Zip: _____

Work phone _____

Email: _____

Names of Brothers and Sisters: _____ M/F _____

Babysitter: _____ Phone # _____

First

Last

(2 - Name) _____

Relationship: _____

STREET Address: _____

City: _____ Zip: _____

HOME phone: _____ Cell: _____

Employer: _____

City: _____ Zip: _____

Work phone _____

Email: _____

School _____ Birth date _____

☐ Student is currently under expulsion. Effective Dates: _____
Student previously enrolled in Special Education? ☐ Yes ☐ No Speech? ☐ Yes ☐ No
Student previously identified 504? ☐ Yes ☐ No

Contacts: IMPORTANT! Contacts Listed Below Are Authorized To Pick Up Your Student

1. _____	Name	Relationship to child	Home phone	Cell phone
2. _____	Name	Relationship to child	Home phone	Cell phone
3. _____	Name	Relationship to child	Home phone	Cell phone

Health / Medical / Consent Information:

*In the event of an EMERGENCY involving my child, I authorize Biggs Unified School District staff to arrange for any necessary emergency medical/surgical treatment or procedure on my behalf. _____ (parent/guardian signature)

If emergency contacts are NOT available, ALL emergencies will be transported to any Hospital Emergency. (The district/school does not assume responsibility for medical expenses.)

Name of Doctor: _____ Doctor Office phone # _____

Please note any specific health problems: _____

Please list medications taken, if any: _____

Allergic to Foods? ☐ Yes ☐ No If no, what foods? _____

Allergic to Drugs? ☐ Yes ☐ No If no, what drugs? _____

Allergic to Bee Stings? ☐ Yes ☐ No EpiPen Req'd? Yes No Explain: _____

Surgeries? ☐ Yes ☐ No Explain: _____

Serious Illnesses? ☐ Yes ☐ No Explain: _____

Physical Limitations? ☐ Yes ☐ No Explain: _____

Wears Glasses/Contacts? ☐ Yes ☐ No Worn ☐ All the time ☐ Reading ☐ Distance

Hearing Problems? ☐ Yes ☐ No Explain: _____

PLEASE NOTE: State law requires that all students have a completed immunization record upon registering at any school.

Parents' Highest Level of Education: ☐ Not a high school graduate ☐ High school graduate
☐ Some college (includes AA Degree) ☐ College Graduate ☐ Graduate School or Post Graduate training
☐ Decline to state or unknown

Publication and Media Release:

☐ Yes, my child may be interviewed or photographed for publication, media outlets, websites and school publications.

☐ No, my child may not be interviewed or photographed for non school publication.

If available, in what language do you prefer communications from the school be sent?

☐ English ☐ Spanish

Discipline Policy & Legal Notifications Handbook

I have received and understand it is my responsibility to read the Discipline Policy & Legal Notifications Handbook, which includes the Internet Policy.

Date: _____ Signature of Parent or Legal Guardian (REQUIRED):

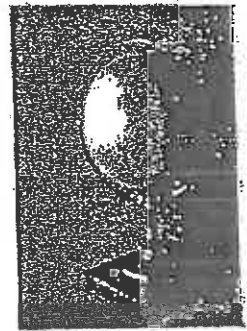
EXHIBIT 4

Feather Falls Union Elementary School District

Feather Falls Elementary School

2651 Lumpkin Rd., Oroville, CA. 95966

Phone (530) 589-1810 Fax (530) 589-1446



REGISTRATION 2016-2017

Last Name	First	Middle	Phone#	Social Security # (New Students only)	
				Male or Female	
Pupil's legal name, if different		City & State of Birth	Birthdate	Grade	Gender (Circle one)
Pupil's home address			Mailing Address (if different)		
E-Mail address					
Last School Attended		Address	City	County	State
Father's name		Address	Occupation	Day Phone	
Mother's name		Address	Occupation	Day Phone	
Guardian's name		Address	Occupation	Day Phone	
Person(s) to contact if parent or guardian is unavailable in case of emergency (mandatory) Day Phone					
<i>I, the undersigned parent/guardian do hereby give my child permission to attend local field trips in the Feather Falls area.</i>					
Signature of Parent/Guardian				Date	
<u>Other Children in Family</u>					
Name		Birthdate		Relationship to Pupil	

All the information below is strictly confidential.

Has your child ever been in a special education class? Yes No

Has your child ever been in a speech class? Yes No

Does your child have any illness or is on any medication, which might affect his/her schoolwork? Yes No

If yes, please specify _____

List any allergies we should know about _____



Is your child allergic to bee stings? Yes No
If yes, does your child have a bee sting kit? Yes No



I, the undersigned parent/guardian do hereby authorize the doctor on call, at Oroville Medical Center Hospital, to treat my child in case of an emergency.

Signature of Parent/Guardian

Name of Family Doctor and phone number

Phone# _____

The following information is helpful to us in completing the standardized testing demographics in the spring. Please circle or check your responses.
All information is strictly confidential.

Check one or more of the following:

American Indian or Alaska Native _____ Black or African American _____

White _____ Native Hawaiian or Other Pacific Islander _____

In addition, please check Ethnicity: Hispanic /Latino Yes _____ No _____

Parent Education Level (for most educated parent)
(Circle only one response)

Not High School Graduate High School Graduate Some College (incl. AA Degree)

College Graduate Graduate School/Post Graduate Training

Office Use Only
NSLP

EXHIBIT 5

**PALERMO UNION SCHOOL DISTRICT
ENROLLMENT/EMERGENCY INFORMATION FORM**

Allergy/Bee Sting

Restraining Order

STUDENT LEGAL NAME: LAST FIRST MIDDLE Other Names Used (if any) Grade Teacher
 Girl__ Boy__ Birth Date: ____/____/____ Birthplace City State Country Social Sec. #

If student was born in country other than U.S. complete the following: Arrival date in US: ____/____/____ U.S. Citizen: ☐ Yes ☐ No
 Date of first enrollment in a U.S. School: ____/____/____ Date of first enrollment in a California School: ____/____/____

Home Address City Zip Mailing Address (if different) City Zip Home Phone Cell Phone

Parent/Guardian email address: _____

Student lives with: ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster parent ☐ Other _____

Father/Guardian Name: LAST FIRST Employer Work Phone

Mother/Guardian Name: LAST FIRST Employer Work Phone

Is the above person(s) the **LEGAL** guardian? ☐ Yes ☐ No If **NO**, please obtain a **Caregiver Authorization Affidavit** from the office.

Is there a **Custody** court order regarding this student? ☐ Yes ☐ No If **YES**, please provide the office with a copy of the **Court Order**.

If Foster or Group Home, Organization: _____ Phone# _____ Case worker _____

If parent lives outside the home:

Father's Name _____ Phone _____ Able to sign out: ☐ Yes ☐ No
 Mother's Name _____ Phone _____ Able to sign out: ☐ Yes ☐ No

In case of **Illness/Emergency**, **ONLY** the following people may pick up this student:

Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____	Day Care/Baby-sitter _____	Phone _____
Doctor _____	Phone _____		

Pursuant to Family Code Section 6910, I authorize district personnel to administer first aid, obtain medical care or call an ambulance for this student. I also understand charges for these services are my responsibility. ☐ Yes ☐ No

School last attended _____ Address _____

DISTRICT OF RESIDENCE:

Does student live outside the Palermo Union School District attendance area? (You may be asked to show proof of residence). ☐ Yes ☐ No
 If yes, do you have an **Interdistrict Agreement**? ☐ Yes ☐ No

Date of Withdrawal _____ Reason for Withdrawal _____

Has student ever been **Expelled**? ☐ Yes ☐ No If yes, Date _____ School _____

Has student ever been **Retained**? ☐ Yes ☐ No If yes, Grade _____ School _____

Other children in family	Year of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continued on reverse.....)

Federally mandated by No Child Left Behind Act (NCLB) 2001

PRIMARY RESIDENCE: Where is this student currently living? Please check appropriate box

- | | |
|---|---|
| <input type="checkbox"/> Single family permanent residence—house, apartment, condominium, mobile home | <input type="checkbox"/> In foster care or awaiting placement |
| <input type="checkbox"/> Doubled-up (sharing housing with other family or individual/s) | <input type="checkbox"/> Motel/hotel |
| <input type="checkbox"/> Sheltered or transitional housing program | <input type="checkbox"/> Unsheltered (car or campsite) |

ETHNICITY:

1. Is this student Hispanic or Latino? (Please choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic, or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin)

RACE:

2. What is the student's race? (No matter what you selected above, please mark one or more boxes to indicate this student's race)

- ☐ American Indian or Alaska Native
- ☐ Asian—please circle: Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Other _____
- ☐ Black or African American ☐ Pacific Islander - please circle: Guamanian, Hawaiian, Samoan, Tahitian, Other _____
- ☐ White

PARENT/GUARDIAN HIGHEST EDUCATION LEVEL: Circle the response that describes the highest education level of parent.

- | | |
|---|--|
| 14 = Not a High School Graduate | 11 = College graduate (B.A. or B.S. Degree) |
| 13 = High School Graduate | 10 = Graduate School/Post Graduate (M.A. or PhD) |
| 12 = Some College (2 or 4 year academic program – not vocational) | 15 = Decline to Answer / Unknown |

PRIMARY LANGUAGE SURVEY: Please indicate only one language per line:

1. Which language did your child learn when he/she began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults in the home _____

ENGLISH LANGUAGE ACQUISITION:

Is this student enrolled in, or has the student ever been enrolled in, an **English Learner (EL) Program**? ☐ Yes ☐ No

If yes, Start Date _____ Exit Date (Reclassified Fluent English Proficient: R-FEP) _____

Has this student participated in any **SPECIAL PROGRAMS**? Please check all that apply:

- | | | | | |
|--|--|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Speech | <input type="checkbox"/> 504 | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Indian Education | <input type="checkbox"/> GATE | <input type="checkbox"/> Counseling | <input type="checkbox"/> Other Explain _____ | |

Do you believe this student has a handicap or disability which affects his/her ability to learn? ☐ Yes ☐ No Explain _____

EMERGENCY/MEDICAL CONDITIONS (Please check all that apply):

- | | | |
|--|--|---|
| * <input type="checkbox"/> Allergy: _____ | <input type="checkbox"/> ADD/ADHD (diagnosed) | <input type="checkbox"/> Chicken Pox |
| * <input type="checkbox"/> Asthma: _____ | <input type="checkbox"/> Speech | <input type="checkbox"/> Diabetes |
| Medication required | <input type="checkbox"/> Hearing Loss – hearing aide/s | <input type="checkbox"/> Heart Problems |
| | <input type="checkbox"/> Vision Loss – glasses | <input type="checkbox"/> Seizures |
| * <input type="checkbox"/> Bee Sting Reaction: _____ | <input type="checkbox"/> PE Limitations _____ | <input type="checkbox"/> Tuberculosis |
| Medication required | (Need doctor note if for more than 3 days) | |

*In order to provide more health information about my child, I would like a **Student Health Inventory** sent to me: ☐ Yes ☐ No

☐ Medications needed at school _____ Please obtain a **Medication Authorization** form from the office

Health Insurance Carrier _____ **Policy** _____

The undersigned declares under penalty of perjury that they are the parent or legal guardian of the above named student and grant the above authorizations

X _____
Signature of Parent/Guardian living with Student

Date

EXHIBIT 6



Registration Cover Sheet

Name: _____

Student #: _____

D.O.B.: _____

Grade: _____

RECORDS NEEDED FOR ENROLLMENT:

- ☐ CUSD Registration form
- ☐ Immunization record **Up to Date**
- ☐ Birth Certificate
- ☐ Social Security Card or Number
- ☐ Emergency Card
- ☐ Oral Health Assessment or Waiver
- ☐ Report of Health Examination for School Entry or Waiver
- ☐ CUSD Health and Development History
- ☐ Address Verification/letter if doubled up
- ☐ Parent Identification

As Needed:

- ☐ Caregivers Affidavit
- ☐ Emergency Care Plan
- ☐ Food Accommodation form (food allergies)
- ☐ Medication at School
- ☐ Custody/Court Documentation
- ☐ Interim placement/IEP information

CALAVERAS UNIFIED SCHOOL DISTRICT

Proof of Birth: Type _____ By _____

 Proof of Immunization: ☐ Yes ☐ No

☐ Walks ☐ Rides bus ☐ Bus stop

GRADE
► Has your child ever attended Calaveras Unified schools before? ☐ Yes ☐ No If yes, year _____

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name

Legal First Name

Legal Middle Name

Student’s Social Security #

☐ Male

☐ Female

Birth date:

Month

Day

Year

Student Nickname:

()

()

Home Phone

Cell Phone

()

Parent/Guardian Last Name

First Name

Relationship

Work Phone

Driver’s License #

()

()

Home Phone

Cell Phone

()

Parent/Guardian Last Name

First Name

Relationship

Work Phone

Driver’s License #

Mailing Address (P.O Box or house # & street name)

Apt#

City

State

Zip

Email address

Residence Address (house # & street name) (IF DIFFERENT)

Apt#

City

State

Zip

Nearest Cross Street

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ Not 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 child’s race to be.
☐ American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America)

☐ Chinese (201)

☐ Japanese (202)

☐ Korean (203)

☐ Vietnamese (204)

☐ Asian Indian (205)

☐ Laotian (206)

☐ Cambodian (207)

☐ Hmong (208)

☐ Other Asian (299)

☐ Hawaiian (301)

☐ Guamanian (302)

☐ Samoan (303)

☐ Tahitian (304)

☐ Other Pacific Islander (399)

☐ Filipino/Filipino American (400)

☐ African American or Black (600)

☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.
☐ Graduate Degree or Higher (10)

☐ College Graduate (11)

☐ Some College or Associate’s Degree (12)

☐ High School Graduate (13)

☐ Not a High School Graduate (14)

Date your child first attended school in the U.S.

Month

Day

Year

Date your child first attended school in California

Month

Day

Year

STUDENT
BIRTHPLACE: City: _____ State: _____ Country: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (CUSD/AD Rev 5/2016-2)

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- ☐ In a permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel
- ☐ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) ☐ Temporarily unsheltered (car/campsite)
- ☐ In a shelter or transitional housing program ☐ Other (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply :

Is Parent or Guardian a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) on active duty or full-time National Guard duty? **YES** ☐ **NO** ☐

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Who holds legal educational rights to this student? ☐ Father ☐ Mother ☐ Both ☐ Other _____

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES :

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

PLEASE COMPLETE INFORMATION BELOW IF THE STUDENT HAS A SECOND RESIDENCE – ALSO RESIDES WITH:

Full Name: _____ Relationship: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

If divorced/separated, does custody agreement allow for duplicate mailing address? ☐ Yes ☐ No

MOST RECENT SCHOOL ATTENDED:

Name	Address	State	Zip	Phone

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child ever been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 ☐ Active IEP ☐ None

Other: ☐ Gifted (GATE) ☐ Counseling ☐ English Language Development ☐ Been retained - If yes, at what grade level _____

☐ Participated in athletic program ☐ Other (Specify) _____

Does your child have a health concern? ☐ Yes ☐ No ☐ Wear glasses ☐ Have a hearing problem ☐ Take medication regularly

Explain any yes answer: _____

Name of other children in family	DOB	Relationship	Name of other children in family	DOB	Relationship

Local friend or relative to call in case of emergency	Address	Phone

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (CUSD/AD Rev 5/2016-2)

EXHIBIT 7

Mark Twain Union Elementary School District		For Office Use (revised 10-31-16)	
<input type="checkbox"/> Copperopolis Elementary		Student ID #: _____	
<input type="checkbox"/> Mark Twain Elementary		State ID #: _____	
		Birth Verification: _____	
		Address Verification: _____	
		Immunizations: _____	
		Teacher: _____ Grade: _____	
		Date Records Requested: _____	
REGISTRATION DATE: _____		FIRST DAY: _____	
STUDENT'S LEGAL LAST NAME		FIRST NAME	MIDDLE NAME
			NICKNAME
			GRADE
DATE OF BIRTH / /	PLACE OF BIRTH: CITY & STATE		STUDENT'S SOCIAL SECURITY NUMBER - - - - -
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS		CITY	ZIP
PHYSICAL ADDRESS		CITY	ZIP
HOME PHONE		MOTHER'S CELL	FATHER'S CELL
STUDENT'S CELL		EMAIL	EMAIL
MOTHER: RESIDES W/STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, IS CONTACT WITH STUDENT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FATHER: RESIDES W/STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, IS CONTACT WITH STUDENT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME		NAME	
ADDRESS IF DIFFERENT FROM STUDENT		ADDRESS IF DIFFERENT FROM STUDENT	
WORK PLACE		WORK PHONE	
EDUCATION LEVEL: <input type="checkbox"/> HS GRAD <input type="checkbox"/> NON HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> POST GRAD		EDUCATION LEVEL: <input type="checkbox"/> HS GRAD <input type="checkbox"/> NON HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> POST GRAD	
IF MOTHER DOES NOT LIVE WITH STUDENT, SHOULD SHE GET STUDENT MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF FATHER DOES NOT LIVE WITH STUDENT, SHOULD HE GET STUDENT MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT MILITARY – ACTIVE DUTY			
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD – FULL TIME		<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD – FULL TIME	
ACTIVATION DATE: _____		ACTIVATION DATE: _____	
IF STUDENT DOES NOT LIVE WITH PARENT(S) COMPLETE THE FOLLOWING ALONG WITH A CAREGIVER AFFIDAVIT			
FEMALE GUARDIAN STUDENT LIVES WITH		MALE GUARDIAN STUDENT LIVES WITH	
RELATIONSHIP: <input type="checkbox"/> STEP MOTHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____		RELATIONSHIP: <input type="checkbox"/> STEP FATHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____	
NAME		NAME	
CELL PHONE		CELL PHONE	
WORK PHONE		WORK PHONE	
EMERGENCY INFORMATION - IF PARENT/GUARDIAN CAN'T BE REACHED *PLEASE PROVIDE AT LEAST TWO CONTACTS*			
#1 NAME:	RELATIONSHIP:	HOME PHONE	CELL PHONE:
#2 NAME:	RELATIONSHIP:	HOME PHONE	CELL PHONE:
#3 NAME:	RELATIONSHIP:	HOME PHONE	CELL PHONE:
#4 NAME:	RELATIONSHIP:	HOME PHONE	CELL PHONE:
#5 NAME:	RELATIONSHIP:	HOME PHONE	CELL PHONE:

LAST SCHOOL ATTENDED

SCHOOL NAME: _____ LAST DAY ATTENDING: _____
PHONE NUMBER: _____ FAX NUMBER: _____
IF OUT OF THE COUNTY: CITY, STATE, COUNTRY _____

MEDICAL HISTORY: STUDENT HAS...

☐ HEART DISEASE ☐ EPILEPSY ☐ DIABETES ☐ MIGRAINES ☐ ASTHMA: CARRIES INHALER ☐ YES ☐ NO

☐ ADD/ADHD: IF YES, MEDICATIONS _____

SEVERE ALLERGIC REACTIONS TO: _____

A PHYSICAL DISABILITY: _____

IF STUDENT HAS HEALTH RELATED CONCERNS THAT WOULD AFFECT THEIR SCHOOL PERFORMANCE, PLEASE DESCRIBE BELOW:

IS STUDENT TAKING ANY PRESCRIPTION MEDICATIONS? PLEASE NAME: _____

IN CASE OF EMERGENCY, MY STUDENT CAN BE TAKEN TO THE EMERGENCY HOSPITAL ☐ YES ☐ NO

STUDENT'S DOCTOR _____ PHONE NUMBER: _____

SIBLINGS/STUDENTS IN SAME HOUSEHOLD

Name: _____	Relationship to student: _____	Date of Birth: _____
Name: _____	Relationship to student: _____	Date of Birth: _____
Name: _____	Relationship to student: _____	Date of Birth: _____
Name: _____	Relationship to student: _____	Date of Birth: _____
Name: _____	Relationship to student: _____	Date of Birth: _____

RESIDENTIAL STATUS

THE FOLLOWING BEST DESCRIBES OUR CURRENT LIVING CONDITIONS: ☐ OUR FAMILY, SINGLE RESIDENCE ☐ MORE THAN ONE FAMILY IN HOME
☐ SHELTER, GROUP HOME, TRANSITIONAL ☐ TEMPORARILY WITH FRIENDS OR FAMILY ☐ CAR, CAMPSITE, TRAILER, VACANT BUILDING ☐ HOTEL, MOTEL

SARB

HAS STUDENT EVER BEEN REFERRED TO SARB? ☐ YES ☐ NO
(STUDENT ATTENDANCE REVIEW BOARD)

PROBATION

IS STUDENT CURRENTLY ON PROBATION? ☐ YES ☐ NO
IF YES, WHO IS THE PROBATION OFFICER? _____

PARENT PERMISSION & MEDICAL RELEASE

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT, AND I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE NAMED STUDENT.

YOUR SIGNATURE BELOW INDICATES YOU HAVE GIVEN PERMISSION FOR EMERGENCY MEDICAL CARE UNDER THE SUPERVISION OF MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

X _____ DATE _____
PARENT/GUARDIAN SIGNATURE

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL IMMEDIATELY OF ADDITIONS OR CHANGES TO THIS INFORMATION. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE AND CORRECT.

STUDENT ETHNIC/RACE BACKGROUND

*IS STUDENT HISPANIC OR LATINO? ☐ YES ☐ NO

*STUDENT RACE: (CHECK ALL THAT APPLY)

<input type="checkbox"/> AMERICAN INDIAN - ALASKAN NATIVE		
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN		
<input type="checkbox"/> OTHER PACIFIC ISLANDER		
<input type="checkbox"/> CHINESE	<input type="checkbox"/> FILIPINO	<input type="checkbox"/> JAPANESE
<input type="checkbox"/> KOREAN	<input type="checkbox"/> HAWAIIAN	<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> GUAMANIAN	<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> SAMOAN
<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> TAHITIAN	<input type="checkbox"/> CAMBODIAN
<input type="checkbox"/> HMONG	<input type="checkbox"/> OTHER ASIAN	<input type="checkbox"/> WHITE

*CIRCLE THE RACE YOUR CHILD MOST IDENTIFIES WITH.

ADDITIONAL SERVICES

PLEASE INDICATE IF STUDENT HAS OR RECEIVES ANY OF THE FOLLOWING:

☐ SPEECH IEP

☐ 504 PLAN


☐ SPECIAL EDUCATION (SPECIAL DAY CLASS OR RSP) LAST IEP _____

☐ ENGLISH LANGUAGE LEARNER

☐ WAS RETAINED IN GRADE _____

PLEASE PROVIDE DOCUMENTATION OF SERVICES

EXHIBIT 8

 <p>AUSD ANTIOCH UNIFIED SCHOOL DISTRICT</p> <p>FOR SITE OFFICE USE</p> <p><i>Please do not write in this column</i></p> <p>STUDENT ID _____</p> <p>SCHOOL ENTER DATE _____</p> <p>GR _____</p> <p>ATTENDANCE PERMIT CODE <input type="checkbox"/> (1) Intra District <input type="checkbox"/> (2) Inter District <input type="checkbox"/> (3) Caregiver <input type="checkbox"/> (4) Declaration of Residence <input type="checkbox"/> (5) Overflow <input type="checkbox"/> (7) Admin Placement</p> <p>ADDRESS VERIFICATION (INITIAL) _____</p> <p>BIRTH VERIFICATION (INITIAL) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Passport <input type="checkbox"/> Jural Affidavit <input type="checkbox"/> Transfer (PSR)</p> <p>IMMUNIZATIONS (INITIAL) <input type="checkbox"/> Unconditional <input type="checkbox"/> Conditional (transfer students – 30 days to receive cum) <input type="checkbox"/> Exemption – Medical <input type="checkbox"/> Personal (PBE) – dated before 1/1/2016</p> <p>PHYSICAL (INITIAL) _____</p> <p>ORAL HEALTH (INITIAL) _____</p> <p>RECORDS REQUESTED (INITIAL) _____</p>	<h2 style="margin: 0;">ENROLLMENT FORM #1</h2>		<h2 style="margin: 0;">SCHOOL OF RESIDENCE</h2>						
	STUDENT'S LEGAL NAME – LAST _____		FIRST _____		MIDDLE _____				
	FOSTER CARE Yes <input type="checkbox"/> No <input type="checkbox"/>		STUDENT'S BIRTH PLACE (City, State, Country) _____		DATE OF BIRTH _____				
			SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		US Citizen at time of birth? Yes <input type="checkbox"/> No <input type="checkbox"/>				
					Does your child speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	STUDENT'S RESIDENT ADDRESS _____			APT. # _____		CITY _____			
				ZIP _____		HOME PHONE XXX XXX XXXX			
	STUDENT'S MAILING ADDRESS _____			APT. # _____		CITY _____			
				ZIP _____		EMAIL ADDRESS _____			
	FATHER'S NAME _____ <small>Lives with Yes <input type="checkbox"/> No <input type="checkbox"/></small>		EMPLOYER Name of Company/City _____		WORKPHONE XXX XXX XXXX		CELL PHONE XXX XXX XXXX		
MOTHER'S NAME _____ <small>Lives with Yes <input type="checkbox"/> No <input type="checkbox"/></small>		EMPLOYER Name of Company/City _____		WORKPHONE XXX XXX XXXX		CELL PHONE XXX XXX XXXX			
LEGAL GUARDIAN _____ <small>Lives with Yes <input type="checkbox"/> No <input type="checkbox"/></small>		EMPLOYER Name of Company/City _____		WORKPHONE XXX XXX XXXX		CELL PHONE XXX XXX XXXX			
STUDENT LIVES WITH other than parent/guardian/relationship _____		EMPLOYER Name of Company/City _____		WORKPHONE XXX XXX XXXX		CELL PHONE XXX XXX XXXX			
STUDENT SPECIAL PROGRAMS <small>Please check those that apply</small> Resource <input type="checkbox"/> Speech <input type="checkbox"/> Special Day Class <input type="checkbox"/> Adaptive PE <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP) <input type="checkbox"/> GATE <input type="checkbox"/>					Has this student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what grade was this student retained _____				
SPECIAL HEALTH CARE CONDITION Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____			REQUIRE MEDICATION DURING SCHOOL Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name and type of medicine and who administers it _____						
Has this student ever been expelled from another school district? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name school district _____			Reason for expulsion? _____			DATE OF READMISSION ____/____/____			
STUDENT'S LAST SCHOOL ATTENDED _____		ADDRESS Street, City, State, Zip _____			GR _____ TELEPHONE XXX XXX XXXX		LAST DATE ATTENDED ____/____/____		
Has this student ever attended school in Antioch Unified School District? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of school(s) _____					Did student leave in good standing? Yes <input type="checkbox"/> No <input type="checkbox"/>		LAST DATE ATTENDED ____/____/____		
OTHER SCHOOL AGE CHILDREN IN THE FAMILY ENROLLED IN ANTIOCH SCHOOLS									
NAME (First, Last) _____		GR _____	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	RELATIONSHIP TO STUDENT _____		SCHOOL ATTENDING _____		LIVES WITH STUDENT Yes <input type="checkbox"/> No <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	

I certify that all the information is correct to the best of my knowledge. I understand that if a serious illness or accident does occur, the school official in charge will authorize the care he/she deems best.

Parent/Guardian Signature _____

Date _____

DISTRIBUTION:

ORIGINAL: Cum Folder

COPY: Teacher/Counselor

COPY: Cafeteria

Form 8521 Rev. 01/27/16-rb



ENROLLMENT FORM #2

Home Language / CALPADS Requirements

FOR OFFICE USE	
School	
Stu ID	
School Enter Date	

The California Department of Education requires schools to determine the languages spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Schools are also required to collect ethnicity and race information, and parent education levels.

Student's Legal Name _____
Last First Middle Initial

Home Language Survey

Was student born outside of US? Yes ☐ No ☐ If yes, please answer the next three questions.

1. Date first entered U.S. _____ 2. Date First Entered U.S. School (Public or private) _____
3. Date first entered a California School _____

Student's last school attended (name of school, city, state, zip): _____

A. Which language did your child learn when first beginning to talk? _____

B. What language does your child most frequently use at home? _____

C. What language do you use most frequently to speak to your child? _____

Name the languages in the order most often spoken by adults at home. _____

If a language other than English is indicated on any line above, does your child:

understand Yes ☐ No ☐ **speak** Yes ☐ No ☐ **read** Yes ☐ No ☐ **write** Yes ☐ No ☐ this language?

**A language other than English indicated in any of, or combination of, questions A, B, or C will require an assessment to be given to your child to determine the level of English language proficiency. Results of the assessment and any possible services offered will be provided within 30 school days of registration.

California Longitudinal Pupil Achievement Data System (CALPADS) Information

Ethnicity and Race (Federal Category)

Ethnicity: Is this student Hispanic or Latino? (select one only) Hispanic or Latino ☐ Not Hispanic or Latino ☐

No matter what you have selected above, please continue to read the following and mark one or more boxes to indicate what you consider your race to be.

Race: ☐ **American Indian or Alaska Native** - A person having origins in any of the original people of North and South America including (Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent.

☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Hmong ☐ Asian Indian ☐ Filipino ☐ Cambodian
☐ Japanese ☐ Korean ☐ Other Asian

Native Hawaiian or other Pacific Islander - A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Tahitian ☐ Other Pacific Islander

☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.

☐ **White** - A person whose ancestry started with the original people of Europe, Middle East, or North Africa.

☐ I do not wish to provide the above information, and I understand the District staff must visually identify and report an ethnicity and race for my child, as required by Federal Law.

Highest Parent/Guardian Education Level (Please mark one)

- (1) ☐ Not a high school graduate (2) ☐ High school graduate (3) ☐ Some college (4) ☐ College graduate
(5) ☐ Graduate school/post graduate training

Residence Information (federally mandated by NCLB)

Where is your child/family currently living?

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
☐ In a shelter or transitional housing program

- ☐ In a motel/hotel
☐ Unsheltered (car/campsite)
☐ Other

As the parent/guardian, I acknowledge the information I have provided above is true and accurate.

Parent/Guardian Signature _____

Date _____

EMERGENCY CARD**OFFICE USE**

- ☐ Health Alert
☐ Restraining Order
☐

Stu ID # _____

Student's Last Name (Please Print) _____

First Initial _____

STUDENT'S LEGAL NAME: _____

Last

First

Middle

SEX: M ☐ F ☐ GRADE: _____ TEACHER/HOME ROOM: _____ SCHOOL: _____BIRTH DATE: _____ BIRTH PLACE: _____ AGE: _____ SCHOOL YEAR: _____
Month Day Year City StateADDRESS: _____ APT: _____ CITY: _____ ZIP: _____ HOME PHONE: _____
Area Code

MAILING ADDRESS IF DIFFERENT: _____

EMAIL ADDRESS: _____ LANGUAGE SPOKEN AT HOME: _____

STUDENT LIVES WITH: ☐ Mother ☐ Father ☐ Caregiver/Guardian ☐ Other (specify) _____

ADULT'S NAME: _____ Relationship: _____

EMPLOYED BY: _____ Work Phone: _____ Cell Phone: _____
Area Code Area Code

ADULT'S NAME: _____ Relationship: _____

EMPLOYED BY: _____ Work Phone: _____ Cell Phone: _____
Area Code Area Code**EMERGENCY CONTACTS OTHER THAN PARENTS:** *In case the child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:*

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Cell Phone: _____ <small>Area Code Area Code</small>	Phone: _____ Cell Phone: _____ <small>Area Code Area Code</small>

Child Care Provider: _____ Address: _____ Phone: _____

OTHER STUDENTS IN FAMILYSCHOOL ATTENDINGIs either parent/guardian a member of the Armed Forces on active duty? ☐ Yes ☐ NoIs either parent/guardian on full-time National Guard Duty? ☐ Yes ☐ No**PLEASE ANSWER THE STATEMENTS THAT PERTAIN TO YOUR CHILD'S HEALTH:**☐ **No medical condition** exists and my child can participate in the regular school program. *(If your child has a health condition that should be brought to the attention of school personnel, it is your responsibility as parents to inform the school.)*☐ **Yes, my child receives regular care for the following medical condition(s):** *Check all that apply ***☐ Allergies/Allergic to: _____ Date of last reaction: _____Requires Epinephrine (check one) ☐ Yes ☐ No☐ Asthma ☐ Diabetes Is insulin required ☐ Yes ☐ No ☐ Seizures** If checked, please refer to annual notifications

Does your child have any major health issue(s)? Please list _____

Is your child taking medication(s)? Please list medication(s) and times taken: _____

medication / time takenmedication / time takenmedication / time takenMY CHILD HAS HEALTH INSURANCE: ☐ Yes ☐ No STUDENT'S MEDICAL I.D. # _____

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent is responsible for all expenses.

I understand that if a serious illness or accident does occur, the school official in charge will authorize the care he/she deems best.

Date: _____ Parent or Guardian's Signature: _____

EXHIBIT 9

ORINDA UNION SCHOOL DISTRICT

REGISTRATION INFORMATION

SCHOOL SITE: <input type="checkbox"/> DEL REY <input type="checkbox"/> GLORIETTA <input type="checkbox"/> SLEEPY HOLLOW <input type="checkbox"/> WAGNER RANCH <input type="checkbox"/> OIS		
PUPIL'S IDENTITY AND HOUSEHOLD INFO LEGAL Name: _____ <div style="text-align: center; font-size: small;">Last First Middle</div> Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Mail Address: _____ City: _____ State, Zip: _____ Phone #: () _____ <div style="text-align: center; font-size: x-small;">Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> Residence Address: _____ Nickname: _____ Grade Enter: <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</div> </div> Birth date: _____ Birthplace: _____	PARENTS EDUCATION LEVEL <div style="display: flex;"> <div style="width: 45%;"> 1st Guardian (Father) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 45%;"> 2nd Guardian (Mother) <input type="checkbox"/> Not HS graduate <input type="checkbox"/> HS graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Grad/Post Grad </div> </div> PUPIL'S PHYSICIAN Name: _____ Phone #: () _____	PREVIOUS SCHOOLING Last School: _____ City, State: _____ Grade(s): <input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div style="text-align: center; font-size: x-small;"><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</div> Pupil attended school outside US? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, date first entered US school: _____ Date first entered California school system: _____ Pupil attended OUSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No School: _____ Year(s): _____ Grades (s): <input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div style="text-align: center; font-size: x-small;"><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</div> Number of siblings in household? _____ Name: _____ Birth date: _____ Name: _____ Birth date: _____ Name: _____ Birth date: _____ Name: _____ Birth date: _____ Name: _____ Birth date: _____
PUPIL'S RACE & ETHNICITY Ethnicity: _____ Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian, please specify: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander, please specify: _____ <input type="checkbox"/> White	PUPIL'S SPECIAL NEEDS <input type="checkbox"/> Identified Gift & Talented (GATE) Documentation: _____ <input type="checkbox"/> Physically Disabled: _____ <input type="checkbox"/> Free/reduced lunch info requested? <div style="text-align: center; font-size: x-small;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <input type="checkbox"/> Other: _____ <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold; font-size: small;">IEP • 504 PLANS</div> Existing IEP (Individual Education Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Date: _____ Existing 504 Accommodation Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No 504 Date: _____ Contact at last school: _____ Phone #: () _____	
US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1 ST PARENT OR GUARDIAN	2 ND PARENT OR GUARDIAN	3 RD PARENT OR GUARDIAN
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other- please specify: _____	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other- please specify: _____	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other- please specify: _____
Name: _____ <div style="text-align: center; width: 100%;">First Last</div>	Name: _____ <div style="text-align: center; width: 100%;">First Last</div>	Name: _____ <div style="text-align: center; width: 100%;">First Last</div>
Address: _____ _____	Address: _____ _____	Address: _____ _____
City: _____	City: _____	City: _____
State, Zip: _____	State, Zip: _____	State, Zip: _____
<div style="text-align: right;">Request Extra Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div style="text-align: right;">Request Extra Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div style="text-align: right;">Request Extra Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Home Phone: () _____ <div style="text-align: right;">Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	Home Phone: () _____ <div style="text-align: right;">Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	Home Phone: () _____ <div style="text-align: right;">Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Cell Phone: () _____	Cell Phone: () _____	Cell Phone: () _____
Email: _____	Email: _____	Email: _____
<div style="text-align: right;">Request Extra Email? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div style="text-align: right;">Request Extra Email? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div style="text-align: right;">Request Extra Email? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Occupation: _____	Occupation: _____	Occupation: _____
Employer: _____	Employer: _____	Employer: _____
Work #: _____	Work #: _____	Work #: _____
Student lives with me: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student lives with me: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student lives with me: <input type="checkbox"/> Yes <input type="checkbox"/> No
I am legally responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No	I am legally responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No	I am legally responsible: <input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that the above information I have provided to the Orinda Union School District is true and accurate. I also understand that any changes in residency information (address, telephone number, guardianship, etc.) must be reported to the school office within 72 hours, and verified within 30 days. I also understand that falsification of information will be grounds for invalidating the student's enrollment in school.

Signature:

Print:

Parent/Guardian's Name

Parent/Guardian's Name

Date

EXHIBIT 10



STUDENT REGISTRATION FORM

Registering for Grade: _____ / School Year: 20____ - 20____

Has your child ever attended school in this district? ☐ Yes ☐ No

If yes, school name _____

Last School Attended _____

Date Last Attended _____ Address _____

LEGAL NAME OF CHILD

(As shown on birth certificate) Last First Middle

HOME ADDRESS

Street City Zip code

MAILING ADDRESS

Street or P.O. Box City Zip code

DATE OF BIRTH _____ AGE _____ HOME PHONE _____

Mo / Day / Year ☐ Listed ☐ Unlisted ☐ Blocked

GENDER ☐ M ☐ F

DATE FIRST ENTERED USA K12 PUBLIC SCHOOL _____

PLACE OF BIRTH _____

City / State / Country

Please check if applicable:

<input type="checkbox"/> Kindergarten
Prefer: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<input type="checkbox"/> All Day K - Buckeye School

OFFICE USE ONLY

School _____
Perm Num _____
Generate HAC Letter _____
(Please Initial upon Receipt)
Registration Information Sheet
Residence Verification
Home Language Survey
Record of Prior Program Part
Demographic Information
Health Information Form
Immunization Record
Cumulative Request
Report of Health Exam (Kinder)
Birth Certificate
Oral Health Assessment (Kinder)
Hispanic Ethnicity Verification

☐ Mother ☐ Stepmother ☐ Guardian ☐ Other

Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home () Cell ()
Employer	Work ()

*Email:

*I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above (initial here):

☐ Father ☐ Stepfather ☐ Guardian ☐ Other

Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home () Cell ()
Employer	Work ()

Email:

*I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above (initial here):

By COURT ORDER, this student **CANNOT** be released to: _____
(Copy of Court Order **MUST** be on file at school office)

(If there is any legal information, i.e., court orders, guardianship, please attach)

Siblings: (If more space is needed, please check this box ☐ and continue on to the back page.)

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Has your child been expelled from a school, or is he/she in the process of being reviewed for expulsion? ☐ Yes ☐ No

Has your child ever been retained? ☐ Yes ☐ No If Yes, Grade: _____

I have received the Superintendent's Letter to Parents: Initial Here _____

My signature certifies under penalty of perjury that the information on this form is true and accurate. The home address listed above is my true legal residence as parent/guardian of the above-named student. I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student. It is the parents' responsibility to notify the school of any changes in the information reported on this form.

Parent/Guardian Signature

Date



Buckeye Union School District

Student Demographic Information

The Buckeye Union School District is required by the State of California to provide the information below for every student. The district makes every effort to maintain this information as confidentially as possible. Thank you for your accurate provision of this information.

Student Name:		
School:	District: Buckeye Union School District	
Gender:	Grade:	Date of Birth:

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

PARENT EDUCATION (Check the response that describes the education level of the most educated parent):

- Some college means attending or graduating from a junior college OR attending a four-year college or university but not graduating.
- College graduate means you have graduated from a four-year college or university.

- ☐ Graduate Degree or Higher (10)
- ☐ College Graduate (11)
- ☐ Some College or Associate's Degree (12)
- ☐ High School Graduate (13)
- ☐ Not a High School Graduate (14)

Date child first attended school in the U.S.

Month Day Year

Date child first attended school in California

Month Day Year

WHAT IS YOUR CHILD'S ETHNICITY? (please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

CHILD'S BIRTHPLACE: City: _____ State: _____

U.S. Citizen: ☐ Yes ☐ No

Country: _____

EXHIBIT 11

GRADE

Student Last Name:

First Name:

School:

- PLEASE PRINT – STUDENT'S LEGAL NAME**

U.S. Citizen: ☐ Yes ☐ No **PLEASE COMPLETE INFORMATION ON PAGE 2**

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Residence – Where is your child/family currently living? (federally mandated) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) ☐ Unsheltered (car/campsite)
- ☐ Doubled up (sharing housing with other families not due to economic hardship) ☐ Other (please specify) _____
- ☐ In a shelter or transitional housing program

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person(s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check box and attach most recent agreement:

- ☐ Joint Custody (% _____ Mother % _____ Father) ☐ Sole Custody ☐ Guardian

Armed Forces

Does the student have a Parent or Guardian in the Armed Forces on Active Duty or Full Time National Guard? ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step-Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Phone #: _____
2. ☐ Mother ☐ Step-Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Phone #: _____

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

Full Name: _____ Phone#: _____ Email: _____

Mailing Address: _____ City: _____ State _____ Zip _____

MOST RECENT SCHOOL ATTENDED:

School	Address / City / State / Zip	Grades(s)	Date(s)

Has your child ever repeated a grade? ☐ Yes ☐ No If Yes, which grade? _____

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services is your child currently receiving? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech & Language

Other: ☐ 504 ☐ Other (Specify) _____

Signature of

Parent/Guardian: _____ Date: _____

Below for School Use Only

Proof of Birth:	Proof of Immunization:	Proof of Residence:	Interdistrict Attendance Agreement:	Enroll Date:	Assigned Grade:	Permanent ID:
Type: _____	Type: _____	Type: _____	Dist of Residence: _____			
Verified by: _____	Verified by: _____	Verified by: _____	Date Received: _____			

Student Last Name:

First Name:

School:

EXHIBIT 12



Pioneer Union Elementary School District Registration Form

Pupil Name (Last, First, Middle)		M F	D.O.B.	Birth City, State and Country
				If born outside US, granted Citizenship? <input type="checkbox"/>
Residence Address		City, State, Zip		Phone
Mailing Address		City, State, Zip		Phone
Grade		Is child under expulsion or suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No		

What is your child's ethnicity? (Please check one):

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

What is your child's race, if Not Hispanic or Latino is checked above? (Please check up to five racial categories)

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Other Pacific Islander (399) | |

Siblings Living In Home

Name _____	D.O.B. _____	Grade _____
Name _____	D.O.B. _____	Grade _____
Name _____	D.O.B. _____	Grade _____
Name _____	D.O.B. _____	Grade _____

Has your child ever attended a school in the Pioneer Union Elementary School District? _____

School(s) attended _____ Date(s) attended _____

Retained What Gr.	Grade(s) Attended	Exit Date	Previous School Name	Address/Phone

Any health/physical/medical problems? _____

Physical Date _____ Waiver Date _____ Dental Date _____ Waiver Date _____

Primary Physician's Name: _____ Address: _____ Phone #: _____

Student takes prescription medication ☐ (if medication is taken at school, a physician's statement is required)

US Entry Date _____ US School Entry Date _____ CA School Entry Date _____

Please list what language you prefer to receive information at home _____

- | | |
|---|---|
| 1. What language did this child learn when first beginning to talk? | 2. What language do you use most frequently to speak to your child? |
| 3. What language does this child most frequently use at home? | 4. What language is most often spoken by the adults at home? |

Has your child received any of these services? (Please mark all that apply): ☐ NONE

- | | | |
|---|---|---|
| <input type="checkbox"/> 504 Accommodations | <input type="checkbox"/> Special Day Class | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Resource Program | <input type="checkbox"/> English Language Development | <input type="checkbox"/> Speech Therapy |

Please list last date of service: _____

Family Residence

☐ In a single family permanent residence (house, apartment, condo, mobile home)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
☐ In a shelter or transitional housing program ☐ In a motel/hotel
☐ Unsheltered (car/campsite) ☐ Foster

Homeless Doc. ☐ Caregivers Doc. ☐ Guardianship Doc. ☐
 Notarized Letter ☐ Court Doc. ☐ Foster Doc. ☐

Parent/Guardian

Address if different from student

Occupation

Home Phone

Work Phone

Cell Phone

Education

No. of years

Parent/Guardian

Address if different from student

Occupation

Home Phone

Work Phone

Cell Phone

Education

No. of years

Contact Name

Relationship

Address if different from student

Occupation

Home Phone

Work Phone

Cell Phone

Contact Name

Relationship

Home Phone

Work Phone

Cell Phone

Contact Name

Relationship

Home Phone

Work Phone

Cell Phone

If one or both parents are not in the home, is there a restraining order or court document against the non-custodial parent(s)?
 Yes ☐ No ☐ If yes, which parent/guardian? _____

****I declare under penalty of perjury under the laws of the state of California that the information I have given is true and that my supporting documents are correct.**

****Yo declaro bajo las reglas del estado de California que la información y documentos que he presentado son verdadero y correcto.**

Parent/Guardian _____ Date _____

District Use Only

Date	Year	Int.	School -Res	School -Att	Lottery	Displaced	Gr.	ID	New	Ret.

Immunization(s)/Other documents pending:

Notes:

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
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EXHIBIT 13

KCUSD Kindergarten Registration begins March 7 for Reedley & Dunlap, March 14 for Orange Cove

Parents should register at their school of residence (neighborhood school) and are encouraged to call the school in advance to verify registration times. Please be aware that the registration process cannot begin if immunization records are incomplete, or any documentation is missing.

Kings Canyon Unified School District (KCUSD) announces the start of kindergarten registration for the 2017-2018 school year.

REGISTRATION BEGINS ON:

March 7 - Reedley & Dunlap Schools

March 14 - Orange Cove Schools

It is recommended that parents be there the first day to ensure a child's placement at their neighborhood school. To register your child you must bring:

- Birth Certificate
- Social Security Number
- Immunization Records
- Homeowner/Rental Agreement
- PGE bill/Utilities bill (2 bills)

Please be aware that the registration process cannot begin if immunization records are incomplete, or any documentation is missing. This delay could result in child being bused to a different school site.

Parents should register at their school of residence (neighborhood school) and are encouraged to call the school in advance to verify registration times. Even those parents intending to request a transfer to another site must register kindergarten students at their own neighborhood school, since transfer requests are not acted upon until spring.

EXHIBIT 14

PARENTS EDUCATION LEVEL *Highest level of Education Completed:* ☐ 1=Not a High School Grad ☐ 2=High School Grad
☐ 2B=College Vocational Classes ☐ 3=College Credit towards BA ☐ 4=4yr College Grad ☐ 5=Grad School/Post Grad ☐ 6=No Info

RESIDENCE – Where is your child/family currently living? (*Federally mandated by NCLB*) – *Please check the appropriate box*

- ☐ In a single family permanent residence (*house, apartment, mobile home*) ☐ 9 = In a motel/hotel
☐ 10 = In a shelter or transitional housing program ☐ 12 = Unsheltered (*car/campsite*)
☐ 11 = Doubled-up (*sharing housing with others due to Economic hardship*) ☐ 15 = Other _____

If Born Outside the United States
US Entry Date (M/D/Y): _____ US School Entry (M/D/Y): _____ CA School Entry (M/D/Y): _____

HOME LANGUAGE SURVEY: *Indicate only one language (most frequently used) per line*

1. What language did your son/daughter learn when he/she began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you most frequently speak to your son/daughter? _____
4. What language is spoken most often by the adults at home? _____

HOME LANGUAGE ☐ 00 = English ☐ 02 = Vietnamese ☐ 04 = Korean ☐ 10 = Lao ☐ Other _____

Spoken at home ☐ 01 = Spanish ☐ 03 = Cantonese ☐ 06 = Portuguese ☐ 23 = Hmong _____

LANGUAGE FLUENCY: ☐ 1= English Only ☐ 5 = To Be Determined IFEP, EL, RFEP – *From EL Coordinator Date must be entered*

SPECIAL EDUCATION ☐ 1 = Not Special Ed/504 Plan ☐ 3 = DIS-Designated Inst. & Serv. ☐ 5 = SDC-Not Severely Handicap
☐ 02 = RSP-Resource Program ☐ 4 = SDC-SH-Severely Handicap. ☐ 6 = 504 Plan ☐ Speech/Language
☐ GATE

INSURANCE ☐ Healthy Families ☐ No Insurance ☐ Other Ins Co _____ ☐ Medi-Cal _____ ☐ No Info Provided

MEDICAL – Health Problems Field - Any Special Health Problems: _____

MEDICATIONS – Given at Home: _____ at School: _____

Names of other children living in the home	Birthdate	Relationship to Student	School Attending

Signature of Parent/Guardian _____ **Date** _____

For Office Use Only:

School Enter Date: _____ School Mobility – Grade: _____ Program Code: _____ Perm ID #: _____
District Enter Date: _____ District Mobility – Grade: _____ Grid Code: _____ Counselor: _____
Locker # _____ Last School # _____

S – Programs: ☐ 123 – Title VII ☐ 127-Gifted ☐ 132 – Indian Ed ☐ 135-Migrant Ed ☐ Title 1 (*121-School wide & 122-Targeted*)

Teacher _____ Grade _____ Room _____ Bus _____ Cum Requested _____ CSIS _____ Blank ☐ ET
☐ RC

EXHIBIT 15

EUREKA CITY SCHOOLS STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended Eureka City Schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
------------------	-------------------	-----------------	----------------------------------

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:			
			Month	Day	Year

Parent (Mother) First Name	Last Name	Home Phone	Work Phone	Cell
----------------------------	-----------	------------	------------	------

Parent (Father) First Name	Last Name	Home Phone	Work Phone	Cell
----------------------------	-----------	------------	------------	------

Mailing Address (P.O Box or house # & street name)	Apt#	City	State	Zip
--	------	------	-------	-----

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
--	-------	------	-------	-----

PARENT EMAIL ADDRESS:

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not 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)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
|--|--|--|

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date child first attended school in the U.S.

Month	Day	Year
-------	-----	------

Date child first attended school in California

Month	Day	Year
-------	-----	------

CHILD'S

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 11/15/16)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you most frequently speak with your child? _____
4. Which language is most spoken by any other adults in the home? _____
5. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – where is your child/family currently living? (federally mandated by ESSA) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # () _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # () _____

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:

Full Name: _____ Phone #: () _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No**WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (please check all boxes that apply)**

- Special Education:** ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language
- Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development
- ☐ Help to Improve Attendance/ Behavior ☐ 504 ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

Student has sibling(s) currently registered to attend ECS 2017-2018: ☐ Yes ☐ No

Sibling Name(s):

--	--	--

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 11/15/16)

EXHIBIT 16

FERNDALDE UNIFIED SCHOOL STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended _____ Ferndale School District _____ public schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
------------------	-------------------	-----------------	----------------------------------

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:			
		Month	Day	Year	

Parent/Guardian First Name	Last Name	Home Phone	Work Phone/ Cell
----------------------------	-----------	------------	------------------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone/ Cell
----------------------------	-----------	------------	------------------

Mailing Address	Apt#	City	State	Zip
-----------------	------	------	-------	-----

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
--	-------	------	-------	-----

(P.O Box or house # & street name)

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to two 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)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
|--|--|--|

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date first attended school in the U.S.

Month	Day	Year
-------	-----	------

Date first attended school in California

Month	Day	Year
-------	-----	------

BIRTHPLACE: City: _____ State: _____ Country: _____
 U.S. Citizen: ☐ Yes ☐ No

Student Last Name: _____

First Name: _____

Permanent ID: _____

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

PARENT CONTACT E-MAIL _____ Student E-MAIL/cell phone _____

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Foster Family Home _____
- other _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Free and reduced lunch program Other _____

Signature of Parent/Guardian: _____ Date: _____

My son/daughter has permission to leave campus during lunch. ☐ Yes ☐ No (High School students)

My son/daughter has permission to drive to school and has current auto insurance. ☐ Yes ☐ No.

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. Parent/Guardian signature _____

EXHIBIT 17

Jacoby Creek School District New Student Registration Form

*****FOR OFFICE USE ONLY****

District _____ Interdistrict District Transfer _____ Employed in District _____ Sibling at District _____ Entering Date _____ Today's Date _____
 Grade _____ Student ID No. _____ SSID Number _____ Teacher _____

PLEASE PRINT ALL OF THE INFORMATION BELOW

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ BOY ☐ GIRL ENTERING GRADE _____ BIRTHDATE _____ SS# _____
 Month Day Year

NAME STUDENT GOES BY: _____

PARENT/GUARDIAN #1

ADULT INFORMATION

PARENT/GUARDIAN #2

	(Relationship)	
	(Parent/Guardian Name)	
	(Mailing Address)	
	(Residence Address)	
	(City/State/Zip)	
	(Employer)	
	(Home Phone)	
	(Work Phone)	
	(Cell Phone)	
	(e-mail)	

STUDENT'S BIRTHPLACE (City, State & Country) _____

DATE FIRST ATTENDED SCHOOL IN THE U.S. (Month/Year) _____ IN CALIFORNIA (Month/Year) _____

NAME OF LAST SCHOOL ATTENDED _____ GRADE _____

CITY _____ STATE _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Select one or more regardless of ethnicity)

These selections are determined by the Federal government. Please check at least one and up to five boxes to indicate what you consider your race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Asian Indian (205)
<input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) |
|---|--|--|

HOME LANGUAGE SURVEY

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently use at home? _____

What language do you use most frequently to speak to your child? _____

Name the language most often spoken by the adults at home: _____

Has your child ever been given the CELDT (California English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

RESIDENCE-where is your child/family currently living? (Federally mandated by NCLB) – **Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship, loss or other reasons)
- ☐ In temporary foster family home
- ☐ In a shelter or transitional housing program
- ☐ In a motel/hotel
- ☐ Unsheltered (car/campsite)
- ☐ Other (please specify) _____

PARENT EDUCATION: Check the response that describes the education level of the most educated parent.

- ☐ Not a high school graduate
- ☐ Some College or AA Degree
- ☐ Graduate Degree or Higher
- ☐ High School Graduate
- ☐ College Graduate

☐ **PARENT/GUARDIAN FULL TIME NATIONAL GUARD DUTY OR ACTIVE DUTY OF U.S. ARMED FORCES**

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) – **Check all that apply**

- ☐ Mother
- ☐ Father
- ☐ Both Parents
- ☐ Step Mother
- ☐ Step Father
- ☐ Legal Guardian
- ☐ Foster Home
- ☐ Relative _____

Is/Are the above (checked) person(s) the student's LEGAL guardian(s)? ☐ Yes ☐ No

If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one:

- ☐ Joint Custody
- ☐ Sole Custody
- ☐ Guardian

*If both parents do not have custody, you must provide the school with custody papers. **Unless the school has a copy of the custody papers on file, they MUST release the student to either parent.***

DUPLICATE MAILING -- If divorced/separated & joint custody allows duplicate mailing/information to be given to the other parent, please include his/her name, address and phone number:

Full Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply)

- ☐ Special Day Class (SDC)
- ☐ Resource (RSP)
- ☐ Speech/Language
- ☐ 504 Accommodation Plan
- ☐ Gifted (GATE)
- ☐ Remedial Math
- ☐ Remedial Reading
- ☐ Counseling
- ☐ English Language Development

HAS YOUR CHILD BEEN EXPELLED OR IN THE PROCESS OF BEING EXPELLED FROM ANY SCHOOL?

- ☐ Yes
- ☐ No

If yes, name of school _____ Location _____ Date _____

HAS YOUR CHILD EVER ATTENDED SCHOOL AT JACOBY CREEK? ☐ Yes ☐ No

If yes, Name of last teacher and grade attended: _____

HAVE SIBLINGS ATTENDING SCHOOL AT JACOBY CREEK? ☐ Yes ☐ No

If yes, name and grades attending : _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian (if you have joint legal custody, both parents must sign)

Date

EXHIBIT 18



Klamath-Trinity Joint Unified School District

P.O. Box 1308 • Hoopa, CA 95546 Phone: (530) 625-5600 Fax: (530) 625-5611

Student Registration Form

Section I - To be filled out by Site Staff					
Grade Entering:	Income Verification Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligibility for Free & Reduced Meals <input type="checkbox"/> Free <input type="checkbox"/> Full Pay <input type="checkbox"/> Reduced	SSID#	Student's Perm Number: #	
PLEASE PRINT CLEARLY		Section II - Student Information		PLEASE PRINT CLEARLY	
Has this child ever attended any KTJUSD public school before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; Year: _____ Please circle which school: Hoopa Valley High, Captain John Continuation, Hoopa Valley El, Trinity Valley El, Orleans El, Weitchpec El, Jack Norton El, Two Rivers, River's Edge					
Today's Date:	Social Security: _____	Date of Birth (mm/dd/yyyy):		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Legal Name (Last, First, M.I.):				Place of Birth (City, State/Country)	
School Enrolling In:	School Entry Date: / /	Grade:	Gender (Check One): <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female		
Mailing Address: (REQUIRED)	City or Town:		State:	Zip:	
Physical Address (REQUIRED)	City or Town:		State:	Zip:	
Child's Previous School: <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Public Date Last Attended: _____		Address Previous School:		Phone	
ETHNICITY (Check One): <input type="checkbox"/> 1. Hispanic or Latino <input type="checkbox"/> 2. Not Hispanic or Latino	RACE: (Check up to five): <input type="checkbox"/> (100) American Indian or Alaskan Native <input type="checkbox"/> (299) Other Asian <input type="checkbox"/> (399) Other Pacific Islander <input type="checkbox"/> (700) White <input type="checkbox"/> (400) Filipino/Filipino American <input type="checkbox"/> (600) African American or Black <input type="checkbox"/> Other (Please state) _____				
Does this student live on tribal, trust or federal land? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which trust, tribal or federal? <input type="checkbox"/> Hoopa <input type="checkbox"/> Karuk <input type="checkbox"/> Yurok <input type="checkbox"/> Forestry <input type="checkbox"/> Other			
If this child is an American Indian, which tribe is he/she a member of or most closely affiliated with? <input type="checkbox"/> Hupa <input type="checkbox"/> Karuk <input type="checkbox"/> Yurok <input type="checkbox"/> Other (Please Specify): _____		Lot No. for home: #		Is this child's home owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented	
Primary Language (Home): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other (Please specify): _____		Language in School: (Please specify if you selected other) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other (Please specify): _____			
Residence - where is your child/family currently living? (Federally mandated by NCLB) Please check the appropriate box: <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel/hotel (09) <input type="checkbox"/> Unsheltered (car/campsite) (12) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) <input type="checkbox"/> Other (15) (please specify) _____ <input type="checkbox"/> In a shelter or transitional housing program (10)					
Special Education: (Please check prior services): <input type="checkbox"/> Speech <input type="checkbox"/> Gate <input type="checkbox"/> Resource (SDC) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech/Language <input type="checkbox"/> Special Day Class Other (Please specify): _____					
Section III - Parents or Guardian Information					
Mother's Name (Last, First, M.I.):		Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Include in Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Phone: () - () -	Cell Phone: () - () -
Mailing Address (If different than the Student):		City	State	Zip	Evening Phone: () - () -
Father's Name (Last, First, M.I.):		Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Include in Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Phone: () - () -	
Mailing Address (If different than the Student):		City	State	Zip	Evening Phone: () - () -
Guardian Name (Last, First, M.I.):		Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Include in Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Phone: () - () -	
Mailing Address (If different than the Student):		City	State	Zip	Evening Phone: () - () -
Parent Education Level (Mark the response that best describes the education level)				Legal custody agreement, please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian (Special circumstances, please explain):	
	Mother	Father	Guardian		
Graduate school/post graduate training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
College Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Some College (include AA Degree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
High School Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Not a high school graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PLEASE PRINT CLEARLY

Section IV – Emergency Information

PLEASE PRINT CLEARLY

Contact #1 (Last, First):		Relationship (if any):	Day Phone: () - () -	Cell Phone: () - () -
Contact #2 (Last, First):		Relationship (if any):	Day Phone: () - () -	Cell Phone: () - () -
In case emergency contact person cannot be reached, can the school take this child to the doctor or hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of child's Doctor:		Phone: () - () -
Child's Health Insurance Company Name: <input type="checkbox"/> Medical <input type="checkbox"/> Healthy Families <input type="checkbox"/> Other (Please specify):			Policy #:	
Address (if applicable):		City	State	Zip
		Phone: ()		
Does this child have any health problems and/or physical/mental handicaps or is she/he taking any long term medication that the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify):				

Section V – Sibling Information (Please Only list Brothers and Sisters under 18 years of age)

Name (Last, First):		Relationship	Gender (Check One): <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
Date of Birth (mm/dd/yyyy):	Current School:		Grade:
Name (Last, First):		Relationship	Gender (Check One): <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
Date of Birth (mm/dd/yyyy):	Current School:		Grade:
Additional Siblings <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____ Do or will they attend KTJUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do they live in the same household? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section VI – Statement of Facts

Draw a map to your physical location:

Other Information in regards to this child that you want the school to be aware of:

I authorize KTJUSD to release necessary medical information to my insurance carrier(s) or district third party vendors, for the purpose of claims processing. Shared information will be limited and kept strictly confidential.

☐ Yes, I agree☐ No, I disagree

I declare the information provided on this form is true and accurate to the best of my knowledge.

Signature of Mother and/or Guardian

Date

Signature of Father and/or Guardian

Date

For Office Use Only:

Date Admitted: _____ Entry Reason _____

Verification of Birth: _____

Verification of Immunizations: _____

Bus: _____

Teacher/Room # _____

EXHIBIT 19

OFFICE USE: Grade: _____ Enrollment Date: _____

Northern Humboldt Union High School District

NEW STUDENT REGISTRATION FORM

☐ Arcata HS ☐ McKinleyville HS ☐ Pacific Coast HS ☐ Tsurai HS ☐ Six Rivers Charter HS

Student Legal Name: _____
 (Last) (First – no nicknames) (Middle – no initials)

Preferred Name/ Nickname (if applicable): _____

Student Email: _____ Student Cell Phone () _____

Social Security# _____ - _____ - _____ Gender: ☐ Male ☐ Female Previous School: _____
(Month/day/year)

Date of Birth: ____/____/____ Birthplace – City: _____ State: _____ Country: _____

If country is other than U.S., please complete the following:

Arrival Date in U.S.: _____ Enrollment date in U.S. school: _____ Enrollment date in CA school: _____

PRIMARY STUDENT RESIDENCE:

Physical Address: _____
 (House # and Street name) (City) (Zip)

Mailing Address (if different): _____

Do you live outside of the school attendance area? ☐ YES ☐ NO

If yes, do you have an Inter/Intra-District Agreement? ☐ YES ☐ NO ☐ IN PROCESS

Has the student attended school in the District before? ☐ YES ☐ NO If YES, name of school: _____

Do you have a sibling currently attending this District? ☐ YES ☐ NO If YES, name of sibling: _____

PARENT/GUARDIANSHIP (Whom the student lives with):

(Check all that apply) ☐ **Father** ☐ **Mother** ☐ **Both** (two items checked) ☐ **Step-Father** ☐ **Step-Mother**

☐ Host Parent(s) ☐ Guardian ☐ Foster/Group Home ☐ Other

Is the above (checked) person(s) the student's LEGAL guardian(s) ☐ Yes ☐ No (Caregiver's Authorization Affidavit)

Is there a custody court order regarding this student? ☐ Yes ☐ No (Parental Access to Student Information)

MUST COMPLETE AT LEAST ONE OF THE FOLLOWING: CIRCLE PRIMARY CONTACT NUMBER

#1 (Check one): ☐ Father/☐ Mother/☐ Step-Father/☐ Step-Mother/☐ Host Parent/☐ Guardian/☐ Foster/☐ Other

Name: _____ Email: _____ Home () _____

Cell () Work () Employer:

#2 (Check one): ☐ Father/☐ Mother/☐ Step-Father/☐ Step-Mother/☐ Host Parent/☐ Guardian/☐ Foster/☐ Other

Name: _____ Email: _____ Home () _____

Cell ()	Work ()	Employer:
----------	----------	-----------

#3 DUPLICATE MAILING – If divorced/separated & joint custody allows mailing/info to be given to other parent:

Name: Relationship to Student: Gender: ☐ Male ☐ Female

Physical Address: _____
(House # and Street name) (City) (Zip)

Mailing Address (if different):

Home ()	Cell ()	Work ()
----------	----------	----------

EMERGENCY CONTACT(S) OTHER THAN PARENT:

#1 Name: _____ **Relationship to Student:** _____ **Gender:** ☐ Male ☐ Female

Home () Cell () Work ()

#2 Name: _____ **Relationship to Student:** _____ **Gender:** ☐ Male ☐ Female

Home () Cell () Work ()

#3 Name of Student's Doctor: _____ **Phone()** _____

PREVIOUS SCHOOL INFORMATION

School Last Attended: _____
 Name of School _____ (Street Name and #) _____ (City) _____ (State) _____ (Zip) _____
 School Year: _____ Grade: _____ Was the student attending this school on an inter-district transfer? ☐ YES ☐ NO

Date of Withdrawal: _____ Reason for Withdrawal: _____

Please specify those educational services the above-named student has previously received, including grade level and school of attendance at the time.

SERVICE	GRADE	SCHOOL	SERVICE	GRADE	SCHOOL
SPECIAL EDUCATION			OPPORTUNITY SCHOOL		
Resource Program (RSP)	_____	_____	JUVENILE HALL		
Special Day Class (SDC-LH)	_____	_____	Is your student on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Special Day Class (SDC-SH)	_____	_____	Probation Officer's Name: _____		
SECTION 504 SERVICES			COMMUNITY SCHOOL		
TITLE 1 SERVICES			PRIVATE SCHOOL		
OTHER SERVICES			HOME SCHOOL		
ENGLISH LANG. DEV. PROG.			CONTINUATION H. S.		
DESIGNATED INSTRUCTIONAL SERVICES (DIS)			INDEPENDENT STUDY		
Speech & Lang. Impaired	_____	_____			
Hearing Impaired	_____	_____			
Visually Impaired	_____	_____			
Other	_____	_____			

In case of accident, and we are unable to contact you, do we have permission to take your child to your doctor or hospital? ☐ YES ☐ NO

Are Immunization records complete? ☐ YES ☐ NO ☐ WAIVER Is the student taking any long-term medication? ☐ YES ☐ NO

Special health problems and/or physical handicap? (I.e. Asthma, hearing, diabetes, fainting, vision, seizures, allergies, speech) ☐ YES ☐ NO

MEDICATION INFORMATION:

Student is on a continuing medication program as prescribed by a physician: (Please check one) YES _____ NO _____

If YES, you have my permission to contact student's physician:

Physician's Name: _____ Telephone _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Student's Signature

Parent/Guardian's Signature

No student participating in programs sponsored by the governing board shall on the basis of sex, age, race, nationality, creed, religion, economic or social background, physical handicap, marriage and/or pregnancy be excluded from participation in, be denied the benefits of, or be subject to discrimination in connection with the education programs as defined in Board Policy 5148.

(FOR OFFICE USE ONLY) Pupil Services:		Programs:		English Learner:	Demographics:
SM#	PASS PIN	Special Ed	Date:	Checklist	NSLP (FREE/REDUCED/NONE)
Locker#	PASS Letter	Title 1	Date:	Home Lang. Survey	School Mobility
Binder	Counselor	504 Plan	Date:	Parent Notification	District Mobility
AttnFldr	Schedule	GATE	Date:	CELDT Date:	Home Language
Lib	Registrar	AAI	Date:	Reclass. Date:	Ethnicity
Internet	Transcript	IBO	Date:	EL Status	Parent Ed
Imm	ReqRecords	IA/IE	Date:	Less than 12 months (Y/N)	CSIS#

Updated: 11/19/15

HOME LANGUAGE SURVEY ENGLISH VERSION

Name of Student: _____
Surname / Last Name First Given Name Second Given Name

School: _____ Age: _____ Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____
(parents, guardians, grandparents, or any other adults)

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

DEMOGRAPHIC INFORMATION

The State of California **requires** that we document the following information for each student enrolled in our District:

WHAT IS YOUR ETHNICITY? (Please check one)

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

WHAT IS YOUR 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(s) to be.

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| (Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Guamanian (302) | (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION LEVEL: (Must circle one)

If the child resides with both parents, indicate the parent with the highest level only. If the child resides primarily with one parent, indicate that parent's education—please circle your answer.

- | | | |
|---------------------------------|--|---|
| 14 = Not a High School Graduate | 12 = Some College (This means completion of any courses within a 2 or 4 academic program. It does not include vocational/technical schools.) | 11 = College graduate (B.A. or B.S. Degree) |
| 13 = High School Graduate | | 10 = Graduate School / Post Graduate year |

EXHIBIT 20

Westmorland Union Elementary School District**Today's Date** _____Has this student previously attended school at Westmorland Union Elementary School District? Yes ☐ No ☐

Name of previous enrolled school: _____ City/State _____ Date Left: _____

Has student attended school in the United States? Yes ☐ No ☐ Date of first enrollment: _____Has student attended school in California? Yes ☐ No ☐ Date of first enrollment: _____Has student been enrolled in school less than 12 months? Yes ☐ No ☐_____
Student's Legal Last Name_____
Student's Legal First Name_____
Student's Legal Middle NameCurrent Grade: _____ Gender: Male ☐ Female ☐

Birth Date: _____ Birth Place: _____ SS# _____

Mailing Address _____ City _____ Home Phone _____

Physical Address _____ City _____

Choose only one: ☐ Own your home ☐ Rent in your name ☐ Other: _____

Siblings: _____ DOB: _____ Siblings: _____ DOB: _____

Siblings: _____ DOB: _____ Siblings: _____ DOB: _____

Student Lives With:	Ethnic Code:	Previous Participation in:	Language:
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Other- specify relationship: _____	<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Caucasian, non-Hispanic	<input type="checkbox"/> Audiology Services <input type="checkbox"/> Title I <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Migrant	Primary Language: _____ Language First Learned: _____ Language Frequently used: _____

Parent Title:(Circle One) Mrs. Ms. Miss _____ Legal Custody: Yes ☐ No ☐

Home Phone _____ Cell Phone _____ Work Phone _____

Parental Education Level: ☐ Did not graduate from High School ☐ High School Graduate ☐ Some College ☐ College Graduate_____
Emergency Contact Person Relationship Home Phone Number Cell Number_____
Emergency Contact Person Relationship Home Phone Number Cell Number

Physician Name _____ Phone Number _____

Health Concerns/Allergies/Medications _____

All medications taken at school must have a doctor's note and medication must be in the original container, along with parent/gaurdian signature.

EXHIBIT 21

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Enrolling a Student

Student Reception Center

This intake facility for the elementary school students is designed to register new or returning students to the district and is located at 1300 Norwalk Street. The hours are Mondays through Fridays from 7:30 A.M. to 4:30 P.M.. Personnel at the Center are bilingual-Spanish and will help parents to ensure all necessary records, transfers, and immunizations required by law are in and that students are assigned to the school designated for their attendance.

The Student Reception Center is in the process of registering incoming students for the 2015-2016 Kindergarten classes. The criteria are as follows:

KINDERGARTEN REGISTRATION

If your child was born
on or before
September 1, 2010

Parents MUST BRING all of the following documents for registration to be completed:

Birth Certificate

Child's social security card

Physical exam dated March 1, 2015 or after

Dental exam dated March 1, 2015 or after

Up-to-date immunization record

TB test with result dated March 1, 2015 or after

Valid parent identification card (Example: driver's license or identification card)

Proof of current address

* Example: current gas bill, current water bill, current home phone bill or current electricity bill under the parent/guardian name

* If proof is not under the parent/guardian name, have person whose name is on the bill write a letter to include a signature verifying that the parent/guardian lives at the address noted on the bill.

If a document/item is missing at time of registration, your appointment will be rescheduled.

Spaces are limited and registration is by appointment only!

Please call
(661) 721-5000
ext. 00140 or 00149
for your appointment.

EXHIBIT 22



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School Dude



Site Translator

TRANSLATE



Enrollment

Information on enrolling your student in one of our schools on Edwards Air Force Base.

Military personnel who will be stationed at Edwards Air Force Base can complete the enrollment documents and email the documents to the school to start the enrollment process. To finalize enrollment please make an appointment with your school.

Irving L. Branch Elementary School

Serving Grades TK-6
1595 Bailey Avenue
Edwards AFB, CA 93523
Phone: 661-258-4418
Fax: 661-258-9304

Principal: John Siercks
Secretary: Tresi Cordova
Email: tcordova@muroc.k12.ca.us

Desert Junior-Senior High School

Serving Grades 7-12
1575 Payne Avenue
Edwards AFB, CA 93523
Phone: 661-258-4411
Fax: 661-258-5029

Principal: David Ellms
Secretary: Tiffany Gordon
Academic Advisors: Valarie Truehill & Barry Conforti
Academic Advisor Secretary: Trisha Cutler
Email: tcutler@muroc.k12.ca.us

Information on enrolling your student in one of our schools located in Boron.

West Boron Elementary School

Serving Grades TK-6
12300 Del Oro Street
Boron, CA 93516
Phone: 760-762-5430
Fax: 760-762-5019

Principal: Robert Kostopoulos
Secretary: Dee Shingledecker
Email: dshingledecker@muroc.k12.ca.us

Boron Junior-Senior High School

26831 Prospect Street
Boron, CA 93516
Phone: 760-762-5121

Fax: 760-762-5040

Principal: David Wiggs
Secretary: Donna Gardner-Cappello
Academic Advisor: Robert Ferguson
Academic Advisor Secretary: Danielle Lederman
Email: dlederman@muroc.k12.ca.us

Documents required:

Birth Certificate/Passport/I.D. Card
Social Security Number
Immunization Record
Most Recent Report Card
Proof of Residency
Proof of Employment (if applicable)
Custody Papers (if applicable)
Individualized Education Program (if applicable)
Inter-District Attendance or Residency Based on Employment Application (if applicable)

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For technical questions and comments regarding this website, please contact the [Webmaster](#).

17100 Foothill Avenue • **North Edwards** • **CA** • **93523** • Phone: **(760) 769-4821** • Fax: **(760) 769-4241**

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EXHIBIT 23

SCHOOL

GRADE

Sierra Sands Unified School District Student Registration

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended Sierra Sands Unified public schools before? ☐ Yes ☐ No
 School attended: _____ Year attended: _____

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
-----------------	------------------	-------------------	----------------------------------

<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Month	Day	Year
---	-------------	-------	-----	------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
----------------------------	-----------	------------	------------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
----------------------------	-----------	------------	------------

Mailing Address	Apt#	City	State	Zip
-----------------	------	------	-------	-----

Residence Address (house # & street name if different)	Apt #	City	State	Zip
--	-------	------	-------	-----

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)	<input type="checkbox"/> Not 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) (Persons having origins in any of the original people of North, Central or South America)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

<input type="checkbox"/> Graduate Degree or Higher (5)
<input type="checkbox"/> College Graduate (4)
<input type="checkbox"/> Some College or Associate's Degree (3)
<input type="checkbox"/> High School Graduate (2)
<input type="checkbox"/> Not a High School Graduate (1)

Date student first attended school in the U.S.

Month	Day	Year
-------	-----	------

Date student first attended school in California

Month	Day	Year
-------	-----	------

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen (at birth): ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/16)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (110)
- ☐ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) ☐ Unsheltered (car/campsite) (130)
- ☐ In a shelter or transitional housing program (100)

Parent/Guardianship Information (with whom the student lives) – check all that apply☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____

Military? ☐ Yes ☐ No2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____

Military? ☐ Yes ☐ No**PLEASE LIST OTHER CHILDREN LIVING AT HOME:**

First and Last Name	Relationship	School	Grade	Date of birth

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Has your child ever been retained? ☐ Yes ☐ No If yes, what grade? _____Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/LanguageAre there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ 504 Plan ☐ Other (Specify) _____

Signature of Parent/Guardian: _____

Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date: _____ Enter Date: _____	Cumulative record requested: _____	Copies to: PSS _____ EL Office _____ Special Ed _____	Grade Placement Verification:
--	--	---	---	---------------------------------------	--	-------------------------------------

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/16)

EXHIBIT 24

CORCORAN UNIFIED SCHOOLS STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended CORCORAN public schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name

Legal Middle Name

Legal Last Name

Other Legal Name (if applicable)

☐ Male ☐ Female

Birth date:

Month

Day

Year

Parent/Guardian First Name

Last Name

Home Phone/Cell Phone

Work Phone/ Other Phone #'s

Parent/Guardian First Name

Last Name

Home Phone/Cell Phone

Work Phone/ Other Phone #'s

Mailing Address

Apt#

City

State

Zip

Residence Address (house # & street name) (IF DIFFERENT)

Apt #

City

State

Zip

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)☐ Not 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.*☐ American Indian or Alaskan Native(100)

(Persons having origins in any of the original people of North, Central or South America)

☐ Chinese (201)☐ Japanese (202)☐ Korean (203)☐ Vietnamese (204)☐ Asian Indian (205)☐ Laotian (206)☐ Cambodian (207)☐ Hmong (208)☐ Other Asian (299)☐ Hawaiian (301)☐ Guamanian (302)☐ Samoan (303)☐ Tahitian (304)☐ Other Pacific Islander (399)☐ Filipino/Filipino American (400)☐ African American or Black (600)☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)**CHILD'S BIRTHPLACE:**U.S. Citizen: ☐ Yes ☐ No

CITY

STATE

COUNTRY

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Date first attended school in the U.S.**

Month

Day

Year

Date first attended school in California

Month

Day

Year

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:☐ In a single family permanent residence (house, apartment, condo, mobile home)☐ In a motel/hotel (09)☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)☐ Unsheltered (car/campsite) (12)☐ In a shelter or transitional housing program (10)☐ Other (15) (please specify) _____**Parent/Guardianship Information (with whom the student lives) – check all that apply**☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian**MOST RECENT SCHOOL ATTENDED:**

School

Address/City/State/Zip

Grade(s)

Date(s)

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 5/09)

Student Last Name: _____

First Name: _____

Permanent ID: _____

In case my child is ill or there is an emergency and I cannot be reached, you may call or release my child to:

1. Name: _____ Telephone: _____ Relationship to Child: _____
 Address: _____ City: _____ Other Telephone: _____
2. Name: _____ Telephone: _____ Relationship to Child: _____
 Address: _____ City: _____ Other Telephone: _____

Does your child have a diagnosed history of : (check all that apply)

- ☐ Asthma ☐ Convulsions ☐ Speech Problems ☐ Allergies List: _____
☐ Diabetes ☐ Heart Problems ☐ Hearing Problems ☐ Vision Problems : Glasses _____ Contact Lens _____
☐ A shunt ☐ Kidney/bladder Problems ☐ Attention Deficit (ADD/ADHD) _____
☐ Surgeries / Operations Please List: _____

Your Child's Doctor: _____ City: _____ Telephone: _____

Health Insurance Carrier: _____ Group# _____ Policy# _____

I give permission to have my Health Insurance billed for reimbursable health services: ☐ Yes ☐ NoDoes your Child take Medications regularly? ☐ Yes ☐ No If yes, please explain: _____**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:

Full Name: _____ Phone #: () _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Please list all children in your household, school attending and grade

NAME	M/F	BIRTH DATE	GRADE	NAME	M/F	BIRTH DATE	GRADE

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____**PARENT EDUCATION** – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (10) ☐ Some College or Associate's Degree (12) ☐ High School Graduate (13)
☐ College Graduate (11) ☐ Not a High School Graduate (14)

INTERNET PERMISSIONI/We have read and signed the Internet Use Agreement. I understand that this access is designed for educational purposes. I hereby give permission to issue an internet/network account for my child. Yes ☐ No ☐**MEDIA PERMISSION**I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes ☐ No ☐**EMERGENCY MEDICAL AUTHORIZATION**

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, i/we hereby authorize a representative to the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental hospital or surgical care to the above named student.

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.

Signature of Parent/Guardian: _____ Date: _____

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
--	--	---	---------------	--------------	-----------------	---------------	---

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 5/09)

EXHIBIT 25



LEMOORE UNION ELEMENTARY SCHOOL DISTRICT STUDENT REGISTRATION

▶ Has child ever attended Lemoore Area public schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes check one: <input type="checkbox"/> Cinnamon <input type="checkbox"/> Engvall <input type="checkbox"/> Lemoore <input type="checkbox"/> Meadow <input type="checkbox"/> Univ. Charter <input type="checkbox"/> Liberty <input type="checkbox"/> Bridges						OFFICE USE ONLY: Grade _____ Enrollment Date: _____ Teacher: _____ Bus: <input type="checkbox"/> Yes <input type="checkbox"/> No Registered by: _____ Cum Request: _____	
PLEASE PRINT – STUDENT'S LEGAL NAME							
Legal Last Name		Legal First Name		Legal Middle Name		Suffix	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate:					
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		Month		Day		Year	
Birthplace: City				State		Country	
Residence Address				Apt #		City	
Mailing Address (IF DIFFERENT)				Apt #		City	
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
Parent/Guardianship Information (with whom the student lives) – check all that apply <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____ 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: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian							
In which language do you wish to receive written communications from school? <input type="checkbox"/> English <input type="checkbox"/> Spanish							
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino							
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) <i>The above part of the question is about ethnicity, not race. Race is biological. 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.</i>							
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Hmong		<input type="checkbox"/> Samoan	
<input type="checkbox"/> Chinese		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Other Asian		<input type="checkbox"/> Tahitian	
<input type="checkbox"/> Japanese		<input type="checkbox"/> Laotian		<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Korean		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Guamanian		<input type="checkbox"/> Filipino/Filipino American	
						<input type="checkbox"/> African American or Black	
						<input type="checkbox"/> White (descended from Europe, Middle East or North Africa)	
PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u>. <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree or Higher							
PRESCHOOL: <input type="checkbox"/> None <input type="checkbox"/> Head-Start <input type="checkbox"/> Parent & Me <input type="checkbox"/> Other: _____ Preschool Program completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is either Parent/Guardian a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard) on active duty or full-time National Guard duty? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state which branch _____							
Has your child received any of these services? (Please check all that apply) <input type="checkbox"/> No Services Received Special Education: <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 Other: <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development <input type="checkbox"/> Migrant <input type="checkbox"/> Help to Improve Attendance/ Behavior <input type="checkbox"/> Other (Specify) _____							
Has your child been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes, Grade _____ School Year _____ School Name _____ Has your child been recommended for expulsion or currently under an expulsion order? <input type="checkbox"/> No <input type="checkbox"/> Yes, School _____							

STUDENT'S NAME (LAST, FIRST): _____ BIRTHDATE: _____

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
2. What language/dialect does your son/daughter most frequently use at home? _____
3. What language/dialect do you most frequently speak to your child? _____
4. What language/dialect is spoken by the adults in the home? _____

Date first attended school in the U.S.			Date first attended school in California			Has your child ever been given the CELDT Test (California English Language Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Month	Day	Year	Month	Day	Year	

Residence – where is your child/family currently living? (federally mandated by ESSA) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
- ☐ Doubled-up (*sharing housing with other families/individuals due to economic hardship or loss*)
- ☐ In a motel/hotel
- ☐ Unsheltered (car/campsite)
- ☐ In a shelter or transitional housing program
- ☐ Other (please specify) _____

MOST RECENT SCHOOLS ATTENDED:

School	Address/City/State	Grade(s)	Date(s)

STUDENT HEALTH HISTORY

Primary Health Care Provider: _____ Specialty Care Provider(s): _____

Allergies (food, insect, medication, etc.): _____

Does your child need diet accommodations while at school? ☐ Yes (*Request Special Meals form) ☐ No

Medications taken at home: _____

Does your child need medication while at school? ☐ Yes (*Request Medication Administration form) ☐ No

Hospitalization for surgery, serious illness, injury: _____

Medical conditions (current or history of): _____

Anaphylaxis/Severe allergic reaction: ☐ Yes ☐ No

Asthma: ☐ Yes ☐ No

Diabetes: ☐ Yes ☐ No

Epilepsy/Seizure Disorder: ☐ Yes ☐ No

Other medical diagnoses or health related needs: _____

Does your child wear hearing aids, glasses, or contact lenses? ☐ Yes ☐ No

OTHER CHILDREN IN HOME

Name:	Date of Birth	Gender	Living in Home	School
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

Full Name: _____ Phone #: () _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

By signing, I hereby declare, under penalty of perjury under the laws of the State of California, that the information I have provided is true and correct.

Signature of Parent/Guardian: _____ Date: _____

EXHIBIT 26



Pioneer Union Elementary School District Registration Form

Pupil Name (Last, First, Middle)		M F	D.O.B.	Birth City, State and Country
Residence Address		City, State, Zip		Phone
Mailing Address		City, State, Zip		Phone
Grade		Is child under expulsion or suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No		

What is your child's ethnicity? (Please check one):

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

What is your child's race, if Not Hispanic or Latino is checked above? (Please check up to five racial categories)

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America)	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
	<input type="checkbox"/> Tahitian (304)	
	<input type="checkbox"/> Other Pacific Islander (399)	

Siblings Living In Home

Name	D.O.B.	Grade
Name	D.O.B.	Grade
Name	D.O.B.	Grade
Name	D.O.B.	Grade

Has your child ever attended a school in the Pioneer Union Elementary School District? _____

School(s) attended _____ Date(s) attended _____

Retained What Gr.	Grade(s) Attended	Exit Date	Previous School Name	Address/Phone

Any health/physical/medical problems? _____

Physical Date _____ Waiver Date _____ Dental Date _____ Waiver Date _____

Primary Physician's Name: _____ Address: _____ Phone #: _____

Student takes prescription medication ☐ (if medication is taken at school, a physician's statement is required)

US Entry Date _____ US School Entry Date _____ CA School Entry Date _____

Please list what language you prefer to receive information at home _____

1. What language did this child learn when first beginning to talk?	2. What language do you use most frequently to speak to your child?
3. What language does this child most frequently use at home?	4. What language is most often spoken by the adults at home?

Has your child received any of these services? (Please mark all that apply): ☐ NONE

- | | | |
|---|---|---|
| <input type="checkbox"/> 504 Accommodations | <input type="checkbox"/> Special Day Class | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Resource Program | <input type="checkbox"/> English Language Development | <input type="checkbox"/> Speech Therapy |
- Please list last date of service: _____

Family Residence

☐ In a single family permanent residence (house, apartment, condo, mobile home)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
☐ In a shelter or transitional housing program ☐ In a motel/hotel
☐ Unsheltered (car/campsite) ☐ Foster

Homeless Doc. ☐ Caregivers Doc. ☐ Guardianship Doc. ☐
 Notarized Letter ☐ Court Doc. ☐ Foster Doc. ☐

Parent/Guardian _____

Address if different from student		Occupation	
Home Phone	Work Phone	Cell Phone	Education No. of years _____

Parent/Guardian _____

Address if different from student		Occupation	
Home Phone	Work Phone	Cell Phone	Education No. of years _____

Contact Name	Relationship
--------------	--------------

Address if different from student		Occupation	
-----------------------------------	--	------------	--

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Contact Name	Relationship
--------------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Contact Name	Relationship
--------------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

If one or both parents are not in the home, is there a restraining order or court document against the non-custodial parent(s)?
 Yes ☐ No ☐ If yes, which parent/guardian? _____

****I declare under penalty of perjury under the laws of the state of California that the information I have given is true and that my supporting documents are correct.**

****Yo declaro bajo las reglas del estado de California que la información y documentos que he presentado son verdadero y correcto.**

Parent/Guardian _____ Date _____

District Use Only

Date	Year	Int.	School -Res	School -Att	Lottery	Displaced	Gr.	ID	New	Ret.
------	------	------	-------------	-------------	---------	-----------	-----	----	-----	------

Immunization(s)/Other documents pending: _____ _____ _____ _____ _____	Notes: _____ _____ _____ _____ _____
---	---

EXHIBIT 27

**LASSEN UNION HIGH SCHOOL DISTRICT
ENROLLMENT INFORMATION**

☐ **LASSEN HIGH SCHOOL**

☐ **CREDENCE CONTINUATION SCHOOL**

➔ **STUDENT INFORMATION**

Student's Legal Name _____
Last First Middle Alias (AKA)

Mailing Address _____ Home Phone _____
City Zip

Student's Social Security # _____ - _____ - _____ Birthdate ____/____/____ Grade _____ Male ☐ Female ☐

Student's Birthplace _____
City State Country

➔ **PARENT/GUARDIAN INFORMATION**

With whom does the student live?

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Grandparent ☐ Guardian ☐ Foster/Group Home ☐ Other

THE FOLLOWING PARENT/GUARDIAN INFORMATION MUST BE COMPLETED FOR EVERY PERSON CHECKED ABOVE:

☐ Father ☐ Step-Father ☐ Guardian Name _____ Home Phone _____

Mailing Address _____ Cell Phone _____
City Zip

Employer _____ Work Phone (____) _____ Extension _____ E-Mail Address _____

☐ Mother ☐ Step-Mother ☐ Guardian Name _____ Home Phone _____

Mailing Address _____ Cell Phone _____
City Zip

Employer _____ Work Phone (____) _____ Extension _____ E-Mail Address _____

DUPLICATE MAILING – If divorced and/or separated and a parent not listed above should receive duplicate mailings, please include:

Name _____ Address _____

Home Phone _____ E-Mail _____

➔ ETHNICITY/RACE

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five 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) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

➔ **HOME LANGUAGE:** (Please circle)

- | | | |
|-------------------------------|---------------------------|-------------------------------------|
| 00 = English | 01 = Spanish | 02 = Vietnamese |
| 03 = Cantonese | 04 = Korean | 05 = Filipino (Pilipino or Tagalog) |
| 06 = Portuguese | 07 = Mandarin (Putonghua) | 08 = Japanese |
| 09 = Khmer (Cambodian) | 10 = Lao | 11 = Arabic |
| 12 = Armenian | 13 = Burmese | 14 = Croatian |
| 15 = Dutch | 16 = Farsi (Persian) | 17 = French |
| 18 = German | 19 = Greek | 20 = Chamorro (Guamanian) |
| 21 = Hebrew | 22 = Hindi | 23 = Hmong |
| 24 = Hungarian | 25 = Ilocano | 26 = Indonesian |
| 27 = Italian | 28 = Punjabi | 29 = Russian |
| 30 = Samoan | 32 = Thai | 33 = Turkish |
| 34 = Tongan | 35 = Urdu | 36 = Cebuano (Visayan) |
| 37 = American Sign Language | 38 = Ukrainian | 39 = Chaozhou (Chaochow) |
| 40 = Pashto | 41 = Polish | 42 = Assyrian |
| 43 = Gujarati | 44 = Mien (Yao) | 45 = Rumanian |
| 46 = Taiwanese | 47 = Lahu | 48 = Marshallese |
| 49 = Mixteco | 50 = Khmu | 51 = Kurdish |
| 52 = Serbo-Croatian (Serbian) | 53 = Toishanese | 54 = Chaldean |
| 56 = Albanian | 57 = Tigrinya | 58 = Bosnian |
| 99 = Other Non-English | | |

What is the student's language fluency?

- ☐ English Only (EO) ☐ Initially Fluent (IFEP) ☐ Redesignated Fluent English (RFEP) ☐ English Learner (EL)

If birth country is other than the United States, please complete the following:

Arrival date in US: ____/____/____

Date of initial enrollment in a US school: ____/____/____

Date of initial enrollment in a CA school: ____/____/____

Has the student been an English Learner less than 12 months? Yes ☐ No ☐

➔ **PARENT EDUCATION LEVEL** *(If the child resides with both parents, indicate the parent with the highest level only. If the child resides primarily with one parent, indicate that parent's education)*

- ☐ Not a high School Graduate
- ☐ High School Graduate
- ☐ Some College (2 or 4 year academic program) – Does not include vocational or technical schools or academies
- ☐ College Graduate (B.A. or B.S. Degree)
- ☐ Graduate School / Post Graduate Training
- ☐ Declined to Answer / Unknown

➔ **RESIDENCE**

Where is your family currently living?

- ☐ In a single family permanent residence (house, apartment, condominium, mobile home, etc)
- ☐ In or awaiting foster care placement
- ☐ In a motel, car or campsite
- ☐ With more than one family in a house or apartment
- ☐ In a group home
- ☐ With friends or other family members other than parents, grandparents or legal caregiver
- ☐ In a shelter or transitional housing program

➔ **PREVIOUS SCHOOL INFORMATION**

Student's Previous School _____
Name of School City State District

Date of Withdrawal _____ Reason for withdrawal _____

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

Has the student been expelled from a previous school? Yes ☐ No ☐

If yes, when? _____ Name of School/District _____

➔ **Please answer the following questions & sign below:**

Does the student live outside our attendance area? If yes, do you have an inter or Intra district agreement? Yes ☐ No ☐

Does your child receive Special Education services or have a current IEP? Yes ☐ No ☐

Does your child have an active 504 plan? Yes ☐ No ☐

➔ **SIGNATURE**

Parent/Guardian Signature: _____ Date: _____

EXHIBIT 28

SCHOOL _____
GRADE _____
SSID _____

**SOUTH WHITTIER SCHOOL DISTRICT
REGISTRATION FORM**

STUDENT ID _____
TEACHER _____
CUM REQ DATE _____

STUDENT INFORMATION - DATA

STUDENT'S NAME LAST FIRST MIDDLE ☐ BOY ☐ GIRL GRADE BIRTHDATE
CHECK ONE

ALIAS LAST NAME ALIAS FIRST NAME ALIAS MIDDLE NAME SOCIAL SECURITY BIRTH CITY ST COUNTRY

BIRTH INFORMATION VERIFIED BY	1 - BIRTH CERTIFICATE	2 - HOSPITAL CERTIFICATE	3 - AFFIDAVIT	4 - IMMIGRATION	ENTER SELECTION _____
	5 - BAPTISTAL/CHURCH CERT.	6 - PHYSICIAN CERTIFICATE	7 - UNDOCUMENTED (NO BIRTH VERIFICATION)		

FATHER/GUARDIAN LAST FIRST HOME PHONE WORK PHONE

MOTHER/GUARDIAN LAST FIRST HOME PHONE WORK PHONE

MAILING ADDRESS	STREET	CITY	ZIP	INTERDISTRICT	INTER/INTRA TRANSFER DISTRICT
				DATE ADDRESS VERIFICATION RECEIVED	
				SCHOOL ENTER DATE	DISTRICT ENTER DATE
				DATE ENTERED UNITED STATES SCHOOL	

RESIDENCE ADDRESS STREET CITY ZIP

LAST SCHOOL ATTENDED NAME STREET CITY ZIP PHONE

HAS YOUR CHILD EVER BEEN OR IS HE/SHE UNDER EXPULSION FROM ANOTHER DISTRICT? _____

HAS STUDENT EVER ATTENDED A SOUTH WHITTIER SCHOOL BEFORE? SCHOOL NAME DATE GRADE

DO YOU HAVE OTHER CHILDREN IN OTHER SOUTH WHITTIER SCHOOLS? SCHOOL NAME CHILDS NAME GRADE

SCHOOL NAME CHILDS NAME GRADE

STUDENT LIVES WITH ARE THERE ANY RESTRAINING ORDERS? (COPY MUST BE ON FILE IN SCHOOL)

FATHER OCCUPATION	EMPLOYER	ADDRESS	CELL PHONE	EMAIL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MOTHER OCCUPATION	EMPLOYER	ADDRESS	CELL PHONE	EMAIL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
EMERGENCY CONTACT NAME		ADDRESS	CELL PHONE	EMAIL
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

IS MEDICATION TAKEN REGULARLY? ☐ YES ☐ NO

NAME OF MEDICATION

DURING SCHOOL DAY ☐ YES ☐ NO

DOSAGE

PRESCRIBING PHYSICIAN

DOES CHILD HAVE A PHYSICAL DISABILITY THAT WOULD LIMIT HIS/HER PARTICIPATION IN PHYSICAL ACTIVITIES? ☐ YES ☐ NO

EXPLAIN

COPY OF IMMUNIZATION RECORDS

The following information is required for SWSD to comply with state mandated information

HOME LANGUAGE SURVEY

1. Which Language did your son/daughter learn when he/she first began to talk?
2. What Language does your son/daughter most frequently use at home?
3. What language do you frequently speak to your son/daughter in?
4. Name the language most often spoken by the adults at home.

CORRESPONDENCE LANGUAGE PREFERRED

OFFICE USE ONLY

OP EL FOLLOW UP

MOST RECENT CELDT
SCORE

HOME LANGUAGE

PLEASE CHECK ONE FOR EACH PARENT (Received From Schools in the United States Only)

- FATHER IS: ☐ 10 - Graduate School ☐ 11 - College Graduate ☐ 12 - Some College ☐ 13 - High School Graduate ☐ 14 - Not a High School Graduate ☐ 15 - Decline to Respond
- MOTHER IS: ☐ 10 - Graduate School ☐ 11 - College Graduate ☐ 12 - Some College ☐ 13 - High School Graduate ☐ 14 - Not a High School Graduate ☐ 15 - Decline to Respond

OFFICE USE ONLY

PARENT ED LEVEL

RACE & ETHNICITY

PART A: Part A is about ethnicity, not race. No matter what you select below, please continue to answer Part B by marking one or more boxes to indicate what you consider the student's race to be.

Is this student Hispanic or Latino? (select only one) ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

PART B: What is this student's race? (select one or more)

- ☐ AMER. INDIAN OR ALASKAN NATIVE (100)
 ☐ VIETNAMESE (204)
 ☐ OTHER ASIAN (299)
 ☐ OTHER PACIFIC ISLANDER (399)
- ☐ CHINESE (201)
 ☐ ASIAN INDIAN (205)
 ☐ HAWAIIAN (301)
 ☐ FILIPINO/FILIPINO AMERICAN (400)
- ☐ JAPANESE (202)
 ☐ LOATION (206)
 ☐ GUAMANIAN (302)
 ☐ AFRICAN/ AFRICAN AMER. (600)
- ☐ KOREAN (203)
 ☐ CAMBODIAN (207)
 ☐ SAMOAN (303)
 ☐ WHITE (700)
- ☐ HMONG (208)

OFFICE USE ONLY

ETHNICITY

Race 1 _____ Race 2 _____ Race 3 _____

PRIMARY RESIDENCY

RESIDENCE: Where is your child/family currently living?

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) (20).
☐ Doubled-up (sharing housing w/other families) Please select one definition below.
 ☐ As a permanent arrangement, by choice (20)
 ☐ Temporarily, due to economic hardship (11)
☐ In a shelter/transitional housing program (10)
☐ In a Hotel/Motel (09)
☐ Unsheltered (car/campsite) (12)
☐ Other (15) (please specify) _____

OFFICE USE ONLY

RESIDENCY CODE: _____

STUDENT LIVES WITH: _____

FOSTER CARE CERTIFICATE NUMBER _____

PARENT/GUARDIAN: With whom is your child currently living?

- ☐ 1 parent/legal guardian
☐ 2 parent/legal guardians
☐ 1 parent/legal guardian & another adult
☐ A relative
☐ An adult that is not the parent or legal guardian
☐ Foster Parent (21)
☐ Caregiver
☐ Other: Responsible Adult: _____

Submitted by: _____ **Date:** _____

Email or Contact Phone: _____

UNITED STATES ARMED FORCES

Is either parent/guardian on active duty in the Armed Forces? (Active Duty is defined as full-time duty in the Army, Navy, Air Force, Marine Corps, Coast Guard, or full-time National Guard duty.) ☐ Yes ☐ No

If yes, what is your activation date _____

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

SIGNATURE OF PARENT/GUARDIAN

DATE

Your child's registration will also require verification of the following documents:

- Parent / Guardian ID
- Proof of Residency
- Child's Immunization Record
- Child's Birth Certificate
- Transfer paperwork from prior school

Once your registration has been reviewed by the school secretary, you will be contacted to submit your verification forms.

Submit Form

EXHIBIT 29



YOSEMITE HIGH SCHOOL

"Home of the Badgers"

Randall M. Seals, Principal

Dear Parent or Guardian,

Welcome to Yosemite High School. After completing the enrollment forms for your student, please call me to schedule an appointment with one of our counselors.

You will need to submit the following information with your completed paperwork:

- ☐ Proof of residence (utility bill, or rent receipt with your address)
- ☐ Up-to-date immunization records, including a TB Test within the last year and Tdap after 7th birthday
- ☐ A copy of your child's social security card
- ☐ A copy of your child's birth certificate
- ☐ A withdrawal report from your child's previous school showing an exit date, leaving grades and a transcript
- ☐ A copy of the last IEP if your child is enrolled in Special Education
- ☐ A notarized guardianship paper or caregiver form if you are not the parent and are serving as caretaker for this child
- ☐ A copy of any custody agreement or restraining order if applicable.

Our Administration Building is located on Road 427 past the YHS marquee and the Ansel Adams Building, next to the flag pole. We look forward to meeting you and your student. If you have any questions, please give me a call at (559)683-4667, ext. 315.

Sincerely,

Jerdyn Williamson

Registrar
Yosemite High School

50200 Road 427, Oakhurst, California 93644
Tel: (559)683-4667 Fax: (559)641-5183

Yosemite Unified School District – Enrollment Form

Yosemite High School

Student's Last Name		First Name		Middle Name	
SS #	Sex	Grade	Date of Birth	Place of Birth (City/State)	
Parents/Guardians: (Include both names)					
Home Telephone #: () -					
Mother's Work #: () - ext. Cell # () -					
Father's Work #: () - ext. Cell # () -					
Mailing Address: City/State/ZIP					
Residence Address (if different from mailing): City/State/ZIP					
<p>This information is REQUIRED BEFORE ENROLLMENT:</p> <p>Last School Attended: _____ Date: _____</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Has this student ever enrolled in this district? Year _____ School _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Is this student currently enrolled in Special Education <input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Is this student currently under a 504 plan?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is this student currently enrolled in an alternative program?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is this student currently under an expulsion order?</p> <p><input type="checkbox"/> <input type="checkbox"/> Has this student ever been expelled from school? If so, what school and what conduct led to the expulsion: _____</p>					

Required by the State of California for state testing program:

Home Language (*If language other than English, please complete Home Language Survey.)

Language student learned when he/she first began to talk _____

Language student uses most frequently at home _____

Language you use most frequently to speak to your student _____

Name the languages in order most often spoken by the adults at home _____

Ethnic Background:

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White (not Hispanic)
- ☐ Two or More Races

Highest education level of most educated parent:

- ☐ Have not graduated from high school
- ☐ High School graduate
- ☐ Have some college education
- ☐ College graduate
- ☐ Graduate school/post graduate training
- ☐ Decline to state or unknown

Parent/Guardian: Student lives with (please check all that apply.) Guardian or custody documents must be attached.

Mother	Father	Stepmother	Stepfather	Temporary Guardian	Guardian relationship:
--------	--------	------------	------------	--------------------	------------------------

List all Children living in the home now (indicate age) in order of age:

I hereby certify that I have custody of the above named student and he/she resides with me the majority of each week. I declare under penalty of perjury that the foregoing information is true and complete and that to the best of my knowledge and belief, my residence is in the Yosemite Unified School District.

Parent/Guardian Signature _____ Date _____

YOSEMITE UNIFIED SCHOOL DISTRICT- Yosemite High School

EMERGENCY PROCEDURE AND ADDRESS CARD

Student Name: _____
(Last) (First) (Middle)

Student's Date of Birth: _____ Birth City/State _____

Mailing Address: _____
(Street) (City) (Zip)

Home Address: _____
(Street) (City) (Zip)

Home Phone: _____ Student's Social Security #: _____

If you are unable to reach me during an illness, accident, or medical emergency I hereby authorize any employee of Yosemite Union High School district to seek medical attention for my child. I authorize the release of my child to the following people and give them permission to verify absences for my student. Persons listed must be over 18:

1. Parent/Guardian: _____
(Name) (Work #) (Cell #)

2. Parent/Guardian: _____
(Name) (Work #) (Cell #)

3. _____
(Name) (Relationship) Telephone # Additional #

4. _____
(Name) (Relationship) Telephone # Additional #

5. _____
(Name) (Relationship) Telephone # Additional #

Physician's Name _____ Phone: _____

Parent email address: _____

PLEASE SIGN BELOW:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

EXHIBIT 30

PLEASE PRINT ALL INFORMATION[illegible]

Name: _____ DOB: / / Gender: ☐ Male ☐ Female

PLEASE COMPLETE THE BACK OF THIS PAGE

PUPIL REGISTRATION FOR 2016-2017 SCHOOL YEAR
Ross Valley School District – 110 Shaw Drive – San Anselmo, CA 94960

PLEASE PRINT ALL INFORMATION

Parent/Guardian Education:

☐ Not a high school Grad ☐ High School Grad ☐ Some College ☐ College Grad ☐ Grad/post grad

Ethnicity: Is this student Hispanic or Latino? (Check only one): ☐ No, Not Hispanic or Latino ☐ Yes, Hispanic or Latino

Race: What is this student's race? (Check one or more. Do not leave blank):

- | | | | |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | |

Correspondence Language: ☐ English ☐ Spanish Other: _____

Home Language: (Check the one language most spoken most often in your household)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Serbo-Croatian(Serbian) |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> German | <input type="checkbox"/> Lahu | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> American Sign Lang | <input type="checkbox"/> Greek | <input type="checkbox"/> Lao | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Mandarin(Putongua) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Mien(Yao) | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mixteco | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Pachto | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Filipino(Pilipino or Tagalog) | |
| <input type="checkbox"/> Cebuano(Visayan) | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Polish | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chamorro(Guamania) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Khmer(Cambodian) | <input type="checkbox"/> Rumanian | <input type="checkbox"/> Other Non-English |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Khmu | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Farsi(Persian) | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | |

This survey is used to determine if there is a second language at home. If the answer to any of the questions below is anything other than English your child will be tested to determine his/her proficiency in English and be placed in the appropriate instructional program.

Home Language Survey:

- 1 Which language did your child learn when he/she first began to talk? _____
1. ¿Cuándo su hijo(a) empezó a hablar, cuál fue el idioma que aprendió hablar primero? _____
2. Which language does your child most frequently speak at home? _____
2. ¿Cuál idioma usa con más frecuencia su hijo(a) cuando conversa en la casa? _____
3. Which language do you (the parents/guardians) most frequently use when speaking with your child? _____
3. ¿Cuál idioma usan Uds. (padres o tutores) con más frecuencia cuando hablan con su hijo(a)? _____
4. Which language is most often spoken by adults in the home (parents, guardians, grandparents, other adults)? _____
4. ¿Cuál idioma usan con más frecuencia las adultos (padres, tutores, abuelos, otros adultos) cuando hablan entre ellos en la casa? _____

EXHIBIT 31

Arena Union Elementary School District

Student Registration

Has your student ever attended a public school before? ☐ Yes ☐ No **TODAY'S DATE:**

PLEASE PRINT – STUDENT'S LEGAL NAME

First Name	Middle Name	Last Name	Other Legal Name (if applicable)
-------------------	--------------------	------------------	---

<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Month/Day/Year		Age:	Grade:
---	---------------------------	--	------	--------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
----------------------------	-----------	------------	------------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
----------------------------	-----------	------------	------------

Mailing Address (PO Box or other mail location)	City	State	Zip
---	------	-------	-----

Residence Address (house/apt # & street name)	City	State	Zip
---	------	-------	-----

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ **Not 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) (Persons having origins in any of the original peoples of North, Central or South America) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
---	---	---

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

<input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Some College or Associate's Degree (12)	<input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate Degree or Higher (10)
---	---

Date student first attended school in the U.S.

Date student first attended school in California (Month/Day/Year):

U.S. Citizen: ☐ Yes ☐ No

STUDENT'S BIRTHPLACE

City & State:

Country:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home?

2. Which language/dialect did your son/daughter learn when he/she first began to talk?

3. What language/dialect do you most frequently speak to your child?

4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

MOST RECENT SCHOOL	Address/City/State/Zip	Grade(s)	Date(s)
--------------------	------------------------	----------	---------

EXHIBIT 32

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (CA English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:
--	--	---	---------------	--------------	-----------------	---------------

Student Last Name:

First Name:

Permanent ID:

EXHIBIT 33

HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended Howell Mountain school before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date: Month Day Year

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O Box or house # & street name)

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date first attended school in the U.S.

Month Day Year

Date first attended school in California

Month Day Year

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:
--	--	---	---------------	--------------	-----------------	---------------

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

EXHIBIT 34

**Twin Ridges Elementary School District
Registration Application ~ 2013-2014 School Year**

School: _____

Student ID # _____

To be completed by the school

Pupil's Legal Last Name _____ Pupil's First Name _____ Birth Date _____ Grade _____ Social Security Number _____ Male/Female _____
(Nickname) _____ Middle Name _____ Other Last Name Used _____ Birth Place (City) _____ Birth State _____

Mailing Address: Street or PO Box _____ City _____ Zip _____ Home Phone _____ Cell _____

Residence Address: Street Address (No PO Box) _____ City _____ Zip _____ COUNTY OF RESIDENCE _____ SCHOOL DISTRICT OF RESIDENCE _____

I certify under penalty of law, that the above residence address is my primary residence.

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	E-mail Address	Living With
Father:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Parent:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Or Guardian:					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Legal Restrictions Are: (A Current Signed Court Order Must Be Provided) _____ *Court Order on file at school ☐ Yes ☐ No

Name of Siblings	Brother	Sister	Year Born	School Currently Attending	Adults Other Than Parents Living In Home	Relationship To Student

If the school cannot contact you in an emergency, please name a local sitter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will be released only to these people.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician' Name: _____ Phone: _____ My child takes the following Medication: _____ Describe any health conditions, restrictions, or medical treatment (food allergies, other) the School should be aware of: _____	I understand the school may call an ambulance and/or seek medical treatment for my child at my an emergency or if parent emergency contacts are not available. <input type="checkbox"/> Yes <input type="checkbox"/> No I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance is available at parent expense. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Signature of Parent/Guardian: _____

Date: _____

(Page 1 of 2)

EXHIBIT 35

EMERGENCY CONTACT / ENROLLMENT FORM

PLEASE NOTIFY CENTRALIZED REGISTRATION OF ANY CHANGES

ID # _____ School Year 20__ - 20__ School _____ Grade _____

STUDENT INFORMATION

Student's Last Name _____		First Name _____		MI _____	Male _____ Female _____
Home Address _____		City _____	State _____	Zip Code _____	
Mailing Address (if different) _____		City _____	State _____	Zip Code _____	
Birth Date _____	Birth City/State _____	Age _____			U.S. Citizen Y ___ N ___

Student Lives With: Both Parents _____ Mother _____ Father _____ Foster Family _____ Group Home _____
 Legal Guardian (with court papers) _____ Informal Guardian (without court papers) _____
 Is the person checked above the legal guardian? Yes ___ No ___ If no then please complete a "Caregiver's Affidavit".

FAMILY INFORMATION

Phone Numbers

Parent/Guardian: Mother _____ Stepmother _____ Foster _____ Guardian _____	Home () _____
Name: _____	Cell () _____
Employer: _____ Position: _____	Work () _____
Email _____ Military: Yes ___ No ___	

Mother's Education Level: Not a High School Graduate _____ HS Graduate/GED _____
 Some College _____ College Graduate _____ Masters/Graduate School _____
 Mother's Primary Language: English _____ Spanish _____ Other _____

Parent/Guardian: Father _____ Stepfather _____ Foster _____ Guardian _____	Home () _____
Name: _____	Cell () _____
Employer: _____ Position: _____	Work () _____
Email _____ Military: Yes ___ No ___	

Father's Education Level: Not a High School Graduate _____ HS Graduate/GED _____
 Some College _____ College Graduate _____ Masters/Graduate School _____
 Father's Primary Language: English _____ Spanish _____ Other _____

Family Residence: House/Apartment/Mobile Home _____ Living w/another family/relative _____ Hotel/Motel _____
 Car/Van/Street _____ Shelter/Transitional Housing _____ Campsite/Park _____ Other _____

Home School Communication: Check the language in which you would like to receive school notifications.
 English _____ Spanish _____

		/ /
Print Parent/Guardian Name	Parent/Guardian Signature	Date

OTHER CHILDREN IN THIS DISTRICT

Name:	School:	Name:	School:

Ethnic Origin	Race is separate from the previous question asking about Ethnic Origin. Please mark one or more boxes below to indicate this child's race.
Is this child Hispanic or Latino?	Asian: Chinese___ Japanese___ Korean___ Vietnamese___ Asian Indian___ Laotian___ Cambodian___ Filipino___ Hmong___ Other Asian___ Native Hawaiian or Other Pacific Islander: Hawaiian___ Guamanian___ Samoan___ Other___ American Indian or Alaskan Native___ Black or African American___ White___
Yes, _____	
No, _____	

Students Educational History

MM/DD/YY first enrolled in CA school	MM/DD/YY first enrolled in US School	Previously enrolled in Banning Unified? Yes___ No___
Has this child ever been retained? Yes___ No___ If Yes, which grade? _____		Has this child ever been accelerated to another grade? Yes___ No___ If yes, which grade? _____
Has this child ever been suspended? Yes___ No___	Is child currently enrolled in a Special Education Program ? Yes___ No___ If Yes, which programs? RSP___ SDC___ Speech & Language___	
Is this child currently under an expulsion order or going through the expulsion process? Yes___ No___ If Yes, which District? _____		
What educational services has this child received? Please check all that apply. English Language Development___ GATE___ Indian Education___ 504 Plan___ Migrant Education___		

Emergency Release Information

IN THE EVENT OF ILLNESS OR AN EMERGENCY AT SCHOOL, WHEN I CANNOT BE REACHED, I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE,

THESE INDIVIDUALS MUST COME TO THE SCHOOL OFFICE AND PRESENT A CURRENT PHOTO IDENTIFICATION CARD TO PICK UP MY CHILD

FULL NAME	RELATION TO CHILD	HOME PHONE	WORK/CELL PHONE
		()	()
		()	()
		()	()

I authorize emergency diagnosis and treatment by a licensed physician/hospital/paramedics and will assume financial responsibility for care if my medical doctor or I am not available: Yes___ No___

Medical Doctor: _____ Phone: () _____

Doctor's Address: _____ City: _____

Insurance Co: _____ Policy #: _____

MEDICATIONS your child is taking:

Health Problems/Allergies:

I understand that Banning Unified School District DOES NOT provide medical insurance covering students for accidents or school related injuries. However, they can refer me to student insurance for voluntary purchase.

I am taking student insurance as offered___ I am NOT taking student insurance as offered___

Print Parent/Guardian Name	Parent/Guardian Signature	Date ____/____/____
----------------------------	---------------------------	------------------------

EXHIBIT 36

School _____ Grade/Track _____

Date Enrolled _____ By: _____

Student ID # _____

Beaumont Unified School District Student Enrollment Sheet

GRADE:

PLEASE PRINT NEATLY WITH BLACK OR BLUE INK ONLY

► Has your student ever attended Beaumont public schools before? ☐ Yes ☐ No Dates: _____

Student's Legal Name:

Legal First

Legal Middle

Legal Last

Other Legal Name (if applicable)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date: _____	
Parent/Guardian		Home Phone	Work
First Name: _____	Last Name: _____	() ()	() ()
Would you like to receive text messages (SMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () ()	
Email Address: _____		Would you like to receive Emails at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Address: _____	Apt# _____	City _____	State/Zip _____
Mailing Address (IF DIFFERENT) _____	Apt # _____	City _____	State/Zip _____
Parent/Guardian		Home Phone	Work
First Name: _____	Last Name: _____	() ()	() ()
Would you like to receive text messages (SMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () ()	
Email Address: _____		Would you like to receive Emails at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Address: _____	Apt# _____	City _____	State/Zip _____
Mailing Address (IF DIFFERENT) _____	Apt # _____	City _____	State/Zip _____

MOST RECENT SCHOOL(S) ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Siblings (brothers or sisters)	Grade	School

Parent/Guardianship Information (with whom the student lives) – check all that apply

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home
☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one:

☐ Joint Custody ☐ Sole Custody ☐ Guardian - A copy of all court orders must be on file at the school site.

Does the student have a probation officer? ☐ Yes ☐ No Name: _____ Phone: _____

Is the student a Foster Child? ☐ Yes ☐ No Who has educational signing rights? _____

Does your student have a medical condition? ☐ Yes ☐ No List _____

Does your child require medication during school hours? ☐ Yes ☐ No List _____

HOME LANGUAGE SURVEY

The *California Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services. Please note that if you respond with a language other than English to any of these 4 questions, your child may be identified as an English Learner and will receive appropriate services to support English Language Development.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four question listed below as accurately as possible. For each question, write the names(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. What language did your child learn when he/she first began to speak? _____
2. Which language does your child most frequently speak at home? _____
3. What language do you (parent, guardian) most frequently use when speaking with your child? _____
4. What language is most often spoken by adults (parents, guardians, grandparents) in the home? _____
5. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In what language do you want to receive communication (phone) from the school? ☐ English ☐ Spanish

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not 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) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (Master's, Doctorate) (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date student first attended school in the U.S. ? _____

Date student first attended school in California? _____

Student Birthplace: City _____ State: _____
Country: _____

Is student a U.S. citizen? _____

In the event of an emergency in which parents cannot be contacted, and in the judgment of the school officials, immediate emergency treatment is required, I give my permission to transport my child to the nearest medical facility and to receive emergency medical treatment by my signature below.

Signed: _____ Relation to Student: _____ Date: _____

EXHIBIT 37

**ARCOHE UNION SCHOOL DISTRICT
REGISTRATION INFORMATION**

First day of attendance _____

Grade _____

File requested _____

Teacher _____

Pupil's Name _____ M or F _____
(Legal Last) (First) (Middle) (Date of Birth)

Mailing Address _____ /Street Address _____

City _____ State _____ Zip _____ Phone () _____

Pupils Social Security Number _____ Birthplace _____ Verified _____

Name of Previous School _____

Address of Previous School _____

Phone Number _____ FAX _____

Name	Address	Living		Pupil Lives With?	
		Yes	No	Yes	No
Father					
Mother					
Guardian					

Mother's Employer _____ Address _____

Phone _____ Mother's Cell Phone () _____

Father's Employer _____ Address _____

Phone _____ Father's Cell Phone () _____

Shall parent be called at place of employment in case of emergency? Mother: Yes or No Father: Yes or No

EMERGENCY INFORMATION (Person to call if parent not available)

Name _____ Phone () _____ Name _____ Phone () _____

HEALTH INFORMATION

Date of last physical _____ Wears glasses? _____ Hearing difficulty? _____

Allergies? _____

Other Medical Concerns (Asthma, headaches, nosebleeds, etc.) _____

Daily Medication? (Kind) _____

EMERGENCY MEDICAL ATTENTION

In the event of an emergency situation relating to my minor child named above, and in the event that I am unavailable, I hereby give my consent to Arcohe Union School District to administer whatever emergency care is deemed appropriate until I can be reached.

Name & Address of Family Doctor _____

Date _____ Parent /Guardian signature _____

PLEASE COMPLETE OTHER SIDE

HOME LANGUAGE

The California Education Code requires schools to determine the language spoken at home by each child to provide the appropriate learning program.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language(s) in the order most spoken by adults at home? _____

El Código de Educación de California requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas pueden proporcionar instrucción significativa a todos los estudiantes.

Por favor conteste las siguientes preguntas.

1. Cuando su hijo(a) empezó a hablar. Cuál idioma aprendió primero? _____
2. Cúal idioma usa principalmente su hijo(a) cuando conversa en la casa? _____
3. Cúal idioma usa Ud. Con más frecuencia cuando habla con su hijo(a)? _____
4. Cúal (es) idioma(s) hablan los adultos con más frecuencia en la casa? _____

PLEASE ADD ANY INFORMATION THAT YOU BELIEVE WOULD HELP THE TEACHER UNDERSTAND YOUR CHILD BETTER:

OTHER CHILDREN IN THE FAMILY:

NAME	RELATIONSHIP TO STUDENT	BIRTH DATE	LIVING AT HOME	
			YES	NO

ARCOHE REGISTRATION

STUDENT NAME: _____ GRADE: _____

The information you provide is strictly confidential and will be used only for the appropriate purposes.

RACE AND ETHNICITY: It is necessary for our school to complete reports, which must include information on pupils' race and ethnicity. Mark up to 3 for Race and either Hispanic or Non-Hispanic for ethnicity.

RACE: (Mark up to 3)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native – includes
Hispanics with North and South American ancestry | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White – includes Hispanics with
European ancestry |
| <input type="checkbox"/> Guamanian | |
| <input type="checkbox"/> Hawaiian | |
| <input type="checkbox"/> Hmong | |
| <input type="checkbox"/> Japanese | ETHNICITY: (Choose 1) |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Non-Hispanic |

CALIFORNIA STAR TESTING PROGRAM PARENT SURVEY: The California STAR testing program requires that we include the educational level of parents with our student data. To ensure accurate information is provided, please mark the highest educational achievement by either parent.

- ☐ Not a high school graduate
- ☐ High school graduate / GED – vocational or trade schools are marked as "High School Graduate"
- ☐ Completed some college - completion of any courses within a two or four-year academic program
- ☐ College graduate (4-year college / university) - graduation with B.A. or B.S. degree or equivalent degree from a foreign university
- ☐ Graduate school / post graduate training

SPECIAL SERVICES

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has your child ever received Resource Specialist Program Services (RSP)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Currently enrolled in Special Education Program (RSP)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your child ever been in a Self-Contained Special Education Class (SDC)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Currently enrolled in Special Education Program (SDC)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has your child ever received Speech Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Currently enrolled in Special Education Program (Speech)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have copy of your child's IEP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has your child ever been retained? If so what grade? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has your child ever received Bilingual Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Which language? _____ | | |

Parent/Guardian Signature _____ Date _____

EXHIBIT 38

RIVER DELTA USD

STUDENT REGISTRATION (Page 1 of 3)

GRADE:

Student Last Name:

First Name:

Permanent ID:

SSID:

► Has your student ever attended RIVER DELTA USD public schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date: Month Day Year

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O Box or house # & street name)

Email Address(es):

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☒ Not 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
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Hmong | <input checked="" type="checkbox"/> Filipino/Filipino American |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian | |
| | <input type="checkbox"/> Samoan | |

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher
☐ College Graduate
☐ Some College or Associate's Degree
☐ High School Graduate
☐ Not a High School Graduate

Date first attended school in the U.S.

Month Day Year

Date first attended school in California

Month Day Year

BIRTHPLACE City: State: Country:

U.S. Citizen: ☐ Yes ☐ No

Student Last Name:

First Name:

Permanent ID:

SSID:

RDUSD REGISTRATION page 2 of 3

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults) _____
5. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) ☐ Unsheltered (car/campsite)
- ☐ In a shelter or transitional housing program ☐ Other (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Email: _____
Please prioritize your phone numbers – the first number listed will be the main contact phone (be sure to show area code): _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Email: _____
Please prioritize your phone numbers – the first number listed will be the main contact phone (be sure to show area code): _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other spouse, please include their name, address, and phone number:

Full Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____
Please prioritize your phone numbers – the first number listed will be the main contact phone (be sure to show area code): _____

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)--

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development
☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

Proof of Birth: Type: _____	Proof of Residence: Type: _____	Proof of Immunization: Type: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET
--------------------------------	------------------------------------	---------------------------------------	---------------	--------------	-----------------	---------------	--------------------------------------

EXHIBIT 39



Robla School District
STUDENT REGISTRATION FORM

Please fill out completely. Please write
"N/A" if section/question does not apply.

STUDENT INFORMATION

Legal Last Name _____

First Name _____ Middle Name _____ ☐ Male ☐ Female

Nickname _____ Current Grade _____ Birthdate: _____

Address _____ Apt _____ City _____ Zip Code _____

Phone (____) _____ - _____ If born outside USA, date of USA entry: ____/____/____

Date entered USA school ____/____/____ Grade entered USA school _____ Social Security _____

Last school attended _____ City _____ State _____

Date last attended _____ Has student previously attended a California public school? ☐ Yes ☐ No**PARENT/GUARDIAN INFORMATION**

Mother's Name _____ Phone (____) _____ - _____

Email _____ Cell Phone (____) _____ - _____

Address _____ Apt _____ City _____ Zip Code _____

Employer _____ Work Phone (____) _____ - _____

Father's Name _____ Phone (____) _____ - _____

Email _____ Cell Phone (____) _____ - _____

Address _____ Apt _____ City _____ Zip Code _____

Employer _____ Work Phone (____) _____ - _____

Legal Guardian's Name _____ Phone (____) _____ - _____

Email _____ Cell Phone (____) _____ - _____

Address _____ Apt _____ City _____ Zip Code _____

Employer _____ Work Phone (____) _____ - _____

Student Lives With ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Legal Guardian
☐ Other _____**CHILDREN IN FAMILY**

Name	Birthdate	Relationship	Lives in home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT ETHNICITY/RACE**Part 1 – Ethnicity.** Is student Hispanic or Latino? ☐ Yes ☐ No**Part 2 – Race.** What is the student's race? (No matter what you marked above, please select one or more boxes below.)☐ American Indian or Alaskan Native**Asian**☐ Chinese☐ Japanese☐ Korean☐ Vietnamese☐ Asian Indian☐ Laotian☐ Cambodian☐ Other Asian: _____☐ Hmong☐ Black or African American☐ Filipino/Filipino American**Pacific Islander**☐ Hawaiian☐ Samoan☐ Guamanian☐ Tahitian☐ Other Pacific Islander: _____☐ White (not Hispanic or Latino)☐ Other Race (including Hispanic): _____**PARENT/GUARDIAN HIGHEST EDUCATION LEVEL**☐ Not a high school graduate☐ High school equivalent (GED or CHAPE)☐ High school graduate☐ Some college☐ College graduate☐ Graduate school/post graduate training☐ Decline to state

My signature certifies that all of the information provided in this form is accurate and that I agree to report any changes in address, phone numbers and/or emergency information to school personnel immediately.

Parent's / Guardian's Signature _____

Date _____

FOR OFFICE USE ONLY☐ Cum Request _____ ☐ Entry date _____☐ Address verified _____☐ Birthdate verified _____☐ Immunizations verified _____

Teacher _____ Room # _____ Grade _____

STUDENT EMERGENCY INSTRUCTIONS

☐ In the event of an accident or emergency when a parent/guardian is unavailable, I authorize school personnel to make necessary arrangements for my child to receive medical or hospital care, including transportation. Under the above circumstances, I authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. I agree to pay all costs incurred.

Doctor _____ Phone (____) _____ - _____

Address _____ City _____ Zip Code _____

Health Coverage: _____ Medical record #: _____

☐ I do not choose the above statement and in the event of an accident or emergency, I desire the following action: _____

STUDENT HEALTH AND MEDICATION

Physical Exam. California requires a physical examination for all children starting school. This may be done within six months before your child enters kindergarten, and up to 90 days after he/she enters first grade. Please mark if this has been done: ☐ Yes ☐ No

If Yes, date of examination _____ / _____ / _____

Doctor / Clinic: _____

Medication. California law requires that the legal guardian of any pupil on continuing medication inform the school. If your child receives medication, complete the following:

Medication/Dosage: _____

Supervising Doctor/Phone No.: _____

*(If medication must be given during school hours, a **Medication Release Form** must be obtained from the school office and completed by the parent/guardian and physician.)*

Health Conditions. Has your child had any of the following conditions? *(Check all that apply.)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma (last attack _____) | <input type="checkbox"/> Bee sting allergy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Hyperactive (ADHD) | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision / hearing problems |
| <input type="checkbox"/> Other serious allergies <i>(describe)</i> _____ | | |
| <input type="checkbox"/> Chronic health condition <i>(describe)</i> _____ | | |
| <input type="checkbox"/> Mental health condition _____ | | |
| <input type="checkbox"/> Other health condition(s) _____ | | |
| <input type="checkbox"/> Specialized health care procedures _____ | | |

Parent's / Guardian's Signature

Date

STUDENT SERVICES/SPECIAL EDUCATION

Was your child enrolled in a special education class or receiving special support services at his/her previous school? ☐ Yes *(Check type of services below)* ☐ No

- | | |
|---|---|
| <input type="checkbox"/> Resource (RSP) | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> Attendance improvement |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Behavior improvement |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Homeless services |
| <input type="checkbox"/> GATE (Gifted and Talented Education) | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> English Learner | <input type="checkbox"/> Other: _____ |

RESIDENCE

Where is your child/family currently living? *(Check one box only.)*

This information will be used to determine if your child qualifies for any additional assistance under the No Child left Behind Act of 2001.

- | | |
|---|---|
| <input type="checkbox"/> In a single family house or apartment | <input type="checkbox"/> In a shelter or transitional housing program |
| <input type="checkbox"/> With friends or family members in a house or apartment due to loss of housing or other economic hardship | <input type="checkbox"/> In a motel, car or campsite |
| | <input type="checkbox"/> In foster care placement |

STUDENT DISCIPLINE/RETENTION

Has student ever been expelled from another school district? ☐ Yes ☐ No

If Yes, list date: _____ / _____ / _____

Name of school/district: _____

Has your child been retained (held back) in any school? ☐ Yes ☐ No

If Yes, list grade(s): _____

EMERGENCY CONTACTS

If my child is ill or has an accident/emergency and I cannot be reached, please call and release my child to (must be over 18 years old and show ID):

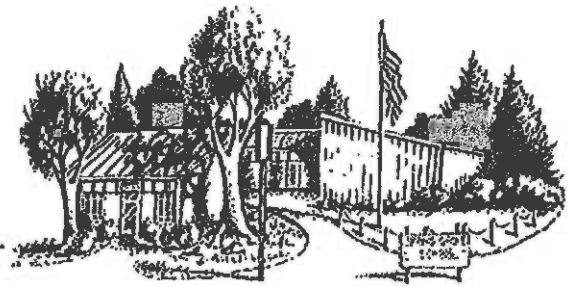
Name	Relationship	Phone Number
------	--------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

EXHIBIT 40

North County

Joint Union School District



February 6, 2017

Dear Incoming Kindergarten Parents,

Welcome to Spring Grove School and the start of your child's education. Below you will find the information that you will need to provide in order to enroll your child in the North County Joint Union School District.

Indistrict residency: If you live within the NCJUSD boundaries, your child is considered in district. As the parent, you will need to provide 3 proofs of residency. The information is provided with the registration packet. Acceptance into Spring Grove School will be determined once the Superintendent reviews and accepts the residency documentation.

***Allen Bill:** A student may be admitted into the NCJUSD if one parent is physically employed within the District boundaries for a minimum of 10 hours per week (AR5111.12). The parent will need to go to our District Office and fill out an Allen Bill application. The parent will also need to provide a current paycheck stub or letter from his employer stating that the parent works at least 10 hours per week and listing the actual address within the District boundaries. Allen Bill applications and letter/pay stubs are to be returned to our District Office.

***Open Enrollment Act:** A student may be admitted into the NCJUSD if he lives within the boundaries of a school listed on the Open Enrollment ACT for 2017-2018. The parent will need to go our District Office and fill out an Open Enrollment Act Transfer Application. The parent will also need to provide proof of residency for the school in which he would like to transfer out. For more information on the list of schools that apply please go to <http://www.cde.ca.gov/sp/eo/op/> Open Enrollment Act Transfer Application and proof are to be returned to our District Office.

***Interdistrict Transfer:** A student who resided in another school district may apply for an interdistrict transfer from the district in which he resides. If the outgoing district approves the transfer, the outgoing district will send the approved transfer to the NCJUSD. If the outgoing district denies it, the parents will need to appeal the transfer request to the San Benito County Office of Education.

*Students who apply for enrollment under the Allen Bill, Open Enrollment Act, and Interdistrict Transfer will be accepted based on space availability within Spring Grove School.

If you have any questions you may contact the Superintendent at 637-5574 ext. 200.

Sincerely,

Jennifer Bernosky
Superintendent/Principal



Spring Grove School

500 Spring Grove Road
Hollister, CA 95023

School Phone: 831-637-3745
District Phone: 831-637-5574
Fax: 831-637-0682

Superintendent/
Principal
Jennifer Bernosky

Assistant Principal
Andy Parra

Board of Trustees
Rodney Bianchi
Renée Faught
Cindy King
Frank O'Connell
Stan Pura

**SPRING GROVE SCHOOL
STUDENT REGISTRATION FORM**

SCHOOL USE ONLY

Proof of Immunization ☐

Proof of Residence ☐

Proof of Birth ☐

Transcript ☐

GRADE

TEACHER

STUDENT ID

ENROLL DATE

• Has your student ever attended Spring Grove School before? ☐ Yes ☐ No

Year
Attended: _____

LEGAL LAST NAME (PLEASE PRINT)

LEGAL FIRST NAME (PLEASE PRINT)

MIDDLE INITIAL

SOCIAL SECURITY NUMBER

GENDER

BIRTH DATE

BIRTH PLACE

☐ Male

☐ Female

Month

Day

Year

BIRTH CITY: _____

BIRTH STATE: _____

BIRTH COUNTRY: _____

MAILING ADDRESS

APT#

CITY

STATE

ZIP

HOME ADDRESS (If different)

APT#

CITY

STATE

ZIP

PARENT/GUARDIANSHIP INFORMATION - With WHOM does the student reside? - (Please check)

Does the student live with their LEGAL guardian(s)?

☐ Yes ☐ No

If No, please complete a "Caregiver Affidavit" and the below information

LEGAL CUSTODY - Is there a restricted legal custody agreement regarding the student? (please check one):

☐ No

☐ Joint Custody

☐ Sole Custody

☐ Guardian

If so, please provide documentation

PARENT/GUARDIAN LAST NAME

FIRST NAME

HOME PHONE

CELL PHONE

WORK PHONE

RELATIONSHIP
TO STUDENT:

☐ FATHER

☐ MOTHER

EMPLOYER

☐ STEP-FATHER

☐ STEP-MOTHER

☐ OTHER:

EMAIL ADDRESS:

PARENT/GUARDIAN LAST NAME

FIRST NAME

HOME PHONE

CELL PHONE

WORK PHONE

RELATIONSHIP
TO STUDENT:

☐ FATHER

☐ MOTHER

EMPLOYER

☐ STEP-FATHER

☐ STEP-MOTHER

☐ OTHER:

EMAIL ADDRESS:

DUPLICATE MAILING ADDRESS

(If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent.)

FULL NAME:

PHONE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

RESIDENCE - Where is your child/family living? (federal requirement) - Please check appropriate box:

☐ Permanent housing for single family (200)

☐ Temporarily Doubled-up (120)

☐ In a Hotel/motel (110)

☐ Temporarily Unsheltered (car/campground/parks/on the street) (130)

☐ Foster Family or Kinship Placement (210)

☐ Temporary shelter (homeless shelter, transitional housing program) (100)

☐ Licensed Children's Institution (220)

☐ Incarceration Institution (250)

☐ Residential School/Dormitory (230)

☐ Development Center (260)

☐ State Hospital (270)

☐ Other:

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

DATE FIRST ATTENDED A SCHOOL IN THE U.S.	Month	Day	Year

DATE FIRST ATTENDED A SCHOOL IN CALIFORNIA	Month	Day	Year

PREVIOUS SCHOOL NAME	CITY/STATE/PHONE NUMBER	DATE LEFT PREVIOUS SCHOOL

504 Plan	Does your student have a current 504:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IEP	Does your student have a current IEP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUSPENSIONS	Has your child been suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EXPULSIONS	Has your child ever been expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there psychological or confidential reports available from your child's former school?			<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language did the student learn when he/she first began to talk?	
2. Which language does your child most frequently speak at home?	
3. Which language do you most frequently use when speaking with your child?	
4. Which language is most often spoken by adults in the home?	
Date: _____	Signature of Parent/Legal Guardian: _____

SCHOOL COMMUNICATION - In which language do you wish to receive written/phone communications from the school?

<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH
----------------------------------	----------------------------------

ETHNICITY - What is this student's ethnicity? (Select one only) (Federal Requirement)

<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NOT HISPANIC OR LATINO
---	---

RACE - What is this student's race? (Select one or more) (Federal Requirement)

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION - Check the response that describes the education level of the MOST EDUCATED PARENT.

<input type="checkbox"/> Not a High School Graduate (14)	<input type="checkbox"/> College Graduate (11)
<input type="checkbox"/> High School Graduate (13)	<input type="checkbox"/> Graduate Degree or Higher (10)
<input type="checkbox"/> Some College or Associate's Degree (12)	<input type="checkbox"/> Decline to state (15)

EMERGENCY INFORMATION (This will be used if the Emergency Card is not available)

If I cannot be reached, I authorize the school to contact the person(s) listed below. I further authorized the school to release the student to the person(s) listed below:

Name	Relationship	Phone	Cell

PLEASE LIST ANY HEALTH CONCERNS:

I ALSO GIVE MY CONSENT FOR EMERGENCY MEDICAL OR DENTAL TREATMENT, INCLUDING TRANSPORTATION TO THE NEAREST EMERGENCY AID FACILITY IF I OR THE PERSON(S) LISTED ABOVE CANNOT BE REACHED.

Signature of Parent/Legal Guardian _____	Date: _____
--	-------------

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

EXHIBIT 41

Dehesa School District Student Registration Form

Grade: _____

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Legal Street Address: _____ Town: _____ Zip: _____

Mailing Address If Different : _____ Town: _____ Zip: _____

Language Spoken at Home: _____ Place of Birth (City, State) _____

Male _____ Female _____ S.S.# _____ Date of Birth: _____

Ethnicity: Caucasian ☐ African-American ☐ Asian/Pacific Islander ☐
Hispanic ☐ Native American ☐ Other _____ ☐

Parent/Guardian Information:

Last Name: _____ First Name: _____

Relationship to Student: _____ Employer: _____

Street Address: _____ Town: _____ Zip: _____

Mailing Address If Different: _____ Town: _____ Zip: _____

Student Lives with this Parent: Yes _____ No _____ Part-Time _____

Phone Numbers for Immediate Contact During School Hours:

First Phone: _____ (Circle: home, cell, work)

Second Phone: _____ (Circle: home, cell, work)

Parent/Guardian Information:

Last Name: _____ First Name: _____

Relationship to Student: _____ Employer: _____

Street Address: _____ Town: _____ Zip: _____

Mailing Address If Different: _____ Town: _____ Zip: _____

Student Lives with this Parent: Yes _____ No _____ Part-Time _____

Phone Numbers for Immediate Contact During School Hours:

First Phone: _____ (Circle: home, cell, work)

Second Phone: _____ (Circle: home, cell, work)

Additional Information

Number of children in family: _____ girls: _____ boys: _____

Are parents divorced, who has legal custody? Joint: _____ Mother: _____ Father: _____ Please Provide Copy of Decree to office.

Step Parent Information:

Last Name: _____ First Name: _____

Address If Different from Student: _____ Town: _____ Zip: _____

Step Parent Information:

Last Name: _____ First Name: _____

Address If Different from Student: _____ Town: _____ Zip: _____

Previous School Information:

Name of Previous School: _____ Last Grade Attended: _____

Address: _____ Town: _____ State: _____ Zip: _____

Has the Student Ever Received any of the Following Services?

Special Education: _____ ESL _____ 504 _____ G&T _____

Emergency Information: If parents/guardians are unavailable during the school day, who should be contacted?These contacts are *in addition* to parents/guardians.**First Emergency Contact**

Name _____

Relationship _____

Phone _____

Second Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Third Emergency Contact

Name _____

Relationship _____

Phone _____

Student Health Information

Student Allergies: _____

Student Medications: _____

Medical Considerations: _____

Does student need an epipen or inhaler? _____ If so please contact the school office.

All Children regardless of immigration status, are eligible for Medi-Cal coverage. For information visit www.allinforhealth.org or call 916-844-2413.

Parent/Guardian Signature: _____ Date: _____

EXHIBIT 42

RACE/ETHNICITY IDENTIFICATION

Student's Name _____ Birth Date _____ Today's Date _____

As of 2009, school districts and states are now required to follow new federal standards in collecting race and ethnicity data on each student (72 Fed. Reg. 59267).

Part A: Is this student Hispanic or Latino? *Hispanic or Latino:* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

(Select only one)

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

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 the student's race to be.

Part B: What is this student's race? (Select one or more)

Asian

- ☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Asian Indian
☐ Laotian
☐ Cambodian
☐ Filipino
☐ Hmong
☐ Other Asian

- ☐ American Indian or Alaska Native
☐ Black or African American
☐ White or Caucasian

Native Hawaiian or Other Pacific Islander

- ☐ Hawaiian
☐ Guamanian
☐ Samoan
☐ Tahitian
☐ Other Pacific Islander

Birth City, State / Birth Country

Country of Citizenship

If student born outside
the US, date entered US (mm/dd/yy) _____

First enrolled _____
in CA School (mm/dd/yy)

First enrolled _____
in US school (mm/dd/yy)

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home. If a language other than English is listed for the first three questions below, your child will be assessed to determine his or her English proficiency. Thank you for your help and cooperation.

1. Which language did your child learn when he or she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you most frequently use to speak to your child? _____
4. Name the language most often spoken by the adults at home. _____

If Chinese, please specify Cantonese or Mandarin.

***If a language other than English is listed for the first three questions above,
 your child will be assessed with the California English Language Development Test
 (CELDT) to determine his or her English proficiency.***

EXHIBIT 43

JULIAN UNION HIGH SCHOOL DISTRICT REGISTRATION FORM

(Please print clearly if filling out by hand)

Student #: _____ Grade: _____ Student Name: _____
Last First MI

Social Security # _____ Date of Birth _____ ☐ Male ☐ Female (Check one)

Other name (s) used by the student _____ Place of Birth _____

Residence Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone#: _____ Unlisted? ☐ Yes ☐ No (check one) Student's cell # _____

Name of adult person(s) with whom student lives. Circle appropriate title, print name and employment information.

Mother/Step/Guardian/Caregiver/Foster: _____ Mother's cell# _____

Place of Employment: _____ Phone Number: _____ Ext. _____

Father/Step/Guardian/Caregiver/Foster: _____ Father's cell# _____

Place of Employment: _____ Phone Number: _____ Ext. _____

Siblings attending Julian High School: _____

School Enrollment History: Name of last school attended _____

Last day there _____ Address of school _____

PARENT EDUCATION LEVEL (Please type your education level code in the box):

- | | |
|---|--------------------------------|
| 10 Graduate school/post graduate training | 13 High school graduate |
| 11 College graduate | 14 Not a high school graduate |
| 12 Some college (includes AA degree) | 15 Decline to state or unknown |

Is either parent/guardian on active duty in the Armed Forces or full-time in the National Guard? ☐ Yes ☐ No

PRIMARY LANGUAGE SPOKEN AT HOME:

LANGUAGE, SPEECH, AND HEARING SERVICES

Has your son/daughter received speech and/or language therapy provided by a Speech Therapist in school? ☐ Yes ☐ No

If yes, what grade? Has your student been enrolled in Special Education classes? ☐ Yes ☐ No

If yes, state where

LOCAL EMERGENCY CONTACT(S): (In case of injury or illness and we are unable to reach you.)

Name	Relationship	Phone
1 _____	_____	_____
2 _____	_____	_____

Signature of Parent ☐ /Guardian ☐ /Caregiver ☐ (specify by checking the correct box) _____ Date _____

Important: Home phone numbers will be automatically entered into the JUHSD database for purposes of the JUHSD telephone broadcast system and emergency alerts; to add cell phone number(s) list them below:

Mother's cell
Father's cell
Student's cell

EXHIBIT 44

Santee School District Student Registration/Emergency Information

NOTE:
PLEASE PRINT CLEARLY. ENTER ONLY ONE CHARACTER OR SPACE PER BOX. CLEARLY MARK CHECK OR "X" BOXES.

1 STUDENT INFORMATION:

School Year	Entering Grade	PK=Preschool 00=Kindergarten 01=First 02=Second 03=Third	04=Fourth 05=Fifth 06=Sixth 07=Seventh 08=Eighth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Social Security Number
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

[illegible]

Student's Legal First Name on Birth Certificate	Middle Name on Birth Certificate	Contact Phone Number

[illegible]

Student's Mailing address (if different from above)

Street Number					Street Name										Apt./Unit/Space # (Circle One)				
City										State		Zip Code							

2 PARENT OR GUARDIAN #1 (Lives at Student's Primary Legal Address above)

Check all that apply <input type="checkbox"/> Natural <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<u>Attention:</u> If you are a Parent or Legal Guardian who lives at a different address than the Student's Primary Legal Residence please see Section # 8
---	--

Last Name, First Name															Home Phone									
Email Address															Cell Phone									
Employer															Employer Phone									

PARENT OR GUARDIAN #2 (Lives at Student's Primary Legal Address above)

Check all that apply <input type="checkbox"/> Natural <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		
Last Name, First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Home Phone <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>
Email Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Cell Phone <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>
Employer <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Employer Phone <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>

IMPORTANT: BE SURE TO SIGN AND DATE THIS FORM AS REQUIRED IN SECTION 9.

EMERGENCY CONTACTS (ST015) - IF WE ARE UNABLE TO CONTACT A PARENT IN THE EVENT OF AN EMERGENCY, CA EDUCATION CODE REQUIRES THAT YOU PROVIDE THE NAMES OF AT LEAST 2 PEOPLE IN OR NEAR SANTEE WE CAN CALL OR RELEASE YOUR CHILD TO. THE STUDENT CAN ONLY BE RELEASED TO PERSONS LISTED ON THIS FORM.

[illegible][illegible][illegible]☐ Other[illegible][illegible][illegible]☐ Other[illegible][illegible][illegible]☐ Other[illegible][illegible]

IF YOUR CHILD BECOMES SERIOUSLY ILL OR INJURED AND IN THE OPINION OF THE SCHOOL OFFICIALS REQUIRES IMMEDIATE MEDICAL ATTENTION AND WE ARE UNABLE TO REACH YOU, AN AMBULANCE WILL BE CALLED AT YOUR EXPENSE TO TRANSPORT HIM/HER TO THE NEAREST EMERGENCY HOSPITAL.

[illegible][illegible]

TAKEN AT SCHOOL	TAKEN AT HOME
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, Please Explain:

[illegible][illegible][illegible]

Yes ☐ No ☐

[illegible][illegible]

6 FEDERAL AND STATE REQUIRED INFORMATION:

City of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOREIGN BORN STUDENTS

Date student first enrolled in school in California (K-8th grade).

--	--	--	--	--	--	--	--	--	--

Date student first enrolled in school in United States (K-8th grade).

--	--	--	--	--	--	--	--	--	--

Since entering school, has student left the U.S. ? ☐ No ☐ Yes

Please check the response that describes the education level of the most educated parent or guardian:

- ☐ Not a High School Graduate
☐ High School Graduate
☐ Some College includes Associates Degree
☐ College Graduate
☐ Graduate School/Post Graduate Training

Has student ever been retained?

☐ NO ☐ YES If Yes, which grade?

--	--

Has student ever skipped a grade?

☐ NO ☐ YES If Yes, which grade?

--	--

What is your child's ethnicity? (Please check one)

☐ Hispanic or Latino ☐ Not 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 child's race to be.

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese |

The California Education Code requires schools to determine the languages spoken at home by the student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

1. Which language did this student learn when he/she first began to talk?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Which language does this student most frequently use at home?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. What language do you use most frequently to speak to this student?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What language is most often spoken by the adults at home?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Does your student have a 504 Accommodation Plan? Yes ☐ No ☐

If yes, from which district?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Does your student have an Individual Education Plan (IEP)? Yes ☐ No ☐

If yes, from which district?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please check any Programs and/or Services your child is receiving:

☐ Speech and Language Services (DIS) ☐ Resource Specialist Services (RSP) ☐ Special Class Services (SDC)

Please provide a copy of the IEP with your registration packet.

7 PREVIOUS SCHOOL ATTENDANCE:

Name of last School/Preschool student attended																				Grade		School Phone Number					
District										City										State							
Has student previously attended at Santee School District?																				If yes, indicate which Santee School Location						Grade	
<input type="checkbox"/> No <input type="checkbox"/> Yes																											

8 PARENT OR GUARDIAN INFORMATION (Student's Secondary Address)*(Complete if Parent or Guardian Address is different than Student's Primary Address in Section 1)*

Check all that apply <input type="checkbox"/> Natural <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	Last Name, First Name																			
	Street Number					Street Name										Apt #				
City										State		Zip Code		Home Phone Number						
Email Address										Cell Phone										
Employer										Employer Phone										

Check all that apply <input type="checkbox"/> Natural <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	Last Name, First Name																			
	Email Address										Cell Phone									
Employer										Employer Phone										

9 REQUIRED SIGNATURE

MY SIGNATURE CERTIFIES THAT I HAVE PROVIDED ACCURATE INFORMATION TO THE BEST OF MY ABILITY

Please Print Parent/Guardian Name	Parent/Guardian Signature	Date
-----------------------------------	---------------------------	------

Please answer the following questions:Pupil resides on Federal/Native American Property? ☐ Yes ☐ NoEither parent or guardian on active duty in the uniformed service? ☐ Yes ☐ NoEither parent or guardian employed on Federal/Native American Property? ☐ Yes ☐ No

Residency Verified By: _____

Immunization Verified By: _____

☐ Inter-District☐ Intra-District

EXHIBIT 45

ESCALON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

➤ Has your student ever attended Escalon public schools before? ☐ Yes ☐ No

Previous Escalon school of attendance: _____ Last year attended: _____

PLEASE PRINT - STUDENT'S LEGAL NAME

Legal Last Name

Legal First Name

Legal Middle Name

☐ Male ☐ Female

Birth Date:

Alias (if applicable)

Month

Day

Year

Parent/Guardian Last Name:

First Name

Home Phone

Cell/Work Phone

Parent/Guardian Last Name:

First Name

Home Phone

Cell/Work Phone

Mailing Address

Apt#

City

State

Zip Code

Residence Address (house # & street name) (IF DIFFERENT)

Apt #

City

State

Zip Code

(PO Box or house # & street name)

Email Address

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

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.

☐ American Indian or Alaskan Native (100)
(persons having origins in any of the original people of North, Central or South America)

☐ White (700) (persons having origin in any of the original people of Europe, North Africa, or the Middle East)

☐ Chinese (201)

☐ Cambodian (207)

☐ Samoan (303)

☐ Japanese (202)

☐ Hmong (208)

☐ Tahitian (304)

☐ Korean (203)

☐ Other Asian (299)

☐ Other Pacific Islander (399)

☐ Vietnamese (204)

☐ Hawaiian (301)

☐ Filipino/Filipino American (400)

☐ Laotian (206)

☐ Guamanian (302)

☐ African American or Black (600)

PARENT EDUCATION - Check the response that describes the education level of the most educated parent.

☐ Not a High School Graduate

☐ High School Graduate

☐ Some College

☐ College Graduate

☐ Grad School/post grad trng

☐ Declined to state/Unknown

Date student first entered school in the U. S.

Month

Day

Year

Date student first entered school California

Month

Day

Year

SIBLING INFORMATION:

Name: _____ Grade: _____ School: _____ Date of Birth: _____

Name: _____ Grade: _____ School: _____ Date of Birth: _____

Name: _____ Grade: _____ School: _____ Date of Birth: _____

Name: _____ Grade: _____ School: _____ Date of Birth: _____

STUDENT BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THIS FORM

Form 101 EUSD Student Registration 2-11-13

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1) What language/dialect does your son/daughter most frequently use at home? _____

Student Last Name:

First Name:

Permanent ID:

- 2) Which language/dialect did your son/daughter learn when he/she first began to talk? _____
- 3) What language/dialect do you most frequently speak to your child? _____
- 4) Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

RESIDENCE - where is your child/family currently living? (federally mandated by NCLB) -Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

PARENT/GUARDIAN Information (with whom the student lives) - check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ yes ☐ no If no, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

- 1) ☐ Father ☐ Step-Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
- 2) ☐ Mother ☐ Step-Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Did your child attend preschool/day care ☐ yes ☐ no
If yes, please provide day care provider's name and address.

EXPULSION INFORMATION:

Has student been expelled from any previous school district? ☐ yes ☐ no

If expelled, from which school? _____

School	District	Grade
Has your child been suspended? <input type="checkbox"/> yes <input type="checkbox"/> no		

Are there psychological or confidential reports available from your child's former school? ☐ yes ☐ no

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

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language
☐ 504 ☐ IEP

Other: ☐ Gifted (GATE) ☐ Remedial ☐ Remedial Reading ☐ Counseling
☐ English Language Development ☐ Help to Improve Attendance/Behavior ☐ Other (specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth:	Proof of Residence:	Proof of Immunization	Entry Reason:	Enroll Date:	Assigned Grade	Permanent ID:
Type: _____	Type: _____	Type: _____				
Verified by: _____	Verified by: _____	Verified by: _____				

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Student Last Name:

First Name:

Permanent ID:

EXHIBIT 46

RIPON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

▶ Has your student ever attended Ripon public schools before or received any services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PLEASE PRINT – STUDENT’S LEGAL NAME			
Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date (month/day/year):			

Parent/Guardianship Information (with whom the student lives) – check all that apply

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student’s LEGAL guardian? ☐ Yes ☐ No If No, please complete a “Caregiver Affidavit”

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Guardian	Last Name	Home Phone	Work Phone	Cell Phone
First Name				()	()	()
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Guardian	Last Name	Home Phone	Work Phone	Cell Phone
First Name				()	()	()
Mailing Address		City	State	Zip	Email Address	
Residence Address (house, apt # & street name) (IF DIFFERENT)				City	State	Zip
Emergency Contact (Local) First Name		Last Name		Relationship		Phone

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not 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) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate’s Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date child first attended school <u>in the U.S.</u>		
Month	Day	Year
Date child first attended school <u>in California</u>		
Month	Day	Year

PLEASE COMPLETE INFORMATION ON BOTH SIDES OF THE FORM (REV 2/17)

Language Usage: Indicate only one language (most frequently used) per line:

1. What language does your son/daughter most frequently use at home? _____
2. Which language did your son/daughter learn when he/she first began to talk? _____

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

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: **Relationship:** _____

Full Name: _____ **Phone #:** () _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

LIST ALL CHILDREN IN THE HOME (First, Last)	Birth Place (City, State)	(M/F)	Birthdate	Age/Grade
		()		/
		()		/
		()		/
		()		/

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

Has your child ever been retained? ☐ Yes ☐ No

Is your family considered an active member of the United States Military? ☐ Yes ☐ No

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child attended pre-school? ☐ Yes ☐ No (Please include any services received prior to Kindergarten) _____

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

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development ☐ 504

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Provide any medical information we should be aware of about your child:	Medical Condition	Physician

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

Proof of Birth: Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Verified by: _____	Office Personnel		:	
---------------------------------------	--	--	------------------	--	---	--

PLEASE COMPLETE INFORMATION ON BOTH SIDES OF THE FORM (REV 2/17)

EXHIBIT 47

LA HONDA-PESCADERO UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION

School District ID#	Grade	Teacher CSIS#
------------------------	-------	------------------

Student _____
Last name First name Middle name Other names

Gender _____ Birthdate _____ City/State/Country of Birth _____
Race/ethnicity ☐ African American ☐ American Indian ☐ Asian ☐ Filipino ☐ Hispanic or Latino ☐ Pacific Islander ☐ White
Home language _____ Social Security# _____
Date student entered school in California _____ Date student entered school in U.S. _____
Student resides with: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____
Mailing address _____ City/zip _____
Street address _____ City/zip _____
Home phone _____ Father cell phone: _____ Mother cell phone: _____
E-mail address: _____

Does the student have any special needs? _____ Explain _____

STUDENT'S SCHOOL HISTORY

Last school attended _____ Address _____

Did the student receive Special Education or 504 services? _____ Explain _____

Has the student been expelled or is being considered for expulsion? _____ Explain _____

CONTACTS

Father _____ Lives with student? Y N
Name of work & address _____ Phone _____
Education: ☐ Some school ☐ High school graduate ☐ Some college ☐ College graduate ☐ Post college
training/degree

Mother _____ Lives with student? Y N
Name of work & address _____ Phone _____
Education: ☐ Some school ☐ High school graduate ☐ Some college ☐ College graduate ☐ Post college
training/degree

Other emergency contact _____ Relationship _____
Address _____ Phone _____

OTHER PERSONS IN THE HOME

Name	Relationship	Date of Birth	School of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian: _____ Date: _____

EXHIBIT 48

COLLEGE SCHOOL DISTRICT

ENROLLMENT FORM

School _____ Teacher _____ Grade: _____ Area No. ☐ Entry Date: _____ Permanent ID# _____
(Office Use Only)

Student's Name: _____ Sex: M F Birthdate: ____/____/____ Grade: TK K 1 2 3 4 5 6 7 8
(Circle current grade)

Home Address: _____ Phone (____) _____ Birthplace: _____

Mailing Address: (if different) _____ P. O. Box: _____ Social Security # _____

Last School Attended: _____ School _____ Address _____ City _____ State _____ Zip _____

Was student previously enrolled in this District? Y or N If yes, what year? _____ What School? _____ What grade? _____

PARENT AND/OR GUARDIAN INFORMATION

Father _____ first _____ Occupation _____ Employer _____ Phone _____

Mother _____ last _____ first _____ Occupation _____ Employer _____ Phone _____

Guardian _____ last _____ first _____ Occupation _____ Employer _____ Phone _____

Other adults living in your home _____ Relationship _____

PARENT EDUCATION LEVEL (circle one)

Father: Not a High School Graduate High School Graduate Some College College Grad Post Graduate
Mother: Not a High School Graduate High School Graduate Some College College Grad Post Graduate

STUDENT LIVING WITH

(Please check ☒ one)

Both Parents

Father Only

Mother Only

Father & Stepmother

Father & Other

Mother & Stepfather

Mother & Other

Foster Parents

Legal Guardian (Relationship): _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

Hispanic or Latino ☐ No ☐ Yes ☐

WHAT IS YOUR CHILD'S RACE?

American Indian or Alaskan

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Please mark one or more of the above to indicate what you consider your race to be.

In the last two years has your student been in any of the following programs?

(Check all that pertain to your student)

Resource Specialist _____ Gifted and Talented _____

Special Day Class _____ Counseling _____

Speech _____ Adaptive P. E. _____

Other Explain: _____

Does your student have an IEP? Yes No Year?

Does your student have a 504 plan? Yes No Year?

Has your student ever had problems with: Vision _____ Hearing _____ Other health factors: _____

Has your student been expelled or involuntarily transferred? Yes No If yes, which one? _____ What grade? _____

Is your student presently on probation? (circle one) Yes No N/A Name of Probation Officer? _____

EXHIBIT 49

STUDENT ENROLLMENT FORM**PLEASE PRINT - ALL AREAS MUST BE COMPLETE****STUDENT/FAMILY INFORMATION**First Day of Attendance _____ **OFFICE USE ONLY**

Neighborhood School _____

Teacher _____ Date Received _____

Student ID _____ Time Received _____

Student's Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Other Name Used _____

Social Security #: _____ Male _____ Female _____ Entering Grade: _____

Student's Home Address _____ City _____ Zip Code _____ Home Phone Number _____

Student Date of Birth _____ Student Place of Birth: _____ Student Date of Entry into United States: _____

Month / Day / Year City State Country Month / Day / Year

OFFICE USE ONLY:

Birth Verification

☐ B ☐ C ☐ P ☐ B ☐ R☐ H ☐ R ☐ S ☐ I☐ **Father/** ☐ **Guardian** – Relationship to Student: _____ Student lives with Father/Guardian? ☐ Yes ☐ No

Last Name _____ First Name _____ Cell Phone Number _____ E-mail Address _____

Home Address (if different from student) _____ City _____ Zip Code _____ Home Phone Number _____

☐ Not High School Grad ☐ High School Grad ☐ Some College and/or 1-2 yrs Community College ☐ 4 yr College Grad ☐ Grad School/PostGrad☐ **Mother/** ☐ **Guardian** – Relationship to Student: _____ Student lives with Mother/Guardian? ☐ Yes ☐ No

Last Name _____ First Name _____ Cell Phone Number _____ E-mail Address _____

Home Address (if different from student) _____ City _____ Zip Code _____ Home Phone Number _____

☐ Not High School Grad ☐ High School Grad ☐ Some College and/or 1-2 yrs Community College ☐ 4 yr College Grad ☐ Grad School/PostGrad**TYPE OF DWELLING (federally mandated)**☐ Single Family (house, condo, mobile home, etc) (200) ☐ Shelter/Transitional Housing Program (100)☐ Temporarily Doubled-Up (120) ☐ Foster Family/Kinship (210)☐ Motel/Hotel (110) ☐ Unsheltered (car/campsite) (130) ☐ Other _____**SPECIAL PROGRAMS:** Has your child received assistance from or participated in any of the following programs:☐ Language/Speech/Hearing (LSH) ☐ Resource Specialist Program (RSP) ☐ 504 Plan ☐ Special Day Class (SDC)☐ Individual Education Plan (IEP)* ☐ Modified/Adaptive Physical Ed ☐ Retained in Grade: _____

* Must provide copy of current IEP or 504 Plan

PREVIOUS SCHOOL/PRESCHOOL INFORMATION:

Last Day of Attendance: ____/____/____

Previous School Attended _____ School District _____ School Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Is student Hispanic or Latino? (Must select one) ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino
Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.**Please indicate your primary race/ethnicity by marking only one "P".****Indicate as many other race/ethnicity as appropriate by indicating with an "X". Must select at least one.**

____ American Indian or Alaska Native ____ Black or African American ____ White

Asian: ____ Chinese ____ Japanese ____ Korean ____ Vietnamese ____ Asian Indian ____ Laotian ____ Cambodian ____ Filipino ____ Other Asian

Native Hawaiian or Other Pacific Islander: ____ Hawaiian ____ Guamanian ____ Samoan ____ Tahitian ____ Other Pacific Islander

What other language would you like written correspondence in? ☐ English ☐ Chinese ☐ Spanish ☐ Vietnamese**MOBILITY:** (Required for State Testing Reports)

What grade did/will your child first attend THIS SCHOOL in Berryessa Union School District (Grades TK-8)? Grade: _____

What grade did/will your child first attend BERRYESSA UNION SCHOOL DISTRICT (Grades TK-8)? Grade: _____

What date did/will your child first attend a PRIVATE OR PUBLIC SCHOOL in CALIFORNIA (Grades TK-8)? Month _____ Day _____ Year _____

What date did/will your child attend a PRIVATE OR PUBLIC SCHOOL in the UNITED STATES (Grds TK-8)? Month _____ Day _____ Year _____

Student's Last Name: _____ First: _____ DOB: _____

HEALTH INFORMATION:

Health Care Provider: _____ Group #: _____
 Student's Doctor Name: _____ Phone: _____
 Student's Dentist Name: _____ Phone: _____

Does your child require corrective lenses? ☐ Yes ☐ NoDoes your child have a health condition? ☐ Yes ☐ No (If any boxes are checked, please explain below)

- ☐ Allergies - life threatening ☐ Hearing Problems ☐ Orthopedic Condition
☐ Asthma ☐ Heart Problems ☐ Other Significant Health Concerns
☐ Diabetes ☐ Limited Physical Activity ☐ Seizure Disorder
☐ Neurological Condition ☐ Vision Problems - Eye disease such as glaucoma, cataracts, color blindness, other (please explain below)

Please explain: _____

*** FOOD ALLERGIES REQUIRE FORM (attached to packet) "MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS"**Does your child take medication on a regular basis? ☐ Yes ☐ No Is it required during school day? ☐ Yes* ☐ No

If yes, list medication(s): _____

* If medication is taken during school hours, please see school office for the "PERMIT TO TAKE MEDICATION IN SCHOOL" form (or print one from our district website). This form must be renewed annually.

Father/ Guardian Work Phone: _____ Company Name: _____ Occupation: _____

Mother/Guardian Work Phone: _____ Company Name: _____ Occupation: _____

EMERGENCY CONTACT:

DO NOT LIST PARENTS/GUARDIANS WHO ARE LISTED ON THE FRONT OF THIS FORM:

In case of my child's illness, injury or the event of a major disaster (e.g., earthquake, flood) and the school is unable to reach me, I give my consent to call or release my child to any of the following persons listed below.

Name	Address, City	Telephone	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CHILDREN LIVING IN THE HOME, AGES 1 DAY TO 20 YRS OLD:

Name	Gender	Birth Date	Grade	School	Relationship to Student
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESIDENT VALIDATION:

I verify that my child meets the school resident requirements established by Berryessa Union School District. I have substantiated this requirement by providing the requested documentation. I understand that if it is found that the student is not living at the residence as stated and/or falsification of information, my child will immediately be enrolled at the appropriate district school or home district. If I change my residence while attending school in the district, I will be required to provide proof of residence within the boundaries of the Berryessa Union School District. I hereby certify that the STUDENT/FAMILY INFORMATION provided on pages 1 and 2 is accurate and I understand that intentionally giving false information is considered to be fraudulent. I, the (parent or legal guardian) of this child, certify that all information on this enrollment form is true and correct.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLYE/R Identified ☐ P ☐ S ☐ O

Residence verified by: _____ School Year 2017-2018

Resident verification _____ AND _____
(List what was shown) (List what was shown)Valid ID (check one) ☐ Driver's License OR ☐ Identification Card

EXHIBIT 50

Campbell Union High School District **REGISTRATION CARD**

Home School: _____ School Year: _____

Student Name: _____
Last First Middle Male _____ Female _____ Grade _____

First Name Preference: _____ E-mail address: _____

Date of Birth: ____/____/____ Birth City: _____ State: _____ Country: _____

Student's Address: _____ Apt.#: _____
Street City Zip Home Phone #**Father /Guardian:** (student living with? Yes _____ No _____) Employed by: _____
Name: _____ E-mail Address: _____
Address: _____ Apt.# _____ City: _____ Zip: _____
Phone: _____ Cell Phone: _____ Work Phone: _____**Mother /Guardian:** (student living with? Yes _____ No _____) Employed by: _____
Name: _____ E-mail Address: _____
Address: _____ Apt.# _____ City: _____ Zip: _____
Phone: _____ Cell Phone: _____ Work Phone: _____School Attended Last Year: _____ District: _____
Address: _____ City: _____ State: _____

The Campbell Union High School District is required to notify parents and guardians of their rights to excuse Students from specific activities and to obtain education for the handicapped (Education Code Section 48980). These rights are printed on a separate sheet accompanying this form. Your signature below indicates that you have seen this notice but does not imply consent to participate in any particular program.

State and Federal Education Programs require the submission of the information requested below. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to their high school.

Correspondence Language:
☐ English ☐ Spanish

ETHNICITY: Is this student Hispanic or Latino?
☐ Yes ☐ No

Circle "Yes" or "No" to respond to the information in boxes below.

FOREIGN BORN STUDENTS ONLY:
 Date student first entered the
 U. S.: ____/____/____
 Since entering, has student left the U.S. for any long period of time? Yes ☐ No ☐
 Is the student a U.S. Citizen:
 Yes ☐ No ☐
 If no, give Immigration number:
 # _____
 Date student first entered
 U.S. schools: ____/____/____
 Date student first entered Calif.
 schools: ____/____/____

RACE: In addition to the Ethnicity question above, you MUST check at least one of the race boxes below.

<input type="checkbox"/>	100 - American Indian or Alaska Native
<input type="checkbox"/>	201 - Chinese
<input type="checkbox"/>	202 - Japanese
<input type="checkbox"/>	203 - Korean
<input type="checkbox"/>	204 - Vietnamese
<input type="checkbox"/>	205 - Asian Indian
<input type="checkbox"/>	206 - Laotian
<input type="checkbox"/>	207 - Cambodian
<input type="checkbox"/>	208 - Hmong
<input type="checkbox"/>	299 - Other Asian
<input type="checkbox"/>	301 - Hawaiian
<input type="checkbox"/>	302 - Guamanian
<input type="checkbox"/>	303 - Samoan
<input type="checkbox"/>	304 - Tahitian
<input type="checkbox"/>	399 - Other Pacific Islander
<input type="checkbox"/>	400 - Filipino
<input type="checkbox"/>	600 - Black or African American
<input type="checkbox"/>	700 - White

Yes	Share my student's information with
No	Military recruiters.

Yes	I have read and agree to the policy on
No	Internet Usage & Software Code of Ethics.

Yes	I have read and agree to the policy
No	on Locker Usage.

Yes	I give permission for my student's photo
No	to be used on any CUHSD or school publication.



Check the Appropriate Box that Applies to the Parent with the Highest Level of Education.

<input type="checkbox"/>	1. Not a high school graduate
<input type="checkbox"/>	2. High school graduate
<input type="checkbox"/>	3. Some college(includes AA degree)
<input type="checkbox"/>	4. College graduate(four year degree)
<input type="checkbox"/>	5. College post graduate
<input type="checkbox"/>	6. Declined to state/Unknown

Date

Signature of parent or guardian

EXHIBIT 51

School Use Only 	ON LINE FORM ♦ NEW STUDENT REGISTRATION ♦ 2016-17 FREMONT UNION HIGH SCHOOL DISTRICT - ENROLLMENT & RESIDENCY OFFICE 589 West Fremont Avenue · Sunnyvale, CA 94087 · (408) 522-2266	Office Use Only 
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PART 1 - STUDENT INFORMATION

Student's Legal Last Name		Student's Legal First Name		Student's Middle Name	2016-17	Grade
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gender	Birth Date (MM/DD/YYYY)	Social Security #	Birth Country	U.S. Citizen		
M or F <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth City	Birth State or Province	Date 1st Entered the U.S.	Date <u>Last</u> Entered the U.S.			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Date 1st Started U.S. School	Other Name Used	Student Cell Phone	Student E-mail (print clearly)			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Name of Last School Attended	City of Last School	State/Country of School	Date Last Attended			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Has the student ever attended public school in CA? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, what's the Name of the School? <input style="width: 95%;" type="text"/>			Year(s) Attended? <input style="width: 95%;" type="text"/>			

PART 2 – RACE AND ETHNICITY INFORMATION

Is this student of Hispanic or Latino Ethnicity? ☐ **NO**, not Hispanic or Latino ☐ **YES**, Hispanic or Latino

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

What is the student's race? You must check 1 or more boxes below regardless of answer to previous question

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native (100) – <i>persons having origins in North, South or Central America</i> | | | |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Vietnamese (204) |
| <input type="checkbox"/> Cambodian(207) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Asian(299) | <input type="checkbox"/> Hawaiian (301) |
| <input type="checkbox"/> Tahitian (304) | <input type="checkbox"/> Other Pacific Islander (399) | <input type="checkbox"/> Filipino (400) | <input type="checkbox"/> Black/African American (600) |
| <input type="checkbox"/> White (700) - <i>origins in Europe, the Middle East, or North Africa</i> | | | |

PART 3 – LANGUAGE SURVEY - you must complete all language questions

(The State requires districts to collect this information to determine if students need English Learner services)

1. What language did your student learn when he/she first began to speak?
2. What language does your son/daughter most frequently use at home?
3. What language do you most frequently speak to your son or daughter?
4. Name the language most often spoken by adults at home.

If any answer above was Chinese, please select the dialect spoken by placing an X in a box below.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Cantonese (03) | <input type="checkbox"/> Chaozhou (39) | <input type="checkbox"/> Mandarin (07) | <input type="checkbox"/> Taiwanese (46) | <input type="checkbox"/> Toishanese (53) |
|---|--|--|---|--|

If any answer above was Indian or Dialect of, please select the dialect spoken by placing an X in a box below.

- | | | | | |
|---------------------------------------|--|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bengali (61) | <input type="checkbox"/> Gujarati (43) | <input type="checkbox"/> Hindi (22) | <input type="checkbox"/> Kannada (65) | <input type="checkbox"/> Marathi (64) |
| <input type="checkbox"/> Punjabi (28) | <input type="checkbox"/> Telugu (62) | <input type="checkbox"/> Tamil (63) | <input type="checkbox"/> Other _____ | |

**PART 4 – PARENT OR LEGAL GUARDIAN #1 (With Whom The Student Is Residing)**

Legal Last Name	Legal First Name	Middle Name	Relationship

Gender	Birth Date (MM/DD/YYYY)	E-mail Address (please print clearly)	Cell/Mobile Phone
M or F			()

Street Address of Home	Apt.	City	ZIP Code (9 digits if known)

Home Phone	Work Phone (if different from cell phone)	Employer
()	()	

Education Level of Parent / Legal Guardian #1 (please check one box below)

- ☐ Not a High School Graduate (14) ☐ High School Graduate (13) ☐ Some College or AA Degree (12)
☐ College Degree (11) ☐ Graduate Degree or higher (10)

PART 5 – PARENT OR LEGAL GUARDIAN #2

Legal Last Name	Legal First Name	Middle Name	Relationship

Gender	Birth Date (MM/DD/YYYY)	E-mail Address (please print clearly)	Cell/Mobile Phone
M or F			()

Street Address of Home	Apt.	City	ZIP Code (9 digits if known)

Home Phone	Work Phone (if different from cell phone)	Employer
()	()	

Education Level of Parent / Legal Guardian #2 (please check one box below)

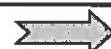
- ☐ Not a High School Graduate (14) ☐ High School Graduate (13) ☐ Some College or AA Degree (12)
☐ College Degree (11) ☐ Graduate Degree or higher (10)

PART 6 – STUDENT PROGRAM INFORMATION

Has this student ever been expelled from school? ☐ NO ☐ YES If YES, in what grade did this occur? _____

Has this student ever participated in special programs in his/her former school, such as:

- ☐ Alternative/Opportunity Program ☐ Adaptive Physical Education ☐ ELD (English as a second Language)
☐ Special Education ☐ 504 Plan ☐ Other (please describe) _____

**PLEASE TURN TO NEXT PAGE AND COMPLETE PAGE 3**

PART 7 – WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING (please check one below)?

- ☐ Temporary Shelter (100) ☐ Hotel/Motel (110) ☐ Temporarily Sharing a Home (120)
☐ Temporarily Unsheltered (130) ☐ Foster Home (210) ☐ Permanent Housing-rent or own (200)
☐ School Dormitory (230) ☐ Health Institution (240)

PART 8 – ADDITIONAL HOUSING INFORMATION – this section is optional & you can call our office for more help

Complete this section if you checked any of the Temporary living situations above (Part 7).

Due to financial hardship, our family (or your student) is currently living in:

- ☐ A Campsite ☐ An Automobile ☐ Abandoned Building (or other unsuitable building)
☐ Temporarily sharing a home with another family due to not currently having a place of our own

PART 9 – HOUSEHOLD MEMBER INFORMATION - STUDENTS

If there are any additional high school students living in the home that ever attended or will attend a school in the District (FUHSD) in 2016-17, please provide the information below regardless of situation (include siblings, friends and/or other family members):

Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you share this home with another family? ☐ NO ☐ YES

If YES, please provide the following information about the head of this family (Father or Mother):

Legal Last Name	Legal First Name	Relationship	Gender M or F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 10 – SIGNATURES AND DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the minor student named above lives in my home full-time (or legal shared residency - 50% or more) and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's living arrangements do not agree with the information provided on this form, the student will NOT be allowed to attend schools in the Fremont Union HSD.

Date

Parent/Guardian Signature

← PLEASE TURN TO NEXT PAGE AND COMPLETE PAGE 4 →

ON LINE FORM ◆ NEW STUDENT REGISTRATION FORM ◆ 2016-2017

PAGE 4 ◆ EMERGENCY AND HEALTH INFORMATION SHEET

PART 1 – EMERGENCY CONTACT INFORMATION

The individuals listed below have authorization to pick up my child and can be reached during the school hours at the number listed. **Two** Adult (age 18 or older) Emergency Contacts are requested (not student's parents).

Legal Last Name	First Name (legal name if known)	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender M or F	Daytime Phone ()	Cell/Mobile Phone ()

Legal Last Name	First Name (legal name if known)	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender M or F	Daytime Phone ()	Cell/Mobile Phone ()

PART 2 – HEALTH INFORMATION

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. Parent(s) / guardian(s) will be responsible for all emergency medical expenses.

Physician's Name	Physician's Phone Number	Medical Record Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please mark the box if your student has or carries any of the following:

<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> *Epipen for _____ allergy
<input type="checkbox"/> Mild/Moderate Asthma	<input type="checkbox"/> Severe Asthma	<input type="checkbox"/> *Carries Inhaler <input type="checkbox"/> Does NOT Carry Inhaler

*Permission form to carry/take medication at school must be on file in the office (CA Education Code #49423). You may Download the form from the District website at: <http://www.fuhhsd.org/meds> .

Please list all current medications and the condition requiring the medication:

Medication #1	Condition/Purpose	Medication #2	Condition/Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list/describe any other Diagnosed Health Problems:

Emergency Comments:

PART 3 – PARENT/LEGAL GUARDIAN SIGNATURE (signature of parent with whom the student resides)

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF YOU WANT A COPY FOR YOUR RECORDS, PLEASE MAKE ONE PRIOR TO RETURNING THIS FORM

FOR OFFICE USE ONLY

EXHIBIT 52

**SANTA CLARA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

PermID _____ Grade _____

I. STUDENT INFORMATION

Legal Name: Last _____ First _____ Middle _____
Name (if different than above) Last _____ First _____ Cell Phone (_____) _____ - _____
☐ Female ☐ Male Birthplace: City _____ State _____ Country _____
 Birthdate _____ / _____ / _____ US Citizen ☐ Yes ☐ No US Entry Date _____ / _____ / _____

Ethnicity. What is the ethnicity of this student? (Check one)

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino
(Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race. What is the race of this student (Check up to 5 racial categories)

The above part of the question is about ethnicity, not race. Regardless of what you have selected (above), please continue to answer the following question by marking one or more boxes to indicate what you consider the race of this student to be.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<i>(Persons having origins in any of the original people of North, Central, or South America)</i> | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> Filipino (400) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Black/African American (600) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Samoan (303) | <input type="checkbox"/> White (700) <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
| | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Tahitian (304) | |

Residence

Address _____ Apt/Space _____
 City _____ State _____ Zip Code _____
 Primary Phone No. (_____) _____ - _____

Student resides with (check all that apply)

- ☐ Mother ☐ Father ☐ Step Parent
☐ Legal Guardian(s) ☐ Other _____

Mailing Address (if different from above)

Address _____ PO Box _____
 City _____ State _____ Zip Code _____

Type of Dwelling (federally mandated)

- ☐ Single Family (house, condo, mobile home, etc) (200)
☐ Shelter/Transitional Housing Program (100) ☐ Doubled-Up (120)
☐ Foster Family/Kinship (210) ☐ Motel/Hotel (110)
☐ Unsheltered (car/campsite)(130) ☐ Other _____

II. PARENT / GUARDIAN INFORMATION

Name: Last _____ First _____ Middle _____

Language Spoken _____
 Work Phone No. (_____) _____ - _____
 Cell Phone No. (_____) _____ - _____
 Other _____ (_____) _____ - _____
 Email _____ @ _____

Parent Education Level (indicate highest level completed)

- ☐ Not a High School Graduate (1) ☐ College Graduate (4)
☐ GED (1) ☐ Graduate School / Post Graduate (5)
☐ High School Graduate (2) ☐ Declined to State (6)
☐ Some College (3)

Relationship to Student

- ☐ Mother ☐ Step Mother ☐ Legal Guardian
☐ Father ☐ Step Father ☐ Other _____

Marital Status

Armed Forces

- ☐ Married ☐ Single ☐ Active Duty ☐ N/A
☐ Divorced ☐ Widowed ☐ National Guard

Name: Last _____ First _____ Middle _____

Language Spoken _____
 Work Phone No. (_____) _____ - _____
 Cell Phone No. (_____) _____ - _____
 Other _____ (_____) _____ - _____
 Email _____ @ _____

Parent Education Level (indicate highest level completed)

- ☐ Not a High School Graduate (1) ☐ College Graduate (4)
☐ GED (1) ☐ Graduate School / Post Graduate (5)
☐ High School Graduate (2) ☐ Declined to State (6)
☐ Some College (3)

Relationship to Student

- ☐ Mother ☐ Step Mother ☐ Legal Guardian
☐ Father ☐ Step Father ☐ Other _____

Marital Status

Armed Forces

- ☐ Married ☐ Single ☐ Active Duty ☐ N/A
☐ Divorced ☐ Widowed ☐ National Guard

Please Complete The Information On The Other Side Of This Form

**SANTA CLARA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

(Student Name) Last _____ First _____ PermID _____ Grade _____

III. ADDITIONAL STUDENT INFORMATION

Languages

- 1) Which language did your child learn when he/she first began to talk? _____ ELEF
- 2) Which language does your child most frequently speak at home? _____ ELEF
- 3) Which language do you (the parents or guardians) most frequently use when speaking with your child? _____ ELEF
- 4) Which language is most often spoken by adults in the home?(parents, guardians, grandparents, or any other adults) _____

Previous Schools / Enrollment History

US School Entry Date _____ / _____ / _____ California School Entry Date _____ / _____ / _____

Last School Attended _____ School District _____

School Address _____ City _____ State _____

Phone (____) _____ - _____ Fax (____) _____ - _____ Date left previous school _____ / _____ / _____

Has student previously attended a school in the Santa Clara Unified School District?

☐ No ☐ Yes (if yes) School _____ Date left SCUSD School _____ / _____ / _____

Has student ever been expelled from school? ☐ Yes ☐ No Has student ever been retained? ☐ Yes ☐ No What grade? _____

Special Programs

Please check if student has received any special services or participated in any of the following programs.

☐ ELL/Bilingual Program ☐ Gifted and Talented ☐ Migrant Education ☐ IEP ☐ Resource Specialist

☐ Special Day Class ☐ Speech/Language ☐ Title I ☐ Other _____

Other Family Members

Names of other children in the family	Birthdate	Relationship to Student
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Non-Custodial Parent or Joint Custodial Parent

Name: Last _____ First _____ Middle _____

Language Spoken _____ Email _____ @ _____

Work Phone No. (____) _____ - _____ Address _____

Cell Phone No. (____) _____ - _____ City _____ State _____ Zip Code _____

Other (____) _____ - _____

Relationship to Student

☐ Mother ☐ Step Mother ☐ Legal Guardian

☐ Father ☐ Step Father ☐ Other _____

Marital Status

☐ Married ☐ Single ☐ Divorced ☐ Widowed

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete.
The undersigned declares under penalty of perjury that they are the parent or legal guardian of the above-named student.

Parent / Guardian Signature _____ Date _____ / _____ / _____

For School Use Only

School _____	Date _____ / _____ / _____	PermID _____	Family # _____	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
<input type="checkbox"/> Open Enrollment	Home School # _____	Teacher _____	Room _____	Counselor _____
<input type="checkbox"/> In District Transfer	Home School # _____	Records Requested _____ / _____ / _____	Date Entered _____ / _____ / _____	
<input type="checkbox"/> Overload	Home School # _____	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Baptisma! <input type="checkbox"/> Passport
<input type="checkbox"/> Out of District Transfer	District # _____	<input type="checkbox"/> Address Verification	By (initial) _____	Date _____ / _____ / _____

EXHIBIT 53

Mountain Elementary School District STUDENT REGISTRATION - GRADE _____

Year: _____

Student Last Name: _____

First Name: _____

Permanent ID: _____

▶ Has your student ever attended Mountain Elementary School District before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date:

Month	Day	Year
-------	-----	------

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O Box or house # & street name)

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not 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)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date student first attended school in the U.S.

Month Day Year

Date student first attended school in California

Month Day Year

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

Continued on reverse side

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 ☐ None

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

While Mountain School does not provide free and reduced lunch, your confidential response is required by the state of California and could help Mountain School generate additional funding. Thanks for your help!

Based on the attached chart, DO YOU QUALIFY FOR STATE FUNDED FREE AND REDUCED LUNCH? ☐ Yes ☐ No

Signature of Parent/Guardian: _____ Date _____

EXHIBIT 54

Welcome to McSwain School

Please complete the attached enrollment package for each student and return to the school office.

You will also need to bring the following items for each student:

1. Birth Certificate
2. Immunization Records
3. Social Security Card
4. Transcripts from previous school if available

You will need to provide proof of residency as well.

1. If you **own** your home please bring one of the following:
 - A. Deed
 - B. Property Tax Statement
2. If you **rent** your home please bring:
 - A. 3 bills that come monthly
 - B. A copy of your rental agreement.

As a courtesy to you:

If you are not registered to vote or have not transferred your voting precinct we can provide you with a voter registration form complete this process.

For Office Use Only

Student Number _____
Bus Number _____**McSWAIN UNION ESD - STUDENT REGISTRATION****GRADE**

Student Last Name: _____

First Name: _____

Permanent ID: _____

► Has your child ever attended McSwain Elementary School before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal Last Name Legal First Name Legal Middle Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date: Student Nickname:

Month Day Year

Home Phone

Work Phone

()

()

Cell Phone

Other Phone

()

()

Parent/Guardian Last Name

First Name

Home Phone

Work Phone

()

()

Cell Phone

Other Phone

()

()

Parent/Guardian Last Name

First Name

Mailing Address (P.O Box or house # & street name)

Apt#

City

State

Zip

Residence Address (house # & street name) (IF DIFFERENT)

Apt #

City

State

Zip

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? *The question above 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 your child's race. If your child is multiracial, you may select two or more races.*

☐ American Indian or Alaskan Native (100)
(Persons having origins in any of the original people of North, Central or South America)

☐ Chinese (201)☐ Japanese (202)☐ Korean (203)☐ Vietnamese (204)☐ Asian Indian (205)☐ Laotian (206)☐ Cambodian (207)☐ Hmong (208)☐ Other Asian (299)☐ Hawaiian (301)☐ Guamanian (302)☐ Samoan (303)☐ Tahitian (304)☐ Other Pacific Islander (399)☐ Filipino/Filipino American (400)☐ African American or Black (600)

☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

☐ Graduate Degree or Higher (10)☐ College Graduate (11)☐ Some College or Associate's Degree (12)☐ High School Graduate (13)☐ Not a High School Graduate (14)Date your child first attended school in the U.S.

Month

Day

Year

Date your child first attended school in California

Month

Day

Year

STUDENT

BIRTHPLACE: City: _____ State: _____ Country: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (MUESD # 600965 REV 1/12)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language:

1. Which language did your child learn when he / she first began to talk? _____
2. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- ☐ In a permanent residence (house, apartment, condo, mobile home) (20) ☐ In a motel/hotel
- ☐ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) ☐ Temporarily unsheltered (car/campsite)
- ☐ In a shelter or transitional housing program (10) ☐ Other (please specify) (8) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child ever been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Assigned Grade: _____	Enroll Date: _____	Notes: _____	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
--	--	---	--------------------------	--------------------	--------------	---

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (MUESD # 600965 REV 1/12)

EXHIBIT 55



ANDERSON UNION HIGH SCHOOL STUDENT ENROLLMENT FORM

SCHOOL YEAR: _____

GENERAL INFORMATION

Student's Last Name	First Name	Middle Name	Other Names
Mailing Address Street #/PO Box		City, State	Zip Code
Residential Address Street #		City, State	Zip Code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade	Birth Date	Social Security #
Student Cell Phone #	City, State of Birth		Country of Birth

Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (please list):		Is the parent/guardian living with the student a <u>full-time</u> member of the military or reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER	Father's Name	Employer	Email
	Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
MOTHER	Mother's Name	Employer	Email
	Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
STEPFATHER	Stepfather's Name	Employer	Email
	Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
STEPMOTHER	Stepmother's Name	Employer	Email
	Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

If divorced/separated and joint custody allows duplicate mailings/other information to be given to the other parent, please complete:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> N/A		
Full Name	Primary Phone	Cell Phone
Street #/PO Box	City, State	Zip Code

Where is your child currently living? Check all that apply. *This information is federally mandated by the No Child Left Behind act.*

- | | |
|---|--|
| <input type="checkbox"/> Single family permanent residence (house, apt, condo, mobile home) (13) | <input type="checkbox"/> In or awaiting foster care placement (14) |
| <input type="checkbox"/> With more than one family in a house or apartment (11) | <input type="checkbox"/> In a motel, car or campsite (12) |
| <input type="checkbox"/> With friends or other family members (other than parents, grandparents, or legal caregiver) (11) | <input type="checkbox"/> In a group home (14) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | |

Please mark the highest level of education of either first generation parent:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Did not graduate high school | <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Some college/AA | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Graduate School/Post Graduate |
|---|---|--|---|--|

ATTENDANCE VERIFICATION CONTACTS *Please list names of people who may verify attendance.*

Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

EMERGENCY CONTACTS Please list names to be contacted in case of an emergency (other than names listed on front). Parent/guardian will always be contacted in

Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Okay to release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Okay to release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Okay to release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Relationship to Student	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Okay to release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COURT ORDERS If you have a court order, please bring a copy to the office to keep on file.

List all orders:

ETHNICITY & HOME LANGUAGE INFORMATION

What is your student's ethnicity?

☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Do not wish to answer

What is your student's race? Choose the group the student most closely identifies with.

<input type="checkbox"/> American Indian/Alaskan Native (100)	<input type="checkbox"/> Filipino/Filipino American (404)	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Black/African American (600)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Pacific Islander (399)	<input type="checkbox"/> White (Non-Hispanic) (700)
<input type="checkbox"/> Chinese (201)			

What language did your student learn when he/she first began to speak?

What language does your student most frequently use at home?

What language do you most frequently speak to your student in?

What language is most often used by adults at home?

If your student was born in a different country, please fill in the dates below:

Date of entry to United States

Year of enrollment in a U.S. School

Year of enrollment in a California school

OTHER INFORMATION

Is the student currently on probation?

☐ Yes ☐ No

If yes, name of probation officer:

Has your child ever been expelled?

☐ Yes ☐ No

If yes, what year?

What school?

Please mark any special services your student has had in the past or may need in the future:

☐ RSP ☐ SDC ☐ Speech ☐ GATE ☐ Migrant Ed ☐ Indian Ed ☐ 504 Plan ☐ Behavior Plan**TRANSFER DATA**

Last School Attended

City, State

Phone #

Fax #

In which school district does the student reside in?

☐ Shasta UHSD ☐ Gateway USD ☐ Red Bluff UHSD (Tehama County) ☐ Other:

If within Anderson UHSD, which school?

☐ West Valley HS ☐ Anderson Union HS**PARENT/GUARDIAN AUTHORIZATION**

Print Name

Parent/Guardian Signature

Date

Return completed forms to Lori Fry at lfry@auhsd.net, fax to 530-378-1645 or deliver to 1471 Ferry Street, Anderson, CA 96007**Submit**

EXHIBIT 56

JUNCTION SCHOOL DISTRICT PUPIL REGISTRATION

FOR OFFICE USE ONLY: Stu. #:

Perm ID #:

GRADE:

LEGAL NAME:

LAST

FIRST

MIDDLE

STUDENT SSN:

BIRTHDATE:

SEX: M F

PARENT/GUARDIAN NAME:

FATHER

MOTHER

(IF APPLICABLE) STEP-FATHER

STEP-MOTHER

MAILING ADDRESS:

STREET

CITY

STATE

ZIP

E-MAIL ADDRESS:

PARENT/GUARDIAN PHONE:

FATHER-HOME

FATHER-WORK

EMPLOYER

OCCUPATION

PARENT/GUARDIAN PHONE:

MOTHER-HOME

MOTHER-WORK

EMPLOYER

OCCUPATION

ADDITIONAL PHONE NUMBERS/CELL PHONE NUMBERS:

NUMBER

RELATIONSHIP TO STUDENT

NUMBER

RELATIONSHIP TO STUDENT

NAME(S) OF PERSON STUDENT RESIDE WITH:

RELATIONSHIP:

STUDENT'S CITY & STATE OF BIRTH:

PARENT EDUCATION LEVEL (PLEASE CHECK ONE):

- ☐ 1 = NOT A HIGH SCHOOL GRADUATE ☐ 2 = HIGH SCHOOL GRADUATE ☐ 3 = SOME COLLEGE
☐ 4 = COLLEGE GRADUATE ☐ 5 = GRADUATE SCHOOL/POST GRADUATE TRAINING

IS STUDENT HISPANIC OR LATINO?

☐ NO, NOT HISPANIC OR LATINO

☐ YES, HISPANIC OR LATINO

PLEASE CONTINUE TO ANSWER THE FOLLOWING BY CHECKING ONE OR MORE BOX TO INDICATE STUDENT'S RACE.

ETHNICITY:

- ☐ 1 = AMERICAN INDIAN/ALASKA NATIVE ☐ 2 = ASIAN INDIAN ☐ 3 = BLACK/AFRICAN AMERICAN ☐ 4 = WHITE ☐ 5 = CAMBODIAN
☐ 6 = CHINESE ☐ 7 = FILIPINO ☐ 8 = GUAMANIAN ☐ 9 = HAWAIIAN ☐ 10 = HMONG
☐ 11 = JAPANESE ☐ 12 = KOREAN ☐ 13 = LAOTIAN ☐ 14 = OTHER ASIAN ☐ 15 = OTHER PACIFIC ISLANDER
☐ 16 = SAMOAN ☐ 17 = TAHITIAN ☐ 18 = VIETNAMESE

HOME LANGUAGE:

- ☐ 00 = ENGLISH ☐ 01 = SPANISH ☐ 02 = VIETNAMESE ☐ 03 = CANTONESE ☐ 04 = KOREAN ☐ 05 = FILIPINO
☐ 09 = KHMER ☐ 10 = LAO ☐ 12 = ARMENIAN ☐ 23 = HMONG ☐ 29 = RUSSIAN ☐ 99 = OTHER

ENGLISH LANGUAGE FLUENCY:

- ☐ 1 = ENGLISH ONLY ☐ 2 = FLUENT ENGLISH PROFICIENT (FEP)
☐ 3 = REDESIGNATED FLUENT ENGLISH PROFICIENT (R-FEP) ☐ 4 = LIMITED ENGLISH PROFICIENT (LEP)

CHILDREN OF FAMILY

NAME	BIRTHDATE	BOY	GIRL	NAME	BIRTHDATE	BOY	GIRL

EXHIBIT 57

**COTTONWOOD UNION SCHOOL DISTRICT
2016/2017 SCHOOL YEAR
REGISTRATION FORM**

North Cottonwood ☐

West Cottonwood ☐

Student's Legal Name (from Birth Certificate)				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Last	First	Middle			
Grade: _____		SSN# _____	Birthdate ____/____/____	Place of Birth _____ City State Country	
If country is other than U.S., please complete the following:					
Arrival date in US: ____/____/____		Date of initial enrollment in a US school: ____/____/____		Date of initial enrollment in a CA school: ____/____/____	
Residence Address: _____ Street City Zip County					
Mailing Address if different: _____ Street or P.O. Box City Zip					
Home Phone # _____		Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Student Email _____					

PARENT/GUARDIAN INFORMATION

Who does student live with? _____

Please enter one parent per side

Relation to Student: _____

Name: _____
First Last

Home Address _____ City Zip

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Email Address _____

Social Security # _____ Military? Yes / No

Parent Education Level (for state testing purposes)

<input type="checkbox"/> No Diploma	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Some College/AA	<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate School/PhD	<input type="checkbox"/> Decline to state/unknown

Relation to Student: _____

Name: _____
First Last

Home Address _____ City Zip

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Email Address _____

Social Security # _____ Military? Yes / No

Parent Education Level (for state testing purposes)

<input type="checkbox"/> No Diploma	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Some College/AA	<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate School/PhD	<input type="checkbox"/> Decline to state/unknown

Residence – Where is your child/family currently living?

This information is federally mandated by *No Child Left Behind* – Please check appropriate box(es)

- | | |
|--|--|
| <input type="checkbox"/> In a single family permanent resident – house, apartment, condominium, mobile home (20) | <input type="checkbox"/> In or awaiting foster care placement (21) |
| <input type="checkbox"/> With more than one family in a house or apartment (11) | <input type="checkbox"/> In a motel (09) <input type="checkbox"/> In a care or campsite (12) |
| <input type="checkbox"/> With friends or other family members – other than parents, grandparents, or legal care giver (11) | <input type="checkbox"/> In a group home (14) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | |

Student's Ethnicity Is this student Hispanic or Latino? ☐ Yes ☐ No The previous question was about ethnicity, not race. No matter what you just selected, please continue to answer the following by making one or more selections to indicate what you consider the student's race to be. Write the number(s) on the line(s).

- | | |
|------------------------------------|-------------------------------|
| 100-American Indian/Alaskan Native | 301-Hawaiian |
| 201-Chinese | 302-Guamanian |
| 202-Japanese | 303-Samoan |
| 203-Korean | 304-Tahitian |
| 204-Vietnamese | 399-Other Pacific Islander |
| 205-Asian Indian | 400-Filipino |
| 206-Loatian | 600-Black or African American |
| 207-Cambodian | 700-White |
| 299-Other Asian | |

Home Language Survey

- Which language did your student learn when he or she first began to talk? _____
- What language does your student most frequently use at home? _____
- What language do you use most frequently to speak to your student? _____
- Name the language most often spoken by the adults at home: _____

FOR SCHOOL USE ONLY

Grade Level _____	EO <input type="checkbox"/> I-FEP <input type="checkbox"/> EL <input type="checkbox"/> RFEP <input type="checkbox"/>	Redes Date if RFEP _____
Date Enrolled _____	District of Residence _____	Interdistrict on file _____
CSIS # _____	IS _____ CUM Rcv'd _____	School ID # _____ Group # _____
	HmRm _____	Bus # _____ Scheduled _____

TRANSFER INFORMATION

Last School Attended: _____ City & State _____

Was student attending this school on an inter-district transfer? ☐ Yes ☐ No Date of withdrawal: _____ Reason for withdrawal: _____

District of Residence (for Inter-district transfer students coming INTO Cottonwood Union School District: _____

Has the student ever gone by a different name? ☐ Yes ☐ No If yes, please give full name used: _____Has the student been expelled/or in the process of being expelled from any school? ☐ Yes ☐ No Name of School _____Has the student ever been to the SARB Board? ☐ Yes ☐ No If yes, reason for SARB & when _____Is the student now enrolled/or has the student previously been enrolled in special education classes? ☐ Yes ☐ No Date of last IEP _____If yes, please check the program ☐ RSP ☐ SDC Does the student have an active 504 Plan? ☐ Yes ☐ NoIs the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD) ☐ Yes ☐ NoHas the student been an English learner less than 12 months? ☐ Yes ☐ No Has the student ever received Title I Services? ☐ Yes ☐ No**MEDIA PERMISSION**I grant permission for identified school-related photographs or video of my child to be included in publicity information such as news releases, videos, newsletters, reports and district web site postings. ☐ Yes ☐ No**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Gender	Date of Birth	Lives @ Home	School Attending/Grade (if graduated, N/A)
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

OTHER PARENT OR LEGAL GUARDIAN INFORMATION not previously listed, if applicable.Check one None ☐ Father ☐ Step-Father ☐ Mother ☐ Step-Mother ☐ Guardian ☐ Other ☐ _____

Name _____ Home Phone _____

First Last

Home Address _____

Street Address City State Zip

Work Phone _____ Cell Phone _____ Pager _____

Email Address _____ Extra Mailings? ☐ Grades Only? ☐

If Foster or Group Home, name of organization: _____

Phone Number: _____ Name of Case Worker: _____

Is there a custody court order regarding this student? ☐ Yes ☐ No If Yes, please provide a copy of the court order to the school.Check one None ☐ Father ☐ Step-Father ☐ Mother ☐ Step-Mother ☐ Guardian ☐ Other ☐ _____

Name _____ Home Phone _____

First Last

Home Address _____

Street Address City State Zip

Work Phone _____ Cell Phone _____ Pager _____

Email Address _____ Extra Mailings? ☐ Grades Only? ☐

If Foster or Group Home, name of organization: _____

Phone Number: _____ Name of Case Worker: _____

Is there a custody court order regarding this student? ☐ Yes ☐ No If Yes, please provide a copy of the court order to the school.

EMERGENCY CONTACTSList two **local** contacts to who the student may be released in the case of illness or other emergency if unable to notify parent.

Name _____	Name _____
Home Phone _____	Home Phone _____
Address _____	Address _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

ADDITIONAL CONTACTS

Additional contacts who the student may be released to.

Name _____	Name _____
Home Phone _____	Home Phone _____
Address _____	Address _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

In the event of a disaster, if parents or emergency contacts are not available, my son/daughter may be released to an adult familiar to him/her. ☐ Yes ☐ No**HEALTH INVENTORY**

Student's Physician	Doctor's Name _____	Street Address _____	City _____	Phone Number _____
---------------------	---------------------	----------------------	------------	--------------------

Student's Dentist	Dentist's Name _____	Street Address _____	City _____	Phone Number _____
-------------------	----------------------	----------------------	------------	--------------------

Hospital Preference _____

Do you have Health Insurance? ☐ Yes ☐ No If yes, Name of Insurance Co. _____ Policy # _____Do you have a religious or other objection to your child receiving emergency medical care? ☐ Yes ☐ No If yes, please explain: _____Current Medication(s) ☐ Yes ☐ No

State law requires written doctor and parent permission for taking any medication at school. Please obtain a form from the school office.

If yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a special health problem or physical disability that should be brought to the attention of the school nurse or teacher? ☐ Yes ☐ No

If yes, please explain: _____

According to appropriate grade level schedules, all children will receive vision, hearing and dental screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you. My 7th grade daughter / 8th grade son may participate in the free scoliosis screening: ☐ Yes ☐ No

Health Problems Check all that apply:

Diagnosed ADD or ADHD	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Wears Glasses	<input type="checkbox"/>	For close work	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Eye Injury	<input type="checkbox"/>	For distance only	<input type="checkbox"/>	At all times	<input type="checkbox"/>
Bladder Problems	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Known Hearing Loss	<input type="checkbox"/>	Right	<input type="checkbox"/> Left
Bleeding Disorder	<input type="checkbox"/>	Frequent Nosebleeds	<input type="checkbox"/>	Known Vision Loss...	<input type="checkbox"/>	Right	<input type="checkbox"/> Left
Color Vision Deficiency	<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Wears Hearing Aide..	<input type="checkbox"/>	Right Ear	<input type="checkbox"/> Left Ear
Diabetes	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>				
Eczema/Skin Trouble	<input type="checkbox"/>	Wears Contact Lens	<input type="checkbox"/>				

History of Ear Problem	<input type="checkbox"/>	Describe	_____
Heart Problem	<input type="checkbox"/>	Describe	_____
Head Injury	<input type="checkbox"/>	Describe	_____
History of Fracture	<input type="checkbox"/>	Describe	_____
History of Hospitalization	<input type="checkbox"/>	Describe	_____
History of Surgery	<input type="checkbox"/>	Describe	_____
Physical Limitations	<input type="checkbox"/>	Describe	_____
Other or further details of above _____			

Allergies Check all that apply:

None	<input type="checkbox"/>	Animals	<input type="checkbox"/>	List specific item(s) student is allergic to: _____
Food	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Describe allergic reaction or treatment: _____
Drugs	<input type="checkbox"/>	Bee Sting	<input type="checkbox"/>	_____
Plants	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____

Permission for Medical Records

I/We GIVE consent to the Cottonwood Union School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.) ☐ Yes ☐ No

EMERGENCY MEDICAL AUTHORIZATION

I understand that the Cottonwood School District does not provide medical or accident insurance for students in school related injuries. Parents may purchase medical insurance. Information about this option is available from the Health Clerk.

Optional Emergency Treatment Authorization: We hereby authorize the staff of my child's School District to secure emergency medical help for our child at our expense when necessary in accordance with information on this form.

To Physician or Emergency Personnel: I give permission for emergency treatment if I am not available.

On _____ at _____, California.
Date City

Parent/Guardian Signature(s) _____

I/We have reviewed this Registration Form and to the best of my/our knowledge the information contained herein is true and complete.

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

PRIMARY PARENT OR GUARDIAN (from page one)

PRIMARY PARENT OR GUARDIAN (from page one)

Please print full name

Please print full name

Signature

Signature

Phone _____
Best number between 7:00am and 5:00 pm Monday-Friday

Phone _____
Best number between 7:00am and 5:00 pm Monday-Friday

EXHIBIT 58

Enterprise Elementary School District 1155 Mistletoe Ln, Redding, CA 96002 Phone: 530-224-4100 Fax: 530-224-4101

Registration Form ☐ Alta Mesa ☐ Boulder Creek ☐ Lassen View ☐ Mistletoe ☐ PACE Academy ☐ Parsons ☐ Redding Collegiate Academy ☐ Rother ☐ Shasta Meadows

Student's LEGAL Name _____ Date of Birth _____ Gender: ☐ M ☐ F
(from birth certificate) Last Name First Name Middle Name Month/Day/Year

Social Security # _____ Home Phone: _____ Grade Level: SELECT ONE

Residence Address _____
Address City State Zip

Mailing Address _____
(If different from above) Address City State Zip

Mother/Guardian _____ Father/Guardian _____
Last Name First Name Last Name First Name

Last School Attended: _____
Name Address City State Zip Phone Fax

Student's Birthplace: _____ If not born in the U.S., what month/year did your child enter U.S.? _____
City/State/County Month/Year

What month and year did your child first enroll in a U.S. school? _____ In a California school? _____
Month/Year Month/Year

<p>ETHNICITY with which the student most closely identifies:</p> <p><input type="radio"/> Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race</p> <p><input type="radio"/> Not Hispanic or Latino</p>	<p>HOME LANGUAGE:</p> <p>Are any family members BILINGUAL? <input type="radio"/> YES <input type="radio"/> NO</p> <p>IF YES, what language and what family members?</p>	<p>PARENT EDUCATION LEVEL:</p> <p>Check the response that describes the highest education level of the parent/guardian(s):</p> <p><input type="radio"/> Not a High School Graduate</p> <p><input type="radio"/> Some College (includes AA)</p> <p><input type="radio"/> Graduate School/Post Grad Training</p> <p><input type="radio"/> High School Graduate</p> <p><input type="radio"/> College Graduate</p> <p><input type="radio"/> Declined to State</p>	<p>RACE: (Please check up to five racial categories)</p> <p>The previous question pertains to ethnicity, not race. No matter what you selected there, please answer the following by marking one or more boxes to indicate what you consider your race to be.</p> <p><input type="checkbox"/> American Indian of Alaskan Native (100) (Person having origins in any of the original people of North, South, or Central America)</p> <p><input type="checkbox"/> Chinese (201)</p> <p><input type="checkbox"/> Japanese (202)</p> <p><input type="checkbox"/> Korean (203)</p> <p><input type="checkbox"/> Vietnamese (204)</p> <p><input type="checkbox"/> Asian Indian (205)</p> <p><input type="checkbox"/> Laotian (206)</p> <p><input type="checkbox"/> Cambodian (207)</p> <p><input type="checkbox"/> Hmong (208)</p> <p><input type="checkbox"/> Other Asian (299)</p> <p><input type="checkbox"/> Hawaiian (301)</p> <p><input type="checkbox"/> Guamanian (302)</p> <p><input type="checkbox"/> Samoan (303)</p> <p><input type="checkbox"/> Tahitian (304)</p> <p><input type="checkbox"/> Other Pacific Islander (399)</p> <p><input type="checkbox"/> African American or Black (600)</p> <p><input type="checkbox"/> White (700) (Person having origins in any of the original people of Europe, North Africa, or the Middle East)</p>
<p>SPECIAL SERVICES: What special services has your child received? (Please check all boxes that apply)</p> <p>Special Education: <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language</p> <p><input type="checkbox"/> 504 Accommodation Plan</p> <p>Other: <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Remedial Math <input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> English Language Development <input type="checkbox"/> Attended EESD Preschool (site)</p>			
<p>LEGAL ALERT: Do you have a restraining order which prevents someone from picking up your child? <input type="radio"/> NO <input type="radio"/> YES</p> <p>If YES, provide a copy of the restraining order and list the name here:</p> <p>Name Relationship Legal Document</p>			

I certify that my son or daughter is NOT currently under expulsion or disciplinary action from another public school or district in the State of California. If your son or daughter has been expelled within the last three years from a public school or district, you will be asked to provide a copy of the expulsion order and the release to return to public schools.

Parent/Guardian Signature Date

FORM CONTINUES ON NEXT PAGE

<p>Office Use Only Date Entered _____ Teacher _____ Grade _____ Bus Stop AM _____ Bus Stop PM _____</p>			
<p>Birth Verification: Birth Cert/Other _____ Shots Confirmed <input type="radio"/> Yes <input type="radio"/> No Kinder Dental <input type="radio"/> Yes <input type="radio"/> No 1st Grade Physical <input type="radio"/> Yes <input type="radio"/> No Home School <input type="radio"/> Yes <input type="radio"/> No</p>			
<p>INTRADISTRICT <input type="radio"/> Yes <input type="radio"/> No School _____ INTERDISTRICT <input type="radio"/> Yes <input type="radio"/> No School _____ ID # _____</p>			

Enterprise Elementary School District
Home Language Survey

(NOTE: If a language other than English is indicated in Questions 1, 2, 3 or 4, your child must be tested for English Proficiency.)

Student's Last Name _____ Student's First Name _____ Student's Middle Name _____ Grade _____ Age _____

Please refer to LISTING OF LANGUAGES (at right):

- Which language did your son or daughter learn when he or she first began to talk? _____
- What language does your son or daughter most frequently use at home? _____
- What language do you use most frequently to speak to your son or daughter? _____
- Name the language most often spoken by the adults at home. _____

Date: _____ Signature of Parent/Guardian _____

Please complete the following items to assist us in the assessment of your child.

- If a language *OTHER THAN ENGLISH* is indicated on any line above, does your child (*choose all that apply*):
a) Understand ☐ Yes ☐ No b) Speak ☐ Yes ☐ No c) Read ☐ Yes ☐ No d) Write ☐ Yes ☐ No
- How many years of *INSTRUCTION* has your child had in a *language other than English*? _____
- Did your child attend school in another country? ☐ Yes ☐ No IF YES, please provide us with the name and address of the school:
School _____ Address _____
- If your child was born in another country, what MONTH/DAY/YEAR did your family move to the United States? _____
- On what date did your child first enroll in a United States school? _____ Grade level first enrolled: _____

OFFICE USE: (To be completed with information gained by calling prior school.) Date prior school called _____ Initial _____

CELDT Scores from prior school: Listening Level _____ Speaking Level _____ Reading Level _____ Writing Level _____ Overall Level _____ Testing Date _____

Level of service received (check all that apply): ☐ EL Aide ☐ CLAD/SDAIE teacher ☐ exited EL/Date _____

For Refugees Only:	Alien No. (I-94):		For Immigrants Only:	Date of Entry in to US:	
	Date of Entry into US:			Country of Origin:	
	Country of Origin:				

LISTING OF LANGUAGES

Code	Language	Code	Language
56	Albanian	47	Lahu
11	Arabic	10	Lao
12	Armenian	07	Mandarin (Putonghua)
42	Assyrian	64	Marathi
61	Bengali	48	Marshallese
13	Burmese	44	Mien (Yao)
03	Cantonese	49	Mixteco
36	Cebuano (Visayan)	40	Nashto
54	Chaldean	41	Polish
20	Chamorro (Guamanian)	05	Portuguese
39	Chaozhou (Chuchow)	28	Punjabi
15	Dutch	45	Rumanian
16	Farsi (Persian)	29	Russian
05	Filipino (Pilipino or Tagalog)	30	Samoan
17	French		Serbo-Croatian (Bosnian, Croatian, Serbian)
18	German	52	
19	Greek	60	Somali
43	Gujarati	01	Spanish
21	Hebrew	46	Taiwanese
22	Hindi	63	Tamil
23	Hmong	62	Telugu
24	Hungarian	32	Thai
25	Ilocano	57	Tiginya
26	Indonesian	53	Toisanese
27	Italian	34	Tongan
08	Japanese	33	Turkish
65	Kannada	38	Ukrainian
09	Kmer (Cambodian)	35	Urdu
50	Khmu	02	Vietnamese
04	Korean	99	All other non-English languages
51	Kurdish (Kurd, Kurmanji)		



Enterprise Elementary School District

It is the parent's responsibility to notify the school of any changes in the Emergency Contact Information.

☐ Alta Mesa ☐ Boulder Creek ☐ Lassen View ☐ Mistletoe ☐ PACE Academy ☐ Parsons ☐ Redding Collegiate Academy ☐ Rother ☐ Shasta Meadows

Student's LEGAL Name

(from birth certificate)

Last Name

First Name

Middle Name

Birthdate

Month/Day/Year

Gender: ☐ Male ☐ Female

Home Phone

Social Security #:

Teacher:

Grade GRADE

Student's Physical Address

City

Zip

Student's Mailing Address

City

Zip

Interpreter needed for language. If you have a preferred interpreter, please list: Name/Phone

PARENTS and/or GUARDIANS

Child lives with:

☐ Father

☐ Mother

☐ Other

Parent/Guardian Name

Parent/Guardian Name

Relationship

Relationship

Social Security #

Birthdate

Social Security #

Birthdate

Address

Address

City

Zip

Address

Address

City

Zip

Place of Employment

Place of Employment

Work/Cell Phone

Work/Cell Phone

Email Address

Email Address

If the parent cannot be reached, permission is given to release the student to the person's listed below. Additional names may be added to the back of this form.

Person(s) to call in an emergency if parent/guardian is not available:

Name

Name

Name

Relationship

Relationship

Relationship

Home Phone

Home Phone

Home Phone

Work/Cell Phone

Work/Cell Phone

Work/Cell Phone

If your child goes to a daycare center/babysitter before or after school, please provide their information on the following line:

Name

Last

First

Address

Address

City

Zip

Phone

List all brothers and sisters under age 18:

Name	M/F	Birth Date	School

Health Conditions:

☐ Asthma*

☐ Epilepsy*

☐ Diabetes*

☐ Heart Condition*

☐ Seizures*

☐ Allergy, foods (if this is checked, please complete EESD Form A)

☐ Allergy, other*

☐ Operation, serious injury, or illness*

☐ Other*

*Explain

Yes No

☐ Does your child take medication regularly? If so, what kind?

☐ Does your child have a speech problem? If so, explain.

☐ Does your child have an ear problem? If so, explain.

☐ Does your child have a physical handicap? If so, explain.

☐ Does your child have an eye problem? Wear glasses? If so, explain.

Doctor

Phone

Dentist

Phone

Hospital Preference

MEDICAL INSURANCE CO/GROUP POLICY #:

We will ALWAYS try to contact parents and the above listed names before a student will be transported for emergency medical treatment

PLEASE FILL IN ONE CIRCLE AND SIGN BELOW:

☐ I do not wish to have medical care secured for my child because of religious/personal beliefs. Please explain.

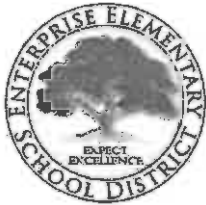
☐ I hereby authorize the staff of Enterprise Elementary School District to secure and sign for emergency medical care for my child at my expense, when necessary, and give my consent to release relevant health information pertaining to my child to school personnel who will be providing educational and safety services for my child during school and school related activities.

According to appropriate grade level schedules, all children will receive vision, hearing, dental, scoliosis, and speech and language screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you.

Parent/Guardian Signature

Date

FORM CONTINUES ON NEXT PAGE.



Enterprise Elementary School District Student Residency Information

By completing this questionnaire, you help Enterprise Elementary School District with the McKinney-Vento Act, Title X, and Part C of the No Child Left Behind Act. Truthful and accurate answers help the district identify services for which the student may be eligible.

SCHOOL **Lassen View**

STUDENT _____
Last Name First Name

☐ MALE

☐ FEMALE

DATE OF BIRTH _____ AGE _____

PARENT(S) / LEGAL GUARDIAN(S) NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (HOME) _____ (CELL) _____

Where is the student living now? (select one) **SELECT ONE**

If you check the box marked "none of the above," you do **not** have to complete the remainder of this form.
Please scan below and return a copy of this form to your school office, or fax it to (530) 224-4101.

Does the living arrangement you selected above result from a loss of housing or economic hardship? ☐ Yes ☐ No ☐ Unsure

The student lives with **SELECT ONE**

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

☛ Please return this form to your school office. Thank you!

FOR SCHOOL USE ONLY

DATE RECEIVED _____

- ☐ Student not covered by McKinney-Vento Act
- ☐ Student covered by McKinney-Vento Act
- ☐ Follow-up required

EXHIBIT 59

MILLVILLE ELEMENTARY SCHOOL STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended Millville school before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date:

Month	Day	Year
-------	-----	------

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O Box or house # & street name)

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not 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) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date first attended school in the U.S.

Month Day Year

Date first attended school in California

Month Day Year

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (MESD 1/16)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date: _____	Assigned Grade: _____	Permanent ID: _____	CalPads: _____
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (MESD 1/16)

EXHIBIT 60

2016-2017 BIG SPRINGS UNION SCHOOL DISTRICT - STUDENT REGISTRATION

For Office Use Only		ENTRY DATE:		LOCAL ID #:		GRADE LEVEL:													
PRINT STUDENT'S Legal First Name		Legal Middle Name		Legal Last Name		Other Names Used (if applicable)													
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Mo.	Da.	Yr.	Social Security #	-- --												
Parent/Guardian First Name		Last Name		Home Phone		Work and/or Cell Phone													
Parent/Guardian First Name		Last Name		Home Phone		Work and/or Cell Phone													
Mailing Address (P.O Box or house # & street name)				Apt#	City	State	Zip												
Residence Address (house # & street name) (IF DIFFERENT)				Apt #	City	State	Zip												
PARENT'S EMAIL ADDRESS:																			
Emergency Contact in the event that you cannot be reached.																			
Name/Relationship:																			
Home /Work/Cell Numbers:																			
<p>Please mark here if your child's information has not changed from the previous registration year and stop here.</p> <p><input type="checkbox"/> My child's information has not changed</p>																			
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino																			
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) <i>The previous 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.</i>																			
<input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>		<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304)		<input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>															
PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u>. <input type="checkbox"/> Graduate Degree or Higher (5) <input type="checkbox"/> College Graduate (4) <input type="checkbox"/> Some College or Associate's Degree (3) <input type="checkbox"/> High School Graduate (2) <input type="checkbox"/> Not a High School Graduate (1)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Date child first attended school <u>In the U.S.</u></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td colspan="3">Date child first attended school in <u>California</u></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>						Date child first attended school <u>In the U.S.</u>			Month	Day	Year	Date child first attended school in <u>California</u>			Month	Day	Year
Date child first attended school <u>In the U.S.</u>																			
Month	Day	Year																	
Date child first attended school in <u>California</u>																			
Month	Day	Year																	
BIRTHPLACE OF CHILD: City: _____ State: _____ Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No																			

PLEASE COMPLETE INFORMATION ON REVERSE

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. What language do you prefer school correspondence? _____
5. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Note You must provide legal documentation

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

Please List Any Siblings (Include Names and Birth Dates)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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:

Full Name: _____ Phone #: (____) _____
Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Does your child take any medication or have any health condition which could result in an emergency? ☐ Yes ☐ No

Please explain _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE INFORMATION ON REVERSE

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male ___ Female ___)

Birthdate: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** ___ **No** ___
(If you circled "Yes", stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location _____

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
- ☐ a qualified adult relative of the above-named student

(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (____) _____ Cell Phone: (____) _____

EXHIBIT 61

MOUNT SHASTA UNION SCHOOL DISTRICT STUDENT REGISTRATION EMERGENCY CONTACT CARD

For Office Use Only	ENTRY DATE:	LOCAL ID #:	GRADE LEVEL:
---------------------	-------------	-------------	--------------

PRINT STUDENT'S <u>Legal First Name</u>		Legal Middle Name		Legal Last Name		Other Names Used (if applicable)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Mo.	Da.	Yr.	Social Security #	-- --
Parent/Guardian First Name		Last Name		Home Phone		Work and/or Cell Phone	
Parent/Guardian First Name		Last Name		Home Phone		Work and/or Cell Phone	
Mailing Address (P.O Box or house # & street name)				Apt#	City	State	Zip
Residence Address (house # & street name) (IF DIFFERENT)				Apt #	City	State	Zip
PARENT'S EMAIL ADDRESS:							
Emergency Contacts: <u>WHEN YOU CANNOT BE REACHED.</u>							
1. Name/Relationship:		2. Name/Relationship:		3. Name/Relationship:			
Home /Work/Cell Numbers:		Home /Work/Cell Numbers:		Home /Work/Cell Numbers:			
Physician's Name/Phone:							
Insurance Carrier:							

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:

Full Name: _____ Phone: () _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The previous 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)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Tahitian (304) | <input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
|---|---|---|

PARENT EDUCATION - Most educated parent:

- ☐ Graduate Degree or Higher (5)
☐ College Graduate (4)
☐ Some College or Associate's Degree (3)
☐ High School Graduate (2)
☐ Not a High School Graduate (1)

BIRTHPLACE OF CHILD:

U.S. Citizen: ☐ Yes ☐ No

City: _____ State: _____ Country: _____

Date child first attended school in the U.S.: _____ In California: _____
(mm/dd/yyyy) (mm/dd/yyyy)

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language do you prefer school correspondence? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

Residence – where is your child/family currently living? (federally mandated) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Note You must provide legal documentation

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

Please List Any Siblings (Include Names and Birth Dates)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

Do you give permission for your child's written work, art work, picture and first name to appear on the class/school webpage and/or be released to the public relating only to assignments and awards? ☐ Yes ☐ No

Does your child take any medication or have any health condition which could result in an emergency? ☐ Yes ☐ No

Please explain _____

- My signature authorizes and gives consent for all medical care prescribed by a duly licensed physician (M.D.) for my child as his/her parent/guardian. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my child.
- My signature authorizes and gives permission for my child to attend various field trips or other activities scheduled by the school. I also agree that I will inform the school if I do not want my child to attend a scheduled trip.
- My signature authorizes and gives permission for my child to use supervised internet utilizing the county filter.

Signature of Parent/Guardian: _____ Date: _____

KINDERGARTEN QUESTIONNAIRE

By answering these questions, you will help us to better understand your child's abilities and needs. Please use the reverse side of the sheet, if necessary.

Family Background

Child's Name _____

NAME TO BE USED IN CLASS: _____

Birthday _____ Home Phone _____

(month) (day) (year)

Has there been a divorce, death, or illness in the family which might affect your child?
(please explain) _____

Social Experiences

1. Check the places your child has visited:

grocery store _____ zoo _____ aquarium _____ library _____ airport _____ ocean _____

large city _____ on stage performance _____ county fair _____ museum _____

2. Does your child play quietly or actively? _____

3. How does your child play? Alone _____ With Older Children _____

With Younger Children _____ Same Age _____

4. Does your child enjoy books? _____

5. Do you read to your child? _____ How often? _____

6. Is your child able to remember songs or rhymes? _____

7. Has your child had experiences with paints, crayons, and scissors? _____

8. Do you celebrate birthdays in your home? _____

Development

1. Does your child have any health problems the school should be aware of? (Please explain) _____

2. Does your child have any food allergies? _____

3. Is your child right or left-handed? _____

4. Please check the items your child can do:

button _____ tie shoes _____ snap _____ zip _____

5. Is your child able to be in a new or strange situation without an undue show of fear? _____

School Adjustment

1. Has your child attended preschool? _____ How long? _____

2. Has your child attended daycare? _____ How long? _____

2. Is your child able to sit still and listen to a story for 5-10 minutes? _____

3. Does your child listen without interrupting while someone else talks? _____

4. Is your child able to share and take turns? _____

5. What else would you like your child's teacher to know about your child? _____

Please remember: Mount Shasta Elementary is your child's school. You may visit or call anytime. You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

EXHIBIT 62

WEED UNION SCHOOL DISTRICT STUDENT REGISTRATION EMERGENCY CONTACT CARD

For Office Use Only		ENTRY DATE:		LOCAL ID #:		GRADE LEVEL:										
PRINT STUDENT'S <u>Legal First Name</u>		Legal Middle Name		Legal Last Name		Other Names Used (if applicable)										
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Mo.	Da.	Yr.	Social Security #	-- --									
Mother/Guardian First Name		Last Name		Primary Phone		Cell Phone										
Father/Guardian First Name		Last Name		Home Phone		Cell Phone										
Mailing Address (P.O Box or house # & street name)				Apt#	City	State	Zip									
Residence Address (house # & street name) (IF DIFFERENT)				Apt #	City	State	Zip									
Parent/Guardianship Information (with whom the student lives) – check all that apply <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____ 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: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian *Note* You must provide legal documentation																
PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES: <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/Guardian (check one) Employer: _____ Work Phone: (____) _____ <input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian (check one) Employer: _____ Work Phone: (____) _____																
PARENT'S EMAIL ADDRESS: _____																
Emergency Contacts: WHEN YOU CANNOT BE REACHED. <table style="width: 100%;"> <tr> <td style="width: 33%;">1. Name:</td> <td style="width: 33%;">2. Name:</td> <td style="width: 33%;">Physician's Name:</td> </tr> <tr> <td>Relationship:</td> <td>Relationship:</td> <td>Physician's Phone:</td> </tr> <tr> <td>Home/Work/Cell Numbers:</td> <td>Home /Work/Cell Numbers:</td> <td>Insurance Carrier:</td> </tr> </table>								1. Name:	2. Name:	Physician's Name:	Relationship:	Relationship:	Physician's Phone:	Home/Work/Cell Numbers:	Home /Work/Cell Numbers:	Insurance Carrier:
1. Name:	2. Name:	Physician's Name:														
Relationship:	Relationship:	Physician's Phone:														
Home/Work/Cell Numbers:	Home /Work/Cell Numbers:	Insurance Carrier:														

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:

Full Name: _____ Phone: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Please List Any Siblings (Include Names and Birth Dates)

1. _____	3. _____
2. _____	4. _____

PARENT EDUCATION - Most educated parent:

- ☐ Graduate Degree or Higher (5)
☐ College Graduate (4)
☐ Some College or Associate's Degree (3)
☐ High School Graduate (2)
☐ Not a High School Graduate (1)

BIRTHPLACE OF CHILD:

City: _____ State: _____ Country: _____
 Date child first attended school in the U.S.: _____ In California: _____
 (mm/dd/yyyy) (mm/dd/yyyy)
 U.S. Citizen: ☐ Yes ☐ No

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language do you prefer school correspondence? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

Residence – where is your child/family currently living? (federally mandated) – Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) *The previous 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)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |
| | <input type="checkbox"/> Tahitian (304) | |

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Plan
Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development
☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____
Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

Do you give permission for your child's written work, art work, picture and first name to appear on the class/school webpage and/or be released to the public relating only to assignments and awards? ☐ Yes ☐ No

Does your child take any medication or have any health condition which could result in an emergency? ☐ Yes ☐ No

Please explain _____

- My signature authorizes and gives consent for all medical care prescribed by a duly licensed physician (M.D.) for my child as his/her parent/guardian. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my child.
- My signature authorizes and gives permission for my child to attend various field trips or other activities scheduled by the school. I also agree that I will inform the school if I do not want my child to attend a scheduled trip.
- My signature authorizes and gives permission for my child to use supervised internet utilizing the county filter.
- My signature acknowledges that I have been informed and understand my rights as a parent/legal guardian and that I also acknowledge the rights of my child as a student.

Signature of Parent/Guardian, _____

Date: _____

EXHIBIT 63

BENICIA UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT

▶ Has your student ever attended Benicia public schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE PRINT – STUDENT'S <u>LEGAL</u> NAME (from Birth Certificate) <i>Please do not use PO BOX addresses</i>					Grade:	
Last Name		First Name		Middle Name	Other Name (If applicable)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date: (mm/dd/yyyy)	Home Phone ()		Parents Cell ()		Work Phone ()
Residence Address (house number & street name Apt#)				City	State	Zip
Mailing Address (If Different)				City	State	Zip
STUDENT BIRTHPLACE: City:				State:	Country:	
U.S. Citizen: <input type="checkbox"/> Yes : <input type="checkbox"/> No						
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino						
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) <i>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.</i>						
<input type="checkbox"/> American Indian or Alaskan Native(100) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)		<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302)		<input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700)		
Residence: Where is your child/family currently living? (Federally Mandated by NCLB) – Please check appropriate box:						
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)		<input type="checkbox"/> In a motel/hotel (09)				
<input type="checkbox"/> In a shelter or transitional housing program (10)		<input type="checkbox"/> Unsheltered (car/campsite) (12)				
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)		<input type="checkbox"/> Other (15) (please specify)				
LAST SCHOOL ATTENDED (NAME)		Address/City/State/Zip			Grade(s)	Date(s)
Date first attended school <u>in the U.S.</u> (mm/dd/yyyy)		Date first attended school <u>in California</u> (mm/dd/yyyy)				
Are there psychological or confidential reports available from your child's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child <u>ever</u> been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No What special services has your child received? (please check all boxes that apply) please select one <input type="checkbox"/> None Special Education: <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 Other: <input type="checkbox"/> GATE <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development						

Mother/Step Mother/ Legal Guardian <i>Please select one</i>	Last Name:	First Name	Home Phone
Employer:	City:		Work Phone: ()
Email address:	Student resides with: <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell Phone ()	
Father/Step Father/Legal Guardian <i>Please select one</i>	Last Name	First Name	Home Phone
Employer:	City:		Work Phone: ()
Residence Address (house number & street name Apt#)	City	State	Zip
Email address:	Student resides with: <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell Phone ()	
Mother/Step Mother/ Legal Guardian <i>Please select one</i>	Last Name:	First Name	Home Phone
Employer:	City:		Work Phone: ()
Email address:	Student resides with: <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell Phone ()	
Father/Step Father/Legal Guardian <i>Please select one</i>	Last Name	First Name	Home Phone
Employer:	City:		Work Phone: ()
Residence Address (house number & street name Apt#)	City	State	Zip
Email address:	Student resides with: <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell Phone ()	

PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u> :		
<input type="checkbox"/> Graduate Degree or Post Graduate Training (10)	<input type="checkbox"/> Some College or Associate's Degree (12)	<input type="checkbox"/> Not a High School Graduate (14)
<input type="checkbox"/> College Graduate (11)	<input type="checkbox"/> High School Graduate (13)	

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:
What language/dialect does your son/daughter most frequently use at home? _____
Which language/dialect did your son/daughter learn when he/she first began to talk? _____
What language/dialect do you most frequently speak to your child? _____
Has your child ever been given the CELDT Test (Calif. English Language Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If YES, please specify test date (mm/dd/yyyy): _____

I verify that to the best of my knowledge this information is correct	
Parent/Guardian (please print)	
Signature of Parent/Guardian:	Date:

EXHIBIT 64

Last Name:		First Name:		Middle Name:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade in 2016-2017:		Birthdate:

Parent/Guardian Information			
Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address*: <input type="checkbox"/> Same as student		Street Address*: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
*Note: If physical address does not represent permanent housing, please briefly describe what type of temporary housing the physical address represents:			
School District of Residence:		School District of Residence:	
Mailing Address:		Mailing Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone #1:	Phone #2:	Phone #1:	Phone #2:
Phone #3:	Email:	Phone #3:	Email:
Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Send student mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Send student mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian 1 Highest Level of Education (check one)	Parent/Guardian 2 Highest Level of Education (check one)
<input type="checkbox"/> Graduate Degree – Holds MA, MS, PhD or EdD (5)	<input type="checkbox"/> Graduate Degree – Holds MA, MS, PhD or EdD (5)
<input type="checkbox"/> College Graduate – Holds BA or BS (4)	<input type="checkbox"/> College Graduate – Holds BA or BS (4)
<input type="checkbox"/> Some College- Holds AA or completed 2 full years at a 4 year university (3)	<input type="checkbox"/> Some College- Holds AA or completed 2 full years at a 4 year university (3)
<input type="checkbox"/> High School Graduate – Holds a diploma or GED (2)	<input type="checkbox"/> High School Graduate – Holds a diploma or GED (2)
<input type="checkbox"/> Not a High School Graduate (1)	<input type="checkbox"/> Not a High School Graduate (1)
<input type="checkbox"/> Decline to state (6)	<input type="checkbox"/> Decline to state (6)

Home Language Survey	
What language did the student first learn to speak?	
What language does the student most frequently read/speak at home?	
What language does the parent/guardian most frequently speak to the student?	
What language is most often spoken by adults in the home?	
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ethnicity New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is the student Hispanic or Latino? ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

Race In addition to ethnicity, at least one race must also be selected below (may select more than one race):

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa	<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern A person having origins in any of the original peoples of Europe, the Middle East, or North America
--	--	---

Asian

☐ Asian Indian

☐ Korean

Pacific Islander

☐ Guamanian

☐ Cambodian

☐ Laotian

☐ Hawaiian

☐ Chinese

☐ Vietnamese

☐ Samoan

☐ Filipino

☐ Other Asian

☐ Tahitian

☐ Japanese

☐ Other Pacific Islander

Additional Information (if applicable):

Student Alias Last Name:

Student Alias First Name or Student Nick Name:

Birth Information:

Birth City:

Birth State:

Birth Country:

Previous School/Enrollment Details

Name of Previous School:

Address of Previous School:

Previous School Type (please select one):

Public School:

☐ in a different district same state ☐ in a different state ☐ Charter School ☐ completed highest grade level offered

Private, non-religiously-affiliated school:

☐ in the same district ☐ in a different district, same state ☐ in a different state ☐ Home Schooling Family

Private, religiously-affiliated school:

☐ in the same district ☐ in a different district, same state ☐ in a different state

Other:

☐ school outside of the United States ☐ Institution (example: correctional facility)

Original Entry into US school:

☐ enrolling in school for the first time ever (ie. no previous school)

☐ from a foreign country without schooling interruption

☐ from a foreign country with schooling interruption

Date first enrolled in the US:

Date first enrolled in Ca:

Date first enrolled in District

Date first enrolled in this school:

Grade first enrolled in the District:

☐ Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth

☐ Check here if foreign student temporarily schooling in the U.S.

☐ Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.

All siblings in family:			
Name:	Age:	Name:	Age:
School attending:	Grade:	School attending:	Grade:
Name:	Age:	Name:	Age:
School attending:	Grade:	School attending:	Grade:
Name:	Age:	Name:	Age:
School attending:	Grade:	School attending:	Grade:
Name:	Age:	Name:	Age:
School attending:	Grade:	School attending:	Grade:

Special Programs: This information will be used for staff purposes only, and will not be used as admission criteria			
Has the applicant <u>ever</u> received school or private services in any of the following programs? Please check all that apply.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Title I-reading	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Counseling
<input type="checkbox"/> Adaptive Physical Therapy	<input type="checkbox"/> Special Day Class	<input type="checkbox"/> Resource Specialist Class	<input type="checkbox"/> English as a Second Language
<input type="checkbox"/> Gifted and Talented Education			<input type="checkbox"/> Occupational Therapy
Has the applicant <u>ever</u> had an IEP (Individualized Education Program)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Enhancements/Modifiers	
Is the parent/guardian employed in one or more agricultural or fishing activities on a seasonal or temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Release	
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to access the internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Program Affidavit:	
If No, sign here. I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.	
X _____	Date _____
If Yes, sign here and provide a copy of the IEP, including an exit IEP. I understand I must submit all Special Education documentation, and/or 504 Plan with my child's enrollment paperwork, and that without it my child cannot be enrolled in this school. I certify that all statements are true and correct to the best of my knowledge.	
X _____	Date _____

Application Affidavit:	
I declare, under penalty of perjury under the laws of California, that the information provided in this application is true and accurate. I understand that this information may be verified by review of the cumulative records and that inaccurate or false information may subject my request to denial or revocation.	
Parent/Guardian Signature _____	Date _____
Print Name of Parent/Guardian _____	Daytime Phone _____

Office Use Only: Pre-Enrollment Information	
Status: <input type="checkbox"/> In District <input type="checkbox"/> Family <input type="checkbox"/> Special Education (<input type="checkbox"/> full IEP attached)	
Special Ed Services Approval:	
Priority: <input type="checkbox"/> Employee <input type="checkbox"/> Sibling	
School: <input type="checkbox"/> Charter School <input type="checkbox"/> Elementary <input type="checkbox"/> Charter Middle School	
Missing Information:	<input type="checkbox"/> Previous year report card
	<input type="checkbox"/> Current year report card
	<input type="checkbox"/> STAR scores (Spring 2013)
	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Immunization records (with Tdap booster if 7 th /8 th grade)
	<input type="checkbox"/> Proof of residency (in-district only) Property tax bill; lease agreement with utility bill, Affidavit with property tax bill)
	<input type="checkbox"/> Full IEP, if applicable
	<input type="checkbox"/> Other:
Date Notified:	Parent Signature:

EXHIBIT 65



Dunham School District

Dunham Charter School (TK-6th Grade) & Dunham School (6th Grade)
4111 Roblar Road * Petaluma, CA * 94952 * Phone: (707)795-5050 Fax: (707) 795-5166

Application/Registration for the _____ School Year

Child's LEGAL Name (as listed on Birth Certificate): _____

Last Name First Name Middle Name

Grade Entering: _____

Male ☐

Female ☐

Date of Birth: _____

Home Address _____

City _____

State _____

Zip _____

Mailing Address (IF DIFFERENT) _____

City _____

State _____

Zip _____

Mother's/Guardian's Name _____

Home Phone _____

Cell Phone _____

Mother's/Guardian's Email: _____

Mother's Occupation _____

Mother's Birthplace _____

Mother's Citizenship _____

Mother's Maiden Name _____

Mother's Work Phone _____

Father's/Guardian's Name _____

Home Phone _____

Cell Phone _____

Father's/Guardian's Email: _____

Father's Occupation: _____

Father's Birthplace _____

Father's Citizenship _____

Father's Work Phone _____

Last School Attended: _____

Name of School _____

City/State _____

Phone Number _____

Student's Birthplace: _____

City/State /Country _____

If your child was not born in the United States, when did he/she enter the U.S.? _____

Month / Year

When did your child first enroll in a U.S. school? _____

Month / Year

In a California school? _____

Month / Year

FOR OFFICE USE

- ☐ Lives in District
- ☐ In-District Childcare
- ☐ In-District Employment
- ☐ Sibling
- ☐ Lottery Waiting List

Month: _____

Year: _____

Proof of Residency

- ☐ Utility/Telephone Bill
- ☐ Rent/Lease Agreement
- ☐ Affidavit of Residency
- ☐ Tax Documents
- ☐ Proof In-District Employment
- ☐ Proof In-District Childcare

CSIS Number _____

Emergency Form _____

Immunization Record _____

Proof of Residency _____

PARENT/GUARDIANSHIP INFORMATION: Who does this child live with? (Please check all that apply)

☐ Father ☐ Mother ☐ Both ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Foster/Group Home ☐ Other: _____

Is the above checked person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

Is there any LEGAL or GUARDIANSHIP information about your child we should be aware of? ☐ Yes ☐ No

If yes, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian Please attach copies of LEGAL DOCUMENTS.

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:

Name: _____ Phone Number: _____ cell: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

ETHNICITY: Mark ethnicity with which the student most closely identifies: (only one) (Confidential Information needed for Federal/State Reports)

- ☐ Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE: Select one or more boxes to indicate what you consider your child's race to be. (Confidential Information needed for Federal/State Reports)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North and South America (including Central America)) | <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"/> Hmong (208) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| | <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"/> Japanese (202) | <input type="checkbox"/> Other Asian (299) | |

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 the adults at home: _____

HIGHEST EDUCATION LEVEL OF EITHER PARENT: (Information needed for State Testing)

- | | | |
|---|---|---|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Some college (incl. AA degree) | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | |

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply)

- Special Education:** ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan
- Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling
- ☐ English Language Development ☐ Medical Health Plan

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: _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program | <input type="checkbox"/> Other _____ |

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	Birth date	Grade
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

OTHER ADULTS IN THE HOME:

_____	_____	_____	_____
Name	Relationship	Name	Relationship

HEALTH PROBLEMS (Check all that apply)

Diagnosed ADD or ADHD ☐
 Asthma ☐
 Bladder Problems ☐
 Bleeding Disorder ☐
 Color Vision Deficiency ☐
 Diabetes ☐
 Eczema/Skin Trouble ☐
 History of Ear Problem ☐
 Heart Problem ☐
 Head Injury ☐
 History of Fractures ☐
 History of Hospitalization ☐
 History of Surgery ☐
 Known Hearing Loss ☐
 Known Vision Loss ☐
 Physical Limitations ☐
 Wears Contact Lens ☐
 Wears Glasses ☐

Epilepsy ☐
 Eye Injury ☐
 Hypoglycemia ☐
 Frequent Nosebleeds ☐
 Scoliosis ☐
 Seizure Disorder ☐
 Chicken Pox ☐

Describe _____
 Describe _____
 Describe _____
 Describe _____
 Describe _____
 Right ☐ Left ☐
 Right ☐ Left ☐
 Describe _____

For close work ☐ For distance only ☐ At all times ☐

Other or further details of above _____

ALLERGIES (Check all that apply) none:

Animals ☐ Drugs ☐
 Insects ☐ Food ☐
 Bee Stings ☐ Plants ☐
 Other ☐ Explain: _____

List specific item(s) student is allergic to: _____

Describe allergic reaction and/or treatment: _____

CURRENT MEDICATION(S) No ☐ Yes ☐ Epi-Pen ☐ *If medication is needed at school a medication consent form must also be completed.*

MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media has been permitted by the principal or designee to be on campus. Yes ☐ No ☐

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. By signing below, I declare under penalty of perjury that I am the parent or legal guardian of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____

EXHIBIT 66



HEALDSBURG UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

SSID:

- ▶ Has your student ever attended California public schools before? ☐ Yes District: _____ ☐ No
▶ Has your student ever attended Healdsburg schools before? ☐ Yes Year _____ ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal Last Name Legal First Name Legal Middle Name Other Legal Name (if applicable)

☐ Male ☐ Female Birth date: _____
Month Day Year

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

Parent Email Address

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check at least one 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)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Not a High School Graduate (14)
☐ High School Graduate (13)
☐ Some College or Associate's Degree (12)
☐ College Graduate (11)
☐ Graduate Degree or Higher (10)

Date first attended school in the U.S.

Month Day Year

Date first attended school in California

Month Day Year

STUDENT'S

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No U.S. Enter Date: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 10/01/16)

Student Last Name:

First Name:

SSID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – Where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) (200) ☐ In a motel/hotel (110)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) ☐ Unsheltered (car/campsite) (130)
- ☐ In a shelter or transitional housing program (100)

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

Active Armed Forces Family Member: ____ No ____ Yes**Circle one:** 101(a) Armed Forces or 101(d)(1) Active Duty or 101(d)(5) Full-Time National Guard**SCHOOLS ATTENDED: (Use separate sheet if necessary. Most recent first)**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date (First day attend)	Date Enrollment form Rec'd	Assigned Grade:	SSID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
--	--	---	---------------	-----------------------------------	-------------------------------	--------------------	-------	---

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 10/01/16)

EXHIBIT 67

Mark West Union School District

305 Mark West Springs Road, Santa Rosa, CA 95404

(707) 524-2970 FAX (707) 524-2976

For Office Use Only

Priority

IN-d

SIB

OUT-d

Application-Registration for the _____ - _____ School Year

Priority School Requested: Please number below 1, 2 and 3 (must indicate a number for all sites)

☐ San Miguel Charter School ☐ John B. Riebli Charter School ☐ Mark West

Child's Legal Name: Last _____ First: _____ Middle _____

Applying for: _____ grade in the _____ - _____ school year. Date of Birth: ____/____/____ Gender: M F

Alias(also known as): _____ Home Phone: _____ Cell Phone _____

Street Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Student Resides With: _____
(Name & relationship)

Student's District of Residence _____

Office Use Only: SM MW R MWCS

Sibling Attending (Name, Grade and School): _____

Has your student ever attended a Mark West public school before?

☐ No ☐ Yes If yes, then when did your child leave (month/year) _____ and at what grade level was your child _____

MOST RECENT SCHOOL ATTENDED

(School Name)	(Address: City/ State/Zip)	(Grade(s))	(Last Date Attended)
---------------	----------------------------	------------	----------------------

Please check all boxes that apply: Please answer the 4 questions:

1. Are there psychological or confidential reports available from your child's former school? ☐ No ☐ Yes
2. Has your child ever been suspended? ☐ No ☐ Yes
3. Has your child ever been expelled? ☐ No ☐ Yes
4. Other Discipline problems ☐ No ☐ Yes, explain _____

*Is either parent/guardian on active duty in the US Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or on full-time active duty with the National Guard? ☐ YES ☐ NO

Special Programs – For informational purposes only and for the sole purpose of determining the appropriate placement, capacity and space issues which would require the creation of a new program or service. This information will be used for staff purposes only, and will not be used as admission criteria.

Has the applicant ever received school or private services in any of the following programs? Please check all that apply.

- ☐ Title I-Reading ☐ Speech and Language ☐ 504 Plan ☐ Counseling
☐ Adaptive Physical Education (APE) ☐ Special Day Class (SDC) ☐ English as a Second Language
☐ Resource Specialist Program (RSP) ☐ Occupational Therapy (OT) ☐ Gifted and Talented Education (GATE)
☐ NONE

Has your child ever had an IEP (Individual Education Program)? Yes ☐ No ☐ Exit Date _____

If Yes, attach a copy of most current IEP cover page and goals and objectives.

I declare under penalty of perjury under the laws of California, that the information provided above is true and accurate.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

HEALTH INFORMATION – (check all that apply)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bee sting sensitivity	<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Wears contacts or glasses
<input type="checkbox"/> Takes medication regularly (explain type and when taken):		
<input type="checkbox"/> Other health or personal problems:		
Family Physician:	Phone:	
Health Insurance provider:	I.D. #:	

FOR OFFICE USE ONLY: Date Completed Application Received: _____ Behavioral Agreement Received: _____

Approved-Conditions/Comments: _____ Date: _____

Denied Signature-Reason: _____ Date: _____

PLEASE COMPLETE ALL INFORMATION ON THE ATTACHED FORMS.

(MWUSD Rev 1-17)

Please also complete the following information:

☐ SM ☐ RE ☐ MW

Student last name: _____ First name: _____
 Teacher: _____ Start Date: _____
 Grade: _____

(Parent/Guardian's) First Name : _____ Last Name: _____	(Parent/Guardian's) First Name: _____ Last Name: _____
Parent/Guardian e-mail: _____	Parent/Guardian e-mail: _____
Home #: _____ Cell #: _____ Wk #: _____	Home #: _____ Cell #: _____ Wk #: _____
Mailing Address (P.O. Box or house # and street name) Apt.#, City, State, Zip	Mailing Address (P.O. Box or house # and street name) Apt.#, City, State, Zip
Residence Address, IF DIFFERENT (P.O. Box or house # & street name) Apt. #, City State, Zip	Residence Address, IF DIFFERENT (P.O. Box or house # & street name) Apt. #, City State, Zip

Child's Birthplace: _____	(City) _____	(State) _____	(County) _____
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date first attended school in U.S.: Month ____ Day ____ Year ____

If your child attended school outside of California, date first attended in California: Month ____ Day ____ Year ____

Years of Attendance _____

Per NCLB (No Child Left Behind) Federal requirements state that we must ask the following:		
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)		
<i>The first question is about ethnicity, not race. No matter what you selected for the first question, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.</i>		
<input type="checkbox"/> American Indian or Alaskan Native (100) *	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)
* To help you choose correctly, the State of California defines: American Indian or Alaskan Native as a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment; and White as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		

RESIDENCE – Where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)
<input type="checkbox"/> Unsheltered (car/campsite) (12)
<input type="checkbox"/> In a motel/hotel (09)
<input type="checkbox"/> In a shelter or transitional housing program (10)
<input type="checkbox"/> Other (15) (please specify)

PARENT EDUCATION – Check the response that describes
The education level of the most educated parent .
<input type="checkbox"/> Not a High School Graduate
<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Some College or Associate's Degree
<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate Degree or Higher

PLEASE COMPLETE ALL INFORMATION ON THE OTHER SIDE OF THE FORM (MWUSD Rev 1-17)

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) – check all that apply:

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person(s) the student's LEGAL guardian? ☐ Yes ☐ No If no, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____

Employer: _____

Address: _____

Work Phone Number: (_____) _____

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____

Employer: _____

Address: _____

Work Phone Number: (_____) _____

3. OTHER CHILDREN IN FAMILY:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified by review of the cumulative record and that inaccurate or false information may subject my request to denial or revocation. I understand that placement of my student (if residence is out of district) is contingent upon following the "Parent & Student Behavioral Agreement".

Parent Signature: _____ Date: _____

Name of Contact Parent/Guardian: _____ Daytime Phone: _____

School Use Only

Lunch Application _____

Medication _____

Custody Information _____

Grade Assigned _____

Teacher _____

Immunization _____

Dental Exam _____

Cum. Request _____

Student Behavior _____

Verify Address _____

Birth Certificate _____

Health History _____

Physical Exam _____

Date Enrolled _____

EXHIBIT 68

OLD ADOBE UNION SCHOOL DISTRICT - STUDENT REGISTRATION FORM

Resident School or School Desired if Inter District Transfer Student, check one:

☐ Old Adobe ☐ Loma Vista ☐ La Tercera ☐ Miwok Valley ☐ Sonoma Mountain

Intra District Transfer request to which school in OAUSD: _____

SCHOOL USE ONLY:

INTER: _____

INTRA: _____

Student's Legal Name: _____

☐ Male

☐ Female

☐ Transitional Kindergarten

Last _____ First _____ Middle _____
Address: _____

Home Telephone: _____ Cell Phone: _____

Previous School Attended (K-6th grades) _____

Address: _____ Grades: _____ Dates: _____

Has student previously attended an OAUSD school? Yes _____ No _____ When _____

(TK/K) Attended Preschool?: ☐ Yes ☐ No

Name of Preschool _____

City _____

State _____

STUDENT RESIDENTIAL STATUS

- ☐ Father ☐ Mother
☐ Stepfather ☐ Stepmother
☐ Guardian ☐ Foster Care
☐ Permanent Housing
☐ Migrant
☐ Homeless/Temporary Shelter

A Caregiver Affidavit form must be filled out for students living with a Legal Guardian other than parent.

CUSTODY OF STUDENT

- ☐ Joint Custody
☐ Sole Custody
☐ Guardianship

If there is a Legal Custody Agreement regarding this student please provide a copy to the School Office and check one of the above.

STUDENT ETHNICITY

- ☐ Hispanic
☐ Non-Hispanic
U.S. Citizen?
Yes _____ No _____
Date student first attended school in the United States: _____

In California: _____

STUDENT RACE

- ☐ White ☐ Asian
Indian ☐ Korean
☐ Black ☐ Other
Asian ☐ Japanese
☐ Vietnamese ☐ Filipino
☐ Chinese ☐ Laotian
☐ Native American
☐ Other Pacific Islander
☐ Other _____
☐ Intentionally Left Blank

PARENT EDUCATION LEVEL

Please indicate below.

1. Grad School/Post Grad
2. College Graduate
3. Some College (AA Included)
4. High School Graduate
5. Not a High School Graduate
6. Declined or Unknown

Mother/Guardian: _____

Father/Guardian: _____

Student Last Name: _____

PARENT/LEGAL GUARDIAN: Relation to Student: _____ Language: _____

Name: _____ Birthplace: _____

Employer: _____
Name Occupation Work Phone

U.S. Military Service: Branch _____ Dates of Service _____

PRIMARY EMAIL ADDRESS: _____

PARENT/LEGAL GUARDIAN: Relation to Student: _____ Language: _____

Name: _____ Birthplace: _____

Employer: _____
Name Occupation Work Phone

U.S. Military Service: Branch _____ Dates of Service _____

PRIMARY EMAIL ADDRESS: _____

Other Children in Family:

Last	First	MI	Birth date
____	____	____	____
____	____	____	____
____	____	____	____

STUDENT SPECIAL PROGRAMS

- ☐ RSP ☐ SDC ☐ SPEECH
☐ GATE ☐ Active IEP/504
☐ Other _____

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

SCHOOL USE ONLY

Birth Verification: _____

Initial _____

Teacher _____

Grade _____ Year _____

Check when received:

- ☐ Birth Verification
☐ Immunization Records
☐ Oral Assessment Form
☐ Proof of Residence
☐ Student Health History
☐ Inter/Intra District Transfer Form
☐ Court Order Date Exp: _____
☐ Caregiver Affidavit
☐ Cum Requested Date: _____

EMPLOYEE SIGNATURE: _____

DATE COMPLETE: _____

First Name: _____

SSID#: _____

EXHIBIT 69

ROSELAND SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended Roseland School District schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
------------------	-------------------	-----------------	----------------------------------

<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Month	Day	Year
---	-------------	-------	-----	------

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Mailing Address	Apt#	City	State	Zip
-----------------	------	------	-------	-----

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
--	-------	------	-------	-----

(P.O Box or house # & street name)

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not 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)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- ☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Date student first attended school in the U.S.

Month	Day	Year
-------	-----	------

Date student first attended school in California

Month	Day	Year
-------	-----	------

STUDENT'S

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 8/10)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? ☐ Yes ☐ No ☐ I don't know

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) ☐ Unsheltered (car/campsite) (12)
- ☐ In a shelter or transitional housing program (10) ☐ Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

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:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ NoHas your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
--	--	---	---------------	--------------	-----------------	---------------	---

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 8/10)

EXHIBIT 70

For Office Use Only - Sólo por el uso de la oficina

DATE REGISTERED:

**SONOMA VALLEY UNIFIED SCHOOL DISTRICT
SONOMA VALLEY HIGH SCHOOL REGISTRATION FORM**

Student's Legal Last Name Apellido del estudiante	Student's First Name Nombre de pila del estudiante	Middle Name Segundo	Grade Grado	Gender (M/F) Género (sexo)
Does your child use another first or last name? ¿Usa su hijo(a) algún otro nombre ó apellido?	Name of Previous School El nombre de la escuela anterior	Previous School Address La dirección de esa escuela		
Any Illness School/Staff Should Know About - Información sobre cualquier enfermedad de que debemos saber.				
Has your child previously attended Sonoma Valley Unified School District? ¿Alguna vez ha asistido su hijo o hija al Kinder o escuelas públicas del valle de sonoma? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No If yes, which school? And what grade(s) / ¿Si sí, cuál escuela? _____				
Mailing Address - La dirección del correo	City - La ciudad	State - Estado	Zip - Código postal	
Street Address - La dirección de la casa	City - La ciudad	State - Estado	Zip - Código postal	
Home Telephone - Teléfono de la casa	Unlisted? ¿No alistado? <input type="checkbox"/> Yes – Sí <input type="checkbox"/> No - No		Child Lives With El niño vive con <input type="checkbox"/> Father El Padre <input type="checkbox"/> Mother La Madre <input type="checkbox"/> Guardian Guardián	
Father/Guardian Name – Nombres del padre/guardián	Mother/Guardian Name – Nombres la madre/guardián			
Father's Work Telephone – Teléfono del trabajo del padre/guardián	Mother's Work Phone – Teléfono del trabajo de la madre/guardián			
Father's Cell Phone – Teléfono celular del padre/guardián	Mother's Cell Phone- Teléfono celular de la madre/guardián			
Student's Birthdate - Fecha de nacimiento el estudiante	Student's Birthplace – city/state/country El lugar donde nació el estudiante - ciudad/estado/país			
Student's Social Security Number Número de seguro social del estudiante	For NEW students entering grades 9-12: / Para NUEVOS estudiantes que entran en grados 9-12 Date first attended school in the: / Fecha en que asistió por vez primera a la escuela en: United States/Estados Unidos _____ California _____ Date/Fecha (month/day/year) _____			
First/Last name of other children in family including ages <u>El apellido y los nombres de los otros niños de la familia y sus edades</u>		School - La escuela		
1 _____				
2 _____				
3 _____				
Has student ever been expelled from school? Ha sido el estudiante expulsado de alguna escuela? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No/No				
If yes, please give date, school name and reason for expulsion: / En caso afirmativo, indique la fecha y el motivo de la expulsion _____ _____ _____				

Please complete reverse
Por favor complete el reverso

I. What is your child's ETHNICITY? ¿Cuál es el origen ÉTNICO de su hijo/a?	<input type="checkbox"/> Hispanic or Latino (500) <input type="checkbox"/> Hispano o Latino	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> No Hispano o Latino
---	--	---

II. What is your child's RACE? (Please check up to five racial categories): MUST COMPLETE ¿Cuál es la RAZA de su hijo/a? (Por favor marque hasta un máximo de cinco categorías raciales):			
<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Chinese/ Chino (201)	<input type="checkbox"/> Japanese/ Japonés (202)	
<input type="checkbox"/> Indio Americano o Nativo de Alaska	<input type="checkbox"/> Korean/ Coreano (203)	<input type="checkbox"/> Vietnamese/ Vietnamita (204)	
<input type="checkbox"/> African American/Black (600)	<input type="checkbox"/> Asian Indian/ Indio Asiático (205)	<input type="checkbox"/> Laotian/ Laosiano (206)	
<input type="checkbox"/> Afro-Americano/Negro	<input type="checkbox"/> Hawaiian/ Hawaiano (301)	<input type="checkbox"/> Samoan/ Samoano (303)	
<input type="checkbox"/> Filipino/Filipino American (400)	<input type="checkbox"/> Guamanian/ Guamaniano (302)	<input type="checkbox"/> Cambodian/ Camboyano (207)	
<input type="checkbox"/> Filipino/Filipino Americano	<input type="checkbox"/> Tahitian/ Tahitiano (304)	<input type="checkbox"/> Hmong/Hmonggo	
<input type="checkbox"/> White (700)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Other Pacific Islander (399)	
<input type="checkbox"/> Blanco	<input type="checkbox"/> Otro origen Asiático	<input type="checkbox"/> Otro de las Islas del Pacífico	

III. Parent Education Level of most educated parent Nivel de educación del padre/madre con más educación académica <input type="checkbox"/> Father/del padre <input type="checkbox"/> Mother/de la madre <input type="checkbox"/> Guardian/Guardián <input type="checkbox"/> Not a high school graduate (14) No me gradué de la preparatoria <input type="checkbox"/> High school graduate (13) Graduado de la preparatoria <input type="checkbox"/> Some college (12) Algún tiempo en la universidad <input type="checkbox"/> College graduate (11) Graduado de la universidad <input type="checkbox"/> Graduate school/post graduate training (10) /Escuela para graduados/ entrenamiento para después de la graduación <input type="checkbox"/> Decline to state/ Me niego a declarar (15)	IV. Residence -- where is your child/family currently living? (federally mandated by NCLB) Please check: <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) <input type="checkbox"/> In a shelter or transitional housing program (100) <input type="checkbox"/> In a motel/hotel (110) <input type="checkbox"/> Unsheltered (car/campsite) (130) <input type="checkbox"/> Other (please specify) _____ Residencia - ¿Dónde vive actualmente su hijo o hija o la familia? (pedido por la federación por NCLB) – Por favor, marque la/s casilla/s apropiada/s <input type="checkbox"/> En una residencia permanente de una familia (casa, apartamento, condominio, casa móvil) (200) <input type="checkbox"/> Con más de una familia en una casa o apartamento (120) <input type="checkbox"/> En un refugio o programa de vivienda en transición (100) <input type="checkbox"/> En un motel/hotel (110) <input type="checkbox"/> Sin residencia (carro o campamento) (130) <input type="checkbox"/> Otra (especifique) _____
--	---

V. Previous programs your child was enrolled in: Special Education or 504 Plan <input type="checkbox"/> Resource Specialist Program/RSP <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 Plan <input type="checkbox"/> Special Day Class/SDC English Learner Program <input type="checkbox"/> Two-Way Program at Flowery and/or Adele Harrison Other Services <input type="checkbox"/> GATE	Programas anteriores en los que estaba su hijo/a: Programa de Educación Especial o Plan '504' <input type="checkbox"/> Programa de Especialista de Recursos/RSP <input type="checkbox"/> Habla/Lenguaje <input type="checkbox"/> 504 Plan <input type="checkbox"/> Clases de Día Especiales/SDC Programa del aprendiz del inglés <input type="checkbox"/> Programa de Inmersión Doble en Flowery Otro Servicios <input type="checkbox"/> Superdotado
---	--

For Office use Only - Sólo por el use de la oficina	
Year Student Entered District _____ Grade Student Entered District _____ Year entered US schools (mm/dd/yyyy) _____ If RFEP, date reclassified (mm/dd/yyyy) _____	Year Student Entered Site _____ Grade Student Entered Site _____ First year entered California schools (mm/dd/yyyy) _____

EXHIBIT 71

WATERFORD UNIFIED SCHOOL DISTRICT

Student Enrollment Form

☐ Moon Primary ☐ Whitehead Intermediate ☐ Waterford Jr. School ☐ Waterford High School

☐ Waterford Independent Study ☐ Sentinel High School (Continuation High School) ☐ Head Start ☐ State Preschool

► STUDENT INFORMATION

Enrollment Date: _____	Grade Level: _____	Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's LEGAL Name: _____ (Last) (First - no nickname) (Middle - full name)			
Physical Address: _____ (House # and Street Name) (City) (Zip)			
Mailing Address <u>If Different:</u> _____ (Street # and Name or P.O. Box) (City) (Zip)			
Have you ever attended a WUSD school? <input type="checkbox"/> No <input type="checkbox"/> Yes... If "Yes" what is the name of the school: _____ Date: _____			
Residence - <u>Where is your child/family currently living?</u> This information is federally mandated by No Child Left Behind Act of 2001 - Please check appropriate box/es			
<input type="checkbox"/> In a single family permanent residence-house, apartment, condominium, mobile home (13)		<input type="checkbox"/> In or awaiting foster care placement (14)	
<input type="checkbox"/> With more than one family in a house or apartment (11)		<input type="checkbox"/> In a motel, car, or campsite (12)	
<input type="checkbox"/> With friends or other family members-other than parents, grandparents, or legal care giver (11)		<input type="checkbox"/> In a group home (14)	
<input type="checkbox"/> In a shelter or transitional housing program (10)			
Birthdate: _____	Social Security #: _____	Home Phone: _____	
		Optional	
Birthplace- City: _____	State: _____	Country: _____	
If country is other than US, please complete the following:			
Arrival date in US: ____/____/____	Date of initial enrollment is US school: ____/____/____	Date of initial enrollment in a California school: ____/____/____	

► PARENT/GUARDIAN INFORMATION

Parent/Guardianship Information (Whom the student lives with) (check appropriate box/es)			
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Step-Father
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster/Group Home	<input type="checkbox"/> Other
Is the above (checked) person(s) the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please obtain a copy of a "Caregiver's Authorization Affidavit" @ school.			
Is there a custody court order regarding this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian (check one): Name: _____			
Employer: _____		Work Phone: _____	Cell: _____
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian (check one): Name: _____			
Employer: _____		Work Phone: _____	Cell: _____
Parent Education Level - Please check one box per parent/guardian			
Father		Mother	
<input type="checkbox"/> Graduate School/Post Grad		<input type="checkbox"/> Graduate School/Post Grad	
<input type="checkbox"/> College Graduate (BS or BA)		<input type="checkbox"/> College Graduate (BS or BA)	
<input type="checkbox"/> AA Degree/College (2 or 4 year academic program; not Voc Ed or Tech School)		<input type="checkbox"/> AA Degree/College (2 or 4 year academic program; not Voc Ed or Tech School)	
<input type="checkbox"/> High School Graduate		<input type="checkbox"/> High School Graduate	
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> Not a High School Graduate	
<input type="checkbox"/> Decline to State, Unknown		<input type="checkbox"/> Decline to State, Unknown	
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:			
Full Name		Mailing Address	Phone Number
If Foster or Group Home, name of organization: _____			
Phone Number: _____		Name of Case Worker: _____	

► EMERGENCY CONTACT (Please list someone in our LOCAL area other than whom the student lives with)

Parent/Guardian is the only one authorized for pickup. Otherwise, a note is required each time an emergency contact person will be picking up the student.			
Name: _____	Home Phone: _____	Work Phone: _____	Relation: _____
Name: _____	Home Phone: _____	Work Phone: _____	Relation: _____
Insurance Coverage: <input type="checkbox"/> School Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private Insurance Company			
Insurance Company Information: _____		Policy Number: _____	
Doctor/Hospital: _____		Dentist: _____	

► PREVIOUS SCHOOL INFORMATION

Student's Previous School: _____ Address: _____

Date of withdrawal: _____ Reason for withdrawal: _____ Was the student attending this school on an inter-district transfer? ☐ Yes ☐ No

Is the student now enrolled/or has the student ever been enrolled in special education classes? Yes ☐ No

If yes, please check the program ☐ RSP ☐ SDC ☐ SED Is the student now on a Section 504 Accommodation Plan? ☐ Yes ☐ No

Has the student ever been expelled from school? ☐ Yes ☐ No If yes, when? _____ School: _____

Is the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD)? ☐ Yes ☐ No

Has the student been an English learner less than 12 months? ☐ Yes ☐ No

Has the student been in the Migrant program? ☐ Yes ☐ No

► ETHNIC ORIGIN – Please Check Appropriate Boxes (This is a two-step process)

Step 1) Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Step 2) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese
---	---

► HOME/CORRESPONDENCE LANGUAGE INFORMATION

What language does the student speak at home? ☐ English ☐ Spanish ☐ Other _____

Name the language most often spoken by the adults at home: _____

Which language would you like correspondence sent home in? ☐ English ☐ Spanish

► SIBLINGS CURRENTLY ENROLLED IN WATERFORD UNIFIED SCHOOL DISTRICT

1. _____	2. _____
Last Name First Name Grade School	Last Name First Name Grade School
3. _____	4. _____
Last Name First Name Grade School	Last Name First Name Grade School

I grant permission for my child to participate or to include their images in the following:

Video Taping	Newspaper Photographs	Internet Photographs
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

► HIGH SCHOOL STUDENTS ONLY

If enrolling in 9th grade, did/will the student graduate from 8th grade? ☐ Yes ☐ No

Previous school type (check one): ☐ Regular Academic 4-Year High School ☐ Continuation ☐ Independent Study ☐ Home School
☐ Community School ☐ Juvenile Hall ☐ Private ☐ Junior High School

Did your student take the California High School Exit Exam? ☐ Yes ☐ No

If yes, name of high school: _____ Please attach a copy of test results if available.

*** Military Recruiter Information:** The No Child Left Behind Act of 2001 requires that school districts disclose the names, addresses and telephone numbers of high school students to the military recruiters upon request, unless parents request that this information not be released without prior written consent. Parents have the option of making such request. If you do not wish this information to be provided to military recruiters, please notify your child's school of this fact in writing. The writing should be addressed to the following:

Waterford High School Attn: Registrar 121 S. Reinway Ave. Waterford, CA 95386	Waterford High School Independent Study Attn: Registrar 121 S. Reinway Ave. Waterford, CA 95386	Sentinel High School Continuation High School Attn: Registrar 121 S. Reinway Ave. Waterford, CA 95386
--	--	--

► MESSENGER PREFERENCES CONTACT REASONS

Contact Information	Delivery Device	Emergency	Attendance	General	Teacher
Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
() -	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone:	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
() -	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
() -	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Language: English - Spanish					

► SIGNATURE

2015-16 School Year

I verify that the information on this Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my child. My signature on my child's enrollment form acknowledges receipt of the Annual Required Legal Notices for Parents

Parent/Guardian

Date

EXHIBIT 72

(Circle One)

1. _____ () _____
2. _____ () _____
3. _____ () _____

EXHIBIT 73

ROCKFORD SCHOOL
Student Registration

DATE _____ GRADE ____ BOY __ GIRL __ SOCIAL SECURITY NO. _____

BIRTHDATE _____

PUPIL'S NAME _____ PLACE OF BIRTH _____

ADDRESS _____ P.O. BOX _____ Home Phone _____

City

Zip

LAST SCHOOL

ATTENDEND _____ ADDRESS _____

PARENTS/GUARDIANS (LIVING IN HOME)

NAME _____ RELATIONSHIP _____

Place of employment _____

On Active Duty with Armed Forces or Full time duty with National Guard: Yes ____ No ____

1ST Primary Contact Cell Phone # _____ Would you like to receive Text messages? Yes ____ No ____

NAME _____ RELATIONSHIP _____

Place of employment _____

On Active Duty with Armed Forces or Full time duty with National Guard: Yes ____ No ____

2nd Primary Contact Cell Phone # _____ Would you like to receive Text Messages? Yes ____ No ____

LIST OF CHILDREN (LIVING IN HOME)

Names

DOB

Office use only:

Teacher/Class _____

Immunizations Complete _____

Need follow up _____

Birth Certificate _____

Cheryl ____ **Diana** ____

ACTIVITY PERMIT:

I hereby grant permission for my child to attend any activity, which will be under supervision of and subject to the jurisdiction of the school district.

YES NO

FIELD TRIPS

AFTER SCHOOL ACTIVITIES (GRADES 5-8)

OTHER SCHOOL SPONSORED ACTIVITIES

PHOTO RELEASE FOR: (School activities, school website, yearbook, SARB)

INSURANCE: All students who participate in the school athletics program MUST have accident insurance. Parents may buy school insurance for their child. Contact the school office for details. Do you have personal accident insurance or medical card for your child?

YES ____ **NO** ____

Do you have Medi-Cal for your child?

YES ____ **NO** ____

List any health problems or difficulties your child has which may affect his work at school:

List any current medications:

Does your child receive Special Education services? **YES** ____ **NO** ____

Signature of Parent/Guardian _____

EXHIBIT 74



TULARE JOINT UNION

High School District

REGISTRATION AND IMMUNIZATIONS

Welcome to our district! We're happy to have you here and look forward to meeting you. Whether you're new to the area or coming from one of our feeder schools, you'll need to complete the registration process.

Registration Requirements

When you're ready to enroll your child, please go to the school of residence for your student. Be sure to bring the following documents:

- Proof of residency (current mortgage statement, rental agreement, gas or electric bill)
- Student's social security number
- Student's record of immunizations
- Transcripts and a request made for the student's transcript for the school recently exited

EXHIBIT 75

PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES

COLUMBIA ELEMENTARY SCHOOL DISTRICT		SCHOOL OF ENROLLMENT: <input type="checkbox"/> COLUMBIA ELEMENTARY SCHOOL		CIRCLE GRADE FOR YEAR REGISTERING			
STUDENT'S <u>LEGAL</u> LAST NAME				K	1	2	3
				4	5	6	7
FIRST NAME		MIDDLE NAME		NAME STUDENT GOES BY		OTHER LAST NAME(S) USED IN SCHOOL	
STUDENT'S DATE OF BIRTH / /	STUDENT'S PLACE OF BIRTH: CITY & STATE		STUDENT'S SOCIAL SECURITY NUMBER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RESIDENCE ADDRESS			CITY		ZIP		
MAILING ADDRESS --- IF DIFFERENT FROM ABOVE			CITY		ZIP		
HOME TELEPHONE NUMBER			STUDENT'S CELL PHONE NUMBER				
IF FOREIGN BORN, PLEASE PROVIDE THE FOLLOWING			BIRTH COUNTRY:				
DATE ENTERED UNITED STATES:		FIRST ENROLLED IN U.S. SCHOOL:		FIRST ENROLLED IN CALIFORNIA SCHOOL:			
RESIDENCE – where is your child/family currently living? (federally mandated by NCLB)							
<input type="checkbox"/> In a single family permanent residence 200		<input type="checkbox"/> In a motel/hotel 110		<input type="checkbox"/> Other (please specify) 300			
<input type="checkbox"/> Doubled-up (shared with other family, etc) 120		<input type="checkbox"/> Unsheltered (car/campsite) 130					
<input type="checkbox"/> In a shelter or transitional housing program 100		<input type="checkbox"/> Foster Family or Kinship Placement 210					
	PARENT/GUARDIAN		OTHER PARENT/GUARDIAN		OTHER PARENT/GUARDIAN		
CONTACT NAME:							
RELATIONSHIP TO STUDENT:							
LIVES WITH STUDENT: (CHECK ONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Provide Address: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Provide Address: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Provide Address: _____		
HOME PHONE:							
WORK PHONE:							
CELL PHONE:							
EMAIL ADDRESS:							
EMPLOYER:							
FLAGS: (CHECK ALL THAT APPLY)	<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> OK to release student <input type="checkbox"/> Interpreter needed		<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> OK to release student <input type="checkbox"/> Interpreter needed		<input type="checkbox"/> No mail <input type="checkbox"/> Copy of all mail <input type="checkbox"/> Copy of grades only <input type="checkbox"/> OK to release student <input type="checkbox"/> Interpreter needed		
Parent Education: (Check the response the describes the highest education level of either parent)							
STUDENT ETHNIC BACKGROUND			ADDITIONAL SERVICES		STUDENT LANGUAGE SURVEY		
FOR STATE REPORTING: 1. ETHNICITY (SELECT ONE): <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO 2. RACE (SELECT ONE OR MORE): <input type="checkbox"/> AMERICAN INDIAN - ALASKAN NATIVE (100) <input type="checkbox"/> BLACK OR AFRICAN AMERICAN (600) <input type="checkbox"/> WHITE (700) <input type="checkbox"/> CHINESE (201) <input type="checkbox"/> JAPANESE (202) <input type="checkbox"/> KOREAN (203) <input type="checkbox"/> VIETNAMESE (204) <input type="checkbox"/> ASIAN INDIAN (205) <input type="checkbox"/> LAOTIAN (206) <input type="checkbox"/> CAMBODIAN (207) <input type="checkbox"/> HMONG (208) <input type="checkbox"/> OTHER ASIAN (299) <input type="checkbox"/> HAWAIIAN (301) <input type="checkbox"/> SAMOAN (303) <input type="checkbox"/> GUAMANIAN (302) <input type="checkbox"/> TAHITIAN (304) <input type="checkbox"/> FILIPINO (400) <input type="checkbox"/> OTHER PACIFIC ISLANDER (399)			PLEASE INDICATE IF STUDENT IS RECEIVING ANY ADDITIONAL SERVICES: <input type="checkbox"/> NONE <input type="checkbox"/> GATE (GIFTED) <input type="checkbox"/> 504 (SPECIAL PROVISIONS) <input type="checkbox"/> CURRENT IEP (EDUCATION PLAN) <input type="checkbox"/> RESOURCE <input type="checkbox"/> ESL (ENGLISH AS 2 ND LANGUAGE) <input type="checkbox"/> SPECIAL DAY CLASS <input type="checkbox"/> SPEECH <input type="checkbox"/> OTHER _____		WHICH LANGUAGE... DID STUDENT FIRST LEARN: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____ IS PRIMARILY SPOKEN BY STUDENT: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____ DOES STUDENT SPEAK MOST AT HOME: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____ IS SPOKEN MOST OFTEN BY ADULTS AT HOME: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		

Student Last Name:

First Name:

Permanent ID #:

ADDITIONAL CONTACT INFORMATION (Other than Parent/Guardian)

THE SCHOOL DISTRICT IS LEGALLY ABLE TO PROVIDE EMERGENCY FIRST AIDE ATTENTION ONLY. THE PARENTS MUST ASSUME RESPONSIBILITY FOR ANY FURTHER MEDICAL CARE. FOR THIS REASON, WE MUST HAVE ON FILE THE NAMES OF TWO PEOPLE AND A PHYSICIAN/HOSPITAL TO CONTACT IN CASE WE ARE UNABLE TO CONTACT THE PARENT/ GUARDIAN.

ADDITIONAL CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER	OK TO RELEASE STUDENT	MAY WE CONTACT IN AN EMERGENCY?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LAST SCHOOL ATTENDED

SCHOOL NAME: _____ LAST SCHOOL YEAR ATTENDED _____

IF OUT OF THE COUNTY: CITY, STATE _____

IF ENROLLING FROM OUT OF DISTRICT SCHOOL, HAS STUDENT PREVIOUSLY ATTENDED ELEMENTARY SCHOOL IN THIS DISTRICT? ☐ YES ☐ NO

IF YES, WHICH SCHOOL _____ LAST YEAR ATTENDED: _____

SUSPENSIONS OR EXPULSIONS

HAS STUDENT BEEN ☐ SUSPENDED OR ☐ EXPELLED FROM ANOTHER HIGH SCHOOL? ☐ YES ☐ NO

IF YES, FROM WHICH SCHOOL? _____ WHEN _____

FOR WHAT REASON? _____

PROBATION / SARB

1. IS STUDENT CURRENTLY ON PROBATION? ☐ NO ☐ YES IF YES, WHO IS THE PROBATION OFFICER?: _____

2. HAS STUDENT EVER BEEN REFERRED TO SARB (STUDENT ATTENDANCE REVIEW BOARD)? ☐ YES ☐ NO

WITHOLDING TRANSCRIPT/PROGRESS REPORT

Education Code 48904 and Columbia Elementary School District Board Policy 6146.11 authorize District Schools to withhold the grades, transcript, and diploma of a student whose parent/guardian has not reimbursed the school for damaged or unreturned property. Parents and students will be held responsible for returning all property belonging to this elementary school (except when theft occurs during school hours and break-in can be proven). Property includes, but is not limited to, books, equipment, uniforms, calculators, cameras, and tools.

PLEASE INITIAL HERE AFTER READING: _____

RELEASE OF DIRECTORY INFORMATION

Columbia Elementary School District may authorize the release of student directory information to representatives of the news media, military, prospective employers, or nonprofit organizations as provided by Education Code 49073, unless prohibited by the parent/guardian. In accordance with law, directory information which school officials may disclose consists of the following: Student's name, address, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, and most recent previous school attended. If you **do not** wish to authorize the release of this directory information, please **initial** on the appropriate line.

NO MILITARY RECRUITERS _____ NO MEDIA _____

I authorize this confidential information to be shared with all necessary school personnel as needed. It is the responsibility of the parent/guardian to notify the Elementary School IMMEDIATELY of additions or changes to the above information.

If either the parents or the other person(s) designated in case of emergency cannot be reached, and if the child needs immediate medical attention, he will be taken to his physician or the nearest emergency clinic by a method which appears appropriate at no district expense.

I declare under penalty of perjury under the laws of the State of California that the information provided in this registration form is true and correct.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

In accordance with applicable Federal Laws Columbia Elementary School District does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, gender, sexual orientation, age, or disability.