



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 quardians 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.

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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 Sunol Glen Unified School District	Registration Form ⁶ Soc. Sec. No. (Student) US Citizenship? Yes No Citizenship Country other than US Registration Form ⁷ Social Security:
Butte	Biggs Unified School District Feather Falls Union Elem. School District	Registration Form ⁸ Entry Date to USA:// Student's Social Security Number 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 OUKPo4NzIKNU0tSIh2OEE/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	Enrollment/Emergency Information Form ¹⁰ 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:/
Calaveras	Calaveras Unified	Registration Form ¹¹ Student's Social Security #
	Mark Twain Union School District	Registration Form ¹² STUDENT'S SOCIAL SECURITY NUMBER ———-—————————————————————————————————
Contra Costa	Antioch Unified	Enrollment Form #1 and #2 ¹³ US Citizen at time of birth? Yes □ No □ Was student born outside of US? Yes □ No □ If yes, answer the next three questions. 1. Date first entered U.S.

 $^{^{10} \} Exhibit \ 5 \ available \ at \ \underline{http://wilcox.palermoschools.schoolfusion.us/modules \ /groups/}$ homepagefiles/cms/2441987/File/Enrollment%20Forms/Microsoft%20Word%20-%201a%20New%20student%20or%20Kinder%20enrollment%20form.pdf?sessionid=17a28313d52fe9fd2 034761a8fabe296.

11 Exhibit 6 available at https://drive.google.com/file/d/0B8sH9QvGjlJqVWVSWVByV2V5bG8/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
	Orinda Union School	Date First Entered U.S. School (Public or private) Date first entered a California School Registration Information ¹⁴
	District	US citizen? □ Yes □ No
El Dorado	Buckeye Union School District	Student Registration Form ¹⁵ CHILD'S BIRTHPLACE: City State Country U.S. Citizen: □ Yes □ No
	Mother Lode Union School District	Student Registration ¹⁶ BIRTHPLACE: City State Country U.S. Citizen: □ Yes □ No
	Pioneer Union Elem. School District	Registration Form ¹⁷ Birth City, State and Country If born outside US, granted Citizenship? US Entry Date US School Entry Date
Fresno	Kings Canyon Joint Unified School District	Registration Website ¹⁸ To register your child you must bring: Birth Certificate Social Security Number Immunization Records

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

0B9lvuB10jZj0fmkxcjlOaVJnczJQN21wdWFPLVl3ZlQ2LVcwbXREYVdzaHl1WlZVbmhVQXc.

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

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/

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?
	Eureka Unified	Student Registration Form ²⁰ CHILD'S BIRTHPLACE: City: State: Country: U.S. Citizen: □ Yes □ No
	Ferndale Unified School District	Student Registration ²¹ BIRTHPLACE: City: State: Country: U.S. Citizen:YesNo
	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: □ Yes □ No Place of Birth (City, State/ Country)

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

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-

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

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 – CityState 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 Documents required: 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): Yes □ No

²⁴ Exhibit 19 available at https://drive.google.com/file/ d/0B9s91WezSRyqYlhGSzRXSEJMMGtab2REN3YxaHhBUUl6MFlj/view. ²⁵ Exhibit 20 available at http://www.wued.org/UserFiles/

Server 116651/File/Parents/Registration/2016-

17%20SSUSD%20Student%20Registration%20Form%20-%20English%20Version.pdf.

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/

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: Yes No
	Lemoore Union Elem. School District	Student Registration Form ³⁰ US Citizen □ Yes □ No □ Decline to state
	Pioneer Union Elementary School District	Registration Form ³¹ Birth City, State and Country If born outside US, granted Citizenship? □
Lassen	Lassen Union High School District	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/3lf23ijndl09s7c9i6nps64tfjkmbob7/1mg6btvr03nkgnichvdh1aigpe53mchi/14891712000
00/drive/18107884510038311153/ACFrOgDwM7L gMKS2BG9EQ7 VcEKrouyMPRatBSTkZpQAbQwUA
mJIEZiCeKa1o1fTmQ8l409s0H6vgxKrCzorb337CeV8U2OUIKLtBKUzlAw8R0CXP1f4BP3thFtnog=?print
=true&norce=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.swbittier.k12.ca.us/apps/pages/.

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
		BIRTH INFORMATION VERIFIED BY 1 – BIRTH CERTIFICATE 2 – HOSPITAL CERTIFICATE 3 – AFFIDAVIT 4 – IMMIGRATION DOCUMENT 5 – BAPTISMAL/CHURCH CERT. 6 – PHYSICIAN CERTIFICATE 7 – UNDOCUMENTED (NO BIRTH VERIFICATION) ENTER SELECTION
Madera	Yosemite Unified School District	You will need to submit the following information with your completed paperwork: A copy of your child's social security card Enrollment Form SS# Emergency Procedure and Address Card Student's Social Security#
Marin	Ross Valley School District	Pupil Registration Form ³⁵ Student's Place of Birth: Birth City:State: Country: US Citizen at time of birth? Yes □ No □ Date first entered US:_/_/_
Mendocino	Arena Union Elementary School District	Student Registration ³⁶ Date student first attended school in the U.S. U.S. Citizen: Yes No

³⁴ Exhibit 29 available at 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: □ Yes □ No
Napa	Howell Mountain Elem. School District	Registration Form ³⁸ BIRTHPLACE: City: State: Country: U.S. Citizen: Yes 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-

<u>ca.schoolloop.com/file/1244873695322/1254374479493/1137222072668321643.pdf.</u>

**Exhibit 37 available at <a href="https://docs.google.com/viewer?a=v&pid="https://docs 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:
	Robla School District	Student Registration Form ⁴⁴
		If born outside USA, date of USA entry://
		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
San Diego	Deflesa school district	S.S.#
	Del Mar Union School District	Race/Ethnicity Identification ⁴⁷
	District	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/GxpqJu6E9v6BVNASFiAUujzAaUJbA99CN2EXCKiWJkEEI0VB.pdf.

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.

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.? □ No □ Yes
San Joaquin	Escalon Unified	Student Registration Form ⁵⁰
		STUDENT BIRTHPLACE: City: State: Country:
		U.S. Citizen: □ Yes □ No
	Ripon Unified	Student Registration Form ⁵¹
		BIRTHPLACE: City:
		State: Country:
		U.S. Citizen: ☐ Yes ☐ No
San Mateo	La Honda-Pescadero Unified School District	Student Registration ⁵²
	Griffied Corloor Biothiot	Social Security #
		Date student entered school in U.S
Santa Barbara	College School District	Enrollment Form ⁵³
	5	Social Security #

⁴⁹ Exhibit 44 available at

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

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

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

⁵² Exhibit 47 available at http://www.lhpusd.com/files/ 3ICj3 /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 □ No □
		Is the student a U.S. Citizen: Yes □ No □
		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 □ Yes □ No
		US Entry Date//

⁵⁴ Exhibit 49 available at http://www.berryessa.k12.ca.us/documents/Education%20Services/ 2017%202018%20ENROLLMENT%20PACKET%20-7-

^{%20}with%20new%20logo%20fillable%20form.pdf.

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

56 Exhibit 51 available at http://www.fuhsd.org/

file/1220712390804/1224957816940/8345308192096957.pdf.

57 Exhibit 52 available at http://www.santaclarausd.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: □ Yes □ 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://
	Enterprise Elementary School District	Date of initial enrollment in a US school: // Registration Form ⁶³

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

EnterpriseElementary/Divisions/DocumentsCategories/Documents/NEW%204%20PAGE%20PACKET%2 0FOR%20GRADES%202-8%20REGISTRATION%201-2016.pdf.

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.

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/

School Districts That Inquire About Student Immigration Status					
County	School District	Enrollment/Registration Form-Website Excerpts			
		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 □ Yes □ No			
Siskiyou	Big Springs Union School District	Student Registration 65 Social Security # BIRTHPLACE OF CHILD: City: State:Country: U.S. Citizen: □ Yes □ No			
	Mount Shasta Union Elementary School District	Student Registration Emergency Contact Card ⁶⁶ Social Security # BIRTHPLACE OF CHILD: US Citizen □ Yes □ 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-bsesd-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-schoolloop.com/file/13169293404471440715707966511.pdf

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 □ Yes □ No					
Solano	Benicia Unified	Student Enrollment ⁶⁸					
		U.S. Citizen: ☐ Yes ☐ No					
Sonoma	Cinnabar School District	Student Application Form 2016-2017 ⁶⁹					
		☐ Click here if student was born outside the U.S. but granted U.S. citizenship at time of birth					
		☐ Click here if foreign student temporarily schooling in the U.S.					
		☐ 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: □ Yes □ No					

Exhibit 63 available at https://drive.google.com/file/d/0B5rQ4jawvvEoWXJFSUITbFVpdU0/view.
 Exhibit 64 available at https://static1.1.sqspcdn.com/static/f/1346072/26822659/1454016140713/ Cinnabar+School+District+Enrollment+Form+English.pdf?token=5%2Bl2ypguwXsbuVvqgtmk7B7X%2Fp

C%3D.

70 Exhibit 65 available at http://static1.1.sqspcdn.com/static/f/987161/27376896/1481733740083/ registration-enrollment-form-2016.pdf?token=8JaWVdxyZ7FjTJNlQSPt%2BGCl2d0%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				
	District	Child's birthplace:(City)				
		(State) (Country)				
		U.S. Citizen: ☐ Yes ☐ 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: □ Yes □ 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				

⁷² Exhibit 67 available at http://www.mwusd.org/files/user/3/file/Application%20English(1).pdf.

⁷³ Exhibit 68 available at http://roselandsd.org/view/1064.pdf.

⁷⁴ Exhibit 69 available at http://roselandsd.org/view/1064.pdf.

⁷⁵ Exhibit 70 available at http://sonomavalleyhigh.org/
home/CA49709534937256/School%20Registration%20Form%202011-Bilingual%20NEW.pdf.

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	Student Enrollment Form ⁷⁶ Social Security #:				
Sutter	East Nicholas Joint Union High School District	Registration Form ^{//} S.S. Number: BIRTHPLACE:/ City State Country U.S. CITIZEN? Yes / No (Circle One)				
Tulare	Rockford Elementary School District	Student Registration ⁷⁸ SOCIAL SECURITY NO				
	Tulare Joint Union High School District	Registration and Immunizations Webpage ⁷⁹ 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)				

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.tjuhsd.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

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/Y7L02ESN75HlbTm7DGQJlvrPlkIxcVEYqpnh1L9PcpgRXRQy.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." 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 &}quot;Legal Guidance – Providing All Children Equal Access to Education, Regardless of Immigration Status" (CSBA – February 2017) page 2 http://files.clickdimensions.com/csbaorg-akcvg/files/201702csba-legal-guidance-equalaccessv2.pdf? cldee=eGlsb25pbkBnbWFpbC5jb20%3d&recipientid=contact-916ab619e2e4e41180e2005056b02a09-9057ee63d6c04189ad32a89aef54820c&esid=85170d2a-f0fa-e611-80f0-005056b02a09.

84 Id. at page 3.

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,

Deborah Escobedo Senior Attorney

Racial Justice-Education

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CC:

Tom Torlakson, State Superintendent of Public Instruction

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 LODE 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

EXHIBI T 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 UNON 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

EXHIIBIT 75 - COLUMBIA ELEMENTARY SCHOOL DISTRICT REGISTRATION FORM

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ell Phone Number) Mail Address ease Indicate Highest Level 1 = College G 2 = Some Co ather 3 = High Soh /outd You Like Dout ther Parent/Guardian (Full N reet Address ome Phone) (ther Children Living	Of Schooling Of Parents (Uradusto/Bachelors lilege Includes AA ood Graduste ble Mailings? Yes (lame)	vol sing Numbers 1-5): 4 = Not High School 5 = Post Graduate/ 6 = Declined to stal [Must Provide 2 nd G R R R R R Phone)	/Grad School ite or unknown Buardian Informat Relationship	WORK Phone Numb () E-Mail Address Please Indicate Highs 1= C 2 = S Mother 3= H tion Below) No Other Parant/Guerdia Street Address Home Phone ()	est Level Of So tollege Gradual ome College in ligh School Gra	hooling Of te/Bachelor toludes AA	Parenta rs	Level (Valng Num 4= N 5= F 6 = I	mbers 1-5); lot High School Graduate cost Graduate/Grad Schoo Declined to state or unkno Relationship State 2/p
ell Phone Number) -Mail Address	Of Schooling Of Parents (Uradusto/Bachelors lilege Includes AA ood Graduste ble Mailings? Yes (lame)	vol sing Numbers 1-5): 4 = Not High School 5 = Post Graduate/ 6 = Declined to stal [Must Provide 2 nd G R R R R R Phone)	/Grad School ite or unknown Buardian Informat Relationship	WORK Phone Numb () E-Mail Address Please Indicate Highs 1= C 2 = S Mother 3= H tion Below) No Other Parant/Guerdia Street Address Home Phone ()	est Level Of So tollege Gradual ome College in ligh School Gra	hooling Of te/Bachelor toludes AA	Parenta rs	Level (Valng Num 4= N 5= F 6 = I	mbers 1-5); lot High School Graduate cost Graduate/Grad Schoo Declined to state or unkno Relationship State 2/p
lease Indicate Highest Level 1 = College G 2 = Some Co 3 = High Solv Vouid You Like Doul ther Parent/Guardian (Full N treet Address ome Phone) Other Children Living ime INDERSTAND THAT ASS ASSIGNMENTs areby authorize Dublin U lergency card and/or nee	Of Schooling Of Parents (UnreductorBachelors) Illege Includes AA ool Graduate DIE Maillings? Yes (Iame) Coll (Includes AA ool Graduate DIE Maillings? Yes (Iame) DUE TO ENROLLME S MAY NEED TO BE Inflied School District per urest hospital emergency was thospital emergency to see the set of the s	vol sing Numbers 1-5): 4 = Not High Schot 5 = Post Graduate/ 6 = Declined to stal (Must Provide 2 nd G R Dity State Phone) 8chool ENT CHANGES, ADJUSTED. sonnel, unless previ	/Grad School ite or unknown issardian Informat Relationship Zip MY CHILD M/ riously notified or child in case of el	WORK Phone Numb () E-Mell Address Please Indicate Highs 1= C 2 = S Mother 3= H tion Below) No Other Parant/Guerdia Street Address Home Phone () Name	est Level Of So ollege Gradual ome College in igh School Gre in (Ful! Name)	hooling Of te/Bachelor teldudes AA iduate ND THE arrange & tele event til	Parenta C C (Bibitidu Biotribe control can be con	Level (Uaing Nue 4= N 5= F 6 = I	mbers 1-5): Int High School Graduats oot Graduats/Gred School Declined to state or unkno Relationship State 2/p Subsol Godb School, OF
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SUNOL GLEN SCHOOL REGISTRATION FORM

Student (Legal) Name:	В	Birthdate:		Grade:	Grade:		
	В	Birthplace: Gender: M / F			/F		
Home Address:	S	Social Security: Mother Cell:					
	Į.	Nother E-mail:					
Mailing Address (if otl	H	Iome Phone:		Father Cell	:		
			ather E-mail:				
Lives with both par	ents: Yes or No Which Forent has authority to male	arent?:		Other:			
lf divorced, which p	parent has authority to mal	ke school re	lated decisio	ns? Mother	Father	Other	
	FIRST NAME - LAST	EMPLOY	YER/OCCUPA	ATION	WK PHONE	HOURS	
FATHER							
MOTHER							
STEP-FATHER	1						
STEP-MOTHER							
GUARDIAN							
SPECIAL EDUCA	TION SERVICES: RS Pro	gram:	Speech	ı: ˈ]	Hearing:	Other:	
HOW DID YOU H	EAR ABOUT SUNOL GLI	EN SCHOO	L?				
ETHNICITY	RACE (Select one or more))		HOME LANGUAGE (If other than English)			
Hispanic/Latino ☐ Yes ☐ No	kan Native n) an er Pacific Islan	nder	□ Cantonese □ Farsi □ Filipino □ Hebrew □ Japanese □ Mandarin □ Punjabi □ Russian □ Spanish □ Urdu □ Vietnamese □ Other				
LAST SCHOOL A	TTENDED (by student):			PARENT EL	OUCATION LEV	 EL:	
Name of School:				Level of education for parents (check up to two):			
Address:				☐ Did not graduate high school ☐ High school graduate			
City, ST ZIP				☐ Some colle	ge (academic)		
Phone & Fax Number:		-	☐ College graduate ☐ Studies beyond college graduation ☐ Declined to state				
MILITARY CONN	ECTED FAMILY - In effor	ts to provide r	resources and s	support to milit	ary families, pleas	e respond to the following	
Immediate family member	in the military : Yes No Reserve Veteran		Currently D			Branch:	
SIBLING INFORM	SIBLING INFORMATION: NAME BIRTHDATE B						



BIGGS - RICHVALE ELEMENTARY SCHOOLS

	CHROK	alla	DOX IF	BUUI	682	
l	phone	is di	ffere nt	from	last	yeer

REGISTRATION FORM

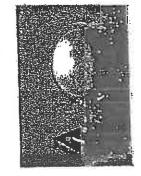
(Please type or print clearly all information requested on both sides of this form)

/ Al L				************		
intra / Inter Restraining	OFFICE U	SE ONLY	First Enrolle	d in District:		
on file: Order on file	: immunization			ment Date:		
			h date ification:	Drop Date:		
Transfer from School:				rorde Received	141	
Address:		-unguage ourse		OVIGE RESISTER		
School: Biggs / Richvale Elementary 8				1 Studen	nt I.D.#	_
,	THE CHARGE					
Student Name:		· · · · · · · · · · · · · · · · · · ·				_
First		Middle		Last		
MAILING Address:	PO Box#	STRE	ET Address _		Apt. #	
					•	
City: 2	ip Code;	· •••	. Home phone	#		_
Birth date:/	Place of Birth: _			1	Sex:	
Mo. Day Year		City	State	County	WF	
Entry Date to USA:/	Student	's Social Securit	y Number:			_
WHAT IS YOUR CHILD'S ETHNICIT	Y? (Please cha	ck one): His	panic or Latir	o Not Hi	spanic or Latino	
Primary Race (Please check one):		•	_	~	~ =	
American Indian or Alaskan Native	_	X .	 '	=	=	
Other Pacific Islander	=	=	_	OHáwalian	=	
O Black/African American		Hmong	-	O Samoan	White	
Secondary Race (Please check one		ione aposes despired y fested t	496 1484 1184 148 158 159 159 1		271455>	***
OAmerican Indian or Alaskan Native	· _	Guamanian	O Japanese	Other Asian	○ Tahitian	
Other Pacific Islander	○Chinese	ÖVletnamese	O Korean	O Hawalian	OAsian Indian	
O Black/African American	○ Filipino	Hmong	O Laotian	○ Samoan	White	
NAME OF PERSON						
(4 Alama)		/O Alemai				
(1 - Name)		. (2 - Name) Relationshi	n.	· · · · · · · · · · · · · · · · · · ·		
Relationship: STREET Address:						
City:Zip:		Cify:	udiboo,	Zlp:		
HOME phone: Cell:				Cell:		
Employer:		- •				
City: Zip:		City:		Zip:		
Work phone						
Email:					-	
Names of Brothers and Sisters:	M/F	Sc	hool		Birth date	
		9			//	the s
					<i></i>	_
Babysitter:					/	-
Firet	Last					_
- v						

Student previously enrolled Student previously identifie		on? O Yes O No	Speech? Yes	○ No
Contacts: IMPORTANT	Contaçta Listed	l Below Are Authorized To Pic	k Up Your Student	
Name	···········	Relationship to child	Home phone	Cell phone
Name		Relationship to child	Home phone	Cell phone
Name Name Iealth / Medical / Consen	i Information	Relationship to child	Home phone	Cell phone
In the event of an EMERG	ENCY involving my	child, I authorize Biggs Unified & dure on my behalf.		
		L emergencies will be transpo lity for medical expenses.)	orted to any Hospital Eme	ergency. (The
lame of Doctor:		Dactor Office	e phone #	
				
lease list medications tak				
Allergic to Foods?		no, what foods?	-tr	
		no, what drugs? o EpiPen Req'd? Yes	No Escalaine	
llergic to Bee Stings?		d Epiren Kedar tes ain:		
		Explain:		
Physical Limitations?		Explain:		
Vears Glasses/Contacts?	Yes C	No Worn All the time	Reading Dista	ince
Ígaring Problems? 🔘	Yes No	Explain:	1 6	
PLEASE NOTE: State law	requires that all stud	ents have a completed immuniz	ation record upon registerin	g at any school.
'arents' Highest Level of	Education:	Not a high school graduate	O High school graduate	
Some college (include Decline to state or uni) College Graduate	Graduate School or Po	ost Graduate training
Publication and Media Re O Yes, my child may be O No, my child may not	interviewed or photo	ographed for publication, media o otographed for non school public	outlets, websites and schoo callon.	i publications.
•	ge do you prefer con Spanish	nmunications from the school be	sent?	
Discipline Policy & Legal have received and undership internet Policy.	Notifications Hand tand it is my respon	ibook sibility to read the Discipline Poli	cy & Legal Notifications Ha	ndbook, which includ
Date:	Signature o	f Parent or Legal Guardian (REG	QUIRED):	
	l l			. 1

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	Middl	e	Phone#		Social Sec	curity # (New)	Students only)
99								or Female
oupil's legal name, if diff	erent	City & State of	Birth	Birthda	e	Grade	Gende	(Circle one)
opil's home address		Maili	ng Addre	ss (if differ	rent)			
3-Mail address	······································				, T		·	10
Last School Attended		Address	City		County		State	
Father's name	. 12	Address	Occu	pation	·		Day Phone	<u></u>
Mother's name		Address	Occu	pation			Day Phone	,
Guardian's name	0.0 - A	Address	Occi	ipation	· · · · · · · · · · · · · · · · · · ·		Day Phone	71
25		8	14 45					
Person(s) to contact if pa I, the undersigned paren Falls area.				953			- 5	
Signature of Parent/Guar	rdian					8	Date	
Other Children in Famil Name	<u>v</u>	Birt	<u>hdate</u>			Relatio	onship to Pup	oil
		8	367					
							<u></u>	

All the information below is strictly confidential.

las your child ever been in a speech class?	Yes	No		
Ooes your child have any illness or is on any medicati	ion, which migl	nt affect his/h	er schoolwork? Yes	No
f yes, please specify				
ist any allergies we should know about	· .			
h	4 7	Νĭο		*
Is your child allergic to bee stings? If yes, does your child have a bee sting	Yes g kit? Yes			*
, the undersigned parent/guardian do hereby author	ize the doctor o	n call, at Oro	ville Medical Center	
Iospital, to treat my child in case of an emergency.				
e □ 1		170	Phone#	
ignature of Parent/Guardian	Name of Fami	ly Doctor and	phone number	
		19		
The following information is helpful to us in clemographics in the spring. Please circle or call information is strictly confidential.	completing the	e standardi sponses.	zed testing	
lemographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following:	check your re	sponses.		
lemographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following: American Indian or Alaska Native	check your re	esponses. Can American		
demographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other	check your re Black or Afric	esponses. ean American		
lemographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other	check your re Black or Afric	esponses. ean American		2 2
lemographics in the spring. Please circle or call information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L Parent Education Level (for most educated parent)	check your re Black or Afric	esponses. ean American		= #
lemographics in the spring. Please circle or call information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L Parent Education Level (for most educated parent) Circle only one response)	Black or Afric Pacific Islando	can American		ee)
lemographics in the spring. Please circle or call information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L Parent Education Level (for most educated parent) Circle only one response) Not High School Graduate High School Graduate	Black or Africation Yes	can American or No	·	ee)
lemographics in the spring. Please circle or call information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L. Parent Education Level (for most educated parent) Circle only one response) Not High School Graduate High School Graduate	Black or Africation Yes	can American or No	·	ee)
demographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L. Parent Education Level (for most educated parent) Circle only one response) Not High School Graduate High School Graduate	Black or Africation Yes	can American or No	·	ee)
demographics in the spring. Please circle or of All information is strictly confidential. Check one or more of the following: American Indian or Alaska Native White Native Hawaiian or Other In addition, please check Ethnicity: Hispanic /L. Parent Education Level (for most educated parent) Circle only one response) Not High School Graduate High School Graduate	Black or Africation Yes	can American or No	·	ee)

PALERMO UNION SCHOOL DISTRICT ENROLLMENT/EMERGENCY INFORMATION FORM

Allergy/Bee Sting

Restraining Order

/		1	1 1
STUDENT LEGAL NAME: LAST FIRS	T MIDDLE Birthplace	Other Names Used (if a	ny) Grade Teacher
Girl Boy Birth Date://		_StateCountry	Social Sec. #
If student was born in country other than U. Date of first enrollment in a U.S. School:			
Home Address City	Zip Mailing Addr	ess (if different) City Zip	Home Phone Cell Phone
Parent/Guardian	email address:		
Student lives with: □ Father □ Mother □ B	oth □ Step-Father □ Ste	p-Mother 🗆 Guardian 🗆 Fost	er parent □ Other
Father/Guardian Name: LAST FIRST		Employer	Work Pho
Mother/Guardian Name: LAST FIRST		Employer	Work Pho
Is the above person(s) the LEGAL guardian?	Yes □ No If NO, please of	btain a Caregiver Authorizat	ion Affidavit from the office.
Is there a Custody court order regarding this stu	ndent? □ Yes □ No If Y	ES, please provide the office w	vith a copy of the Court Order.
If Foster or Group Home, Organization:			
If parent lives outside the home:			
Father's Name Mother's Name	Ph Ph	one	Able to sign out: □ Yes □ No Able to sign out: □ Yes □ No
			Total to sign out. In 140 In 140
In case of Illness/Emergency, ONLY the follo	wing people may pick up t	nis student:	, , , , , , , , , , , , , , , , , , , ,
Name	Phone N	ame	Phone
Name	Phone N	ame	Phone
Name	Phone D	ay Care/Baby-sitter	Phone
Doctor	Phone		
Pursuant to Family Code Section 6910, I autiambulance for this student. I also understar			
School last attended		Address	
DISTRICT OF RESIDENCE: Does student live outside the Palermo Union Sc If yes, do you have an Interdistrict Agreement		ea? (You may be asked to show	w proof of residence). Yes No
Date of WithdrawalF	teason 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 Grad		
	10 11 11 11 11 11 11 11 11 11 11 11 11 1	-	

<u>Federally mandated by</u>	No Child Left Behind	Act (NCLB) 2001	<u>.</u>
PRIMARY RESIDENCE: Where is this student currently ☐ Single family permanent residence—house, apartment, co ☐ Doubled-up (sharing housing with other family or individ ☐ Sheltered or transitional housing program	ondominium, mobile home		r awaiting placement or or campsite)
ETHNICITY: 1. Is this student Hispanic or Latino? (Please choose only No, not Hispanic or Latino Yes, Hispanic, or Latino (A person of Cuban, Mexican, P		al America, or other	Spanish culture or origin
RACE: 2. What is the student's race? (No matter what you selected American Indian or Alaska Native Asian-please circle: Asian Indian, Cambodian, Chinese, For Black or African American Pacific Islander White	_	Korean, Laotian, Vie	tnamese, Other
PARENT/GUARDIAN HIGHEST EDUCATION LEVE 14 = Not a High School Graduate 13 = High School Graduate 12 = Some College (2 or 4 year academic program	11 = Co 10 = Go	ollege graduate (B.A raduate School/Post	. or B.S. Degree) Graduate (M.A. or PhD)
PRIMARY LANGUAGE SURVEY: Please indicate on	lv one language per line		
Which language did your child learn when he/she began to 2. What language does your child most frequently use at hor 3. What language do you use most frequently to speak to yo 4. Name the language most often spoken by the adults in the ENGLISH LANGUAGE ACQUISITION: Is this student enrolled in, or has the student ever been enrolled yes, Start Date Exit Date	ur child?	(EL) Program?	Yes D No
Has this student participated in any SPECIAL PROGRAM □ Resource Specialist Program □ Special Day Class		ply: □ 504	□ Migrant
□ Indian Education □ GATE	□ Counseling	□ Other Explain _	
Do you believe this student has a handicap or disability whi	ch affects his/her ability to	learn? □ Yes □ No	Explain
EMERGENCY/MEDICAL CONDITIONS (Please che	eck all that apply):		
*□ Allergy: *□ Asthma: Medication required	_ □ Speech □ Hearing Loss = hearing	aide/s	□ Chicken Pox □ Diabetes □ Heart Problems □ Seizures
*□ Bee Sting Reaction: Medication required	. □ PE Limitations (Need doctor note if for mor	e than 3 days)	_ □ Tuberculosis
*In order to provide more health information about my ch			ent to me: 🗆 Yes 🗆 No
□ Medications needed at school	Please obtain a	Medication Autho	rization 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 a	and grant the above authorizations
x			
Signature of Parent/Guardian living with Student	Date		



Registration Cover Sheet

Name:	Student #:
	D.O.B.:
	Grade:
RECORDS NEEDED FOR ENROLLM	<u>1ENT</u> :
☐ CUSD Registration form	
☐ Immunization record <u>Up to</u>	<u>Date</u>
☐ Birth Certificate	
\square Social Security Card or Nun	nber
☐ Emergency Card	
\square Oral Health Assessment or	Waiver
\square Report of Health Examinati	on for School Entry or Waiver
\square CUSD Health and Developn	nent History
\square Address Verification/letter	if doubled up
\square Parent Identification	
As Needed:	
☐ Caregivers Affidavit	
☐ Emergency Care Plan	
☐ Food Accommodation form	n (food allergies)
☐ Medication at School	
☐ Custody/Court Documenta	tion
☐ interim placement/IEP info	rmation

CALAVERAS UNIFIED SCHOOL DISTRICT Ву_ GRADE Proof of Birth: Type ☐ Walks ☐ Rides bus Bus stop ► 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: **Student Nickname:** Month Dav Year **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) City Zip Email address Apt# State Residence Address (house # & street name) (IF DIFFERENT) Zip Apt# City State **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) ☐ Laotian (206) ☐ Tahitian (304) (Persons having origins in any of the original people ☐ Cambodian (207) ☐ Other Pacific Islander (399) of North, Central or South America) ☐ Hmong (208) ☐ Filipino/Filipino American (400) ☐ Chinese (201) ☐ Other Asian (299) ☐ African American or Black (600) □ Japanese (202) ☐ Hawaiian (301) ☐ White (700) (Persons having origins in any of ☐ Korean (203) ☐ Guamanian (302) the original peoples of Europe, North Africa, ☐ Vietnamese (204) Northwestern Asia or the Middle East) ■ Samoan (303) Asian Indian (205) PARENT EDUCATION - Check the response that describes the Date your child first attended school in the U.S. education level of the most educated parent. □ Graduate Degree or Higher (10) Month Day Year ☐ College Graduate (11) ☐ Some College or Associate's Degree (12) Date your child first attended school in California ☐ High School Graduate (13) ☐ Not a High School Graduate (14) Month Day Year

State:

Country: _

City:

STUDENT

BIRTHPLACE:

HOME LANGUAGE SURVEY: Indicate only one 1. What language/dialect does your son/daus								
	 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? 							
3. What language/dialect do you most frequently speak to your child?								
Has your child ever been given the CELDT								
Residence – where is your child/family currently In a permanent residence (house, apartment, con		NCLB) – Pleas In a mo			iate box:			
☐ Temporarily doubled-up (sharing housing with								
to economic hardship or loss) In a shelter or transitional housing program		☐ Other ((please :	specify) _				
Parent/Guardianship Information (with whom Is Parent or Guardian a member of the Armed Filme National Guard duty? YES ☐ N☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Is the above (checked) person (s) the student's If there is a legal custody agreement regarding to Who holds legal educational rights to this stude PLEASE COMPLETE INFORMATION BELOW FOR	Forces (Army, Navy, Air Force, M NO	Foster/Group Foster/Group For If No, pleased Joint Custooth Other_NHOM THE ST	lome Dese compody Desert	Other _ lete a "C I Sole Cu:	aregiver Affidavit" stody 🔲 Guardian			
Employees	Ciana	Day	.: al					
Employer:	City:	Day	rume Pr	ione # (
2. Mother Step Mother/Guardian (check	k one) Full Name:			<u> </u>				
Employer:	City:	Day	time Pl	none# ()			
PLEASE COMPLETE INFORMATION BELOW IF TI	HE STUDENT HAS A SECOND RE	SIDENCE – ALS	O RESID	ES WITH	l:			
PLEASE COMPLETE INFORMATION BELOW IF TI	HE STUDENT HAS A SECOND RE Relationship:	SIDENCE – ALS	O RESIC	DES WITH): 			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address:	HE STUDENT HAS A SECOND RE Relationship: City:	SIDENCE – ALS	O RESIDE	DES WITH one #: (_): 			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreemen	HE STUDENT HAS A SECOND RE Relationship: City:	SIDENCE – ALS	O RESIDE	DES WITH): 			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreemen MOST RECENT SCHOOL ATTENDED:	HE STUDENT HAS A SECOND RE Relationship: City: nt allow for duplicate mailing ad	SIDENCE – ALS	O RESIDENT Phroposition Phropos	DES WITH one #: (_ : □ No	l: 			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreemen MOST RECENT SCHOOL ATTENDED:	HE STUDENT HAS A SECOND RE Relationship: City:	SIDENCE – ALS	O RESIDE	DES WITH one #: (_ : □ No): 			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreemen MOST RECENT SCHOOL ATTENDED:	Relationship: City: The allow for duplicate mailing address available from your child's formed in the complex of the comple	State er school? expelled? voly) anguage seen retained -	Ph State Yes Zip Yes	one #: {_ : O No ctive IEP at what g	Zip code:Phone			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreement MOST RECENT SCHOOL ATTENDED: Name Are there psychological or confidential reports at the syour child ever been suspended? Yes What special services has your child received? (Special Education: Resource (RSP) Special Education: Resource (RSP) Special Education: Counseling Englision Participated in athletic program Other (Special Education athletic Program Other (Special	Relationship: City: The allow for duplicate mailing address available from your child's formed in the complex of the comple	State er school? expelled? voly) anguage seen retained -	Ph State Yes Zip Yes	one #: {_ : O No ctive IEP at what g	Zip code: Phone None grade level			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreement MOST RECENT SCHOOL ATTENDED: Name Are there psychological or confidential reports at the syour child ever been suspended? Yes What special services has your child received? (Special Education: Resource (RSP) Special Educatio	Relationship: City: The allow for duplicate mailing address available from your child's formed in the complex of the comple	State State er school? expelled? sly) anguage seen retained - ave a hearing p	Ph State Yes Zip Yes	one #: { i o lo ctive IEP at what g	Zip code: Phone None grade level ke medication regularly			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreement MOST RECENT SCHOOL ATTENDED: Name Are there psychological or confidential reports at the syour child ever been suspended? Yes What special services has your child received? (Special Education: Resource (RSP) Special Education: Counseling Englist Participated in athletic program Other (Special any yes answer: Name of other children in family DOB	Relationship: City: City: The allow for duplicate mailing address available from your child's formed and the second s	State State er school? expelled? sly) anguage seen retained - ave a hearing p	Ph State Yes Zip Yes	one #: { i o lo ctive IEP at what g	Zip code: Phone None grade level Ke medication regularly Relationship			
PLEASE COMPLETE INFORMATION BELOW IF TI Full Name: Mailing Address: If divorced/separated, does custody agreement MOST RECENT SCHOOL ATTENDED: Name Are there psychological or confidential reports at the syour child ever been suspended? Yes What special services has your child received? (Special Education: Resource (RSP) Special Education: Resource (RSP) Special Education: Counseling Englist Participated in athletic program Other (Special Education) Total Counseling Special Education Special Education: Yes Explain any yes answer:	Relationship: City: City: The allow for duplicate mailing address available from your child's formed and the second s	State State er school? expelled? sly) anguage seen retained - ave a hearing p	Ph State Yes Zip Yes	one #: { i o lo ctive IEP at what g	Zip code: Phone None grade level ke medication regularly			

Mark Twain U	is Elemen	tary	School Distric	et	Sta Bir Ad Im	udent ID #: ate ID # : th Verification: dress Verification: munizations:					
REGISTRATION DATE: FIRST DAY:				\dashv	Teacher:Grade: Date Records Requested:						
REGISTRATION DATE: STUDENT'S LEGAL LAST	NAME	FIRST NA		-	Mir	DDLE NAME		NICKNA	ME	GRADE	
OTOBERT S ELONE ENST	I ACIANT	I INOT IVA	IVIL			, J. C. T. V. V. C.			1775	0.0.0	
DATE OF BIRTH						JDENT'S SOCIAL SECU			[]MALE	[]FEMALE	
Mailing Address						CITY			ZIP		
PHYSICAL ADDRESS						CITY			ZIP		
HOME PHONE			MOTHER'S CELL				FATHER'	'S CELL			
STUDENT'S CELL			EMAIL				EMAIL				
	RESIDES W/ST		/es []No p?[]Yes[]No			FATHER:			IT[]YES []NO		
NAME					Nar	ME					
Address if different i	ROM STUDENT				ADDRESS IF DIFFERENT FROM STUDENT						
WORK PLACE	· · · · · ·	Work P	HONE		WORK PLACE WORK PHONE						
	LEGE [] COLLE	GE GRAD	[]Post Grad		EDUCATION LEVEL: [] HS GRAD [] NON HS GRAD [] SOME COLLEGE [] COLLEGE GRAD [] POST GRAD						
IF MOTHER DOES NOT LIN MAILINGS? [1 YES []		IT, SHOULD	SHE GET STUDENT		IF FATHER DOES NOT LIVE WITH STUDENT, SHOULD HE GET STUDENT MAILINGS? I TYES I TNO						
			PARENT MILI	ITARY	1-1	ACTIVE DUTY	1 / 1				
[]ARMY []NAVY []COAST GUARD					[]ARMY []NAVY [] AIR FORCE [] MARINE CORPS []COAST GUARD []NATIONAL GUARD – FULL TIME						
ACTIVATION DATE	:				ACTIVATION DATE:						
IF STUDENT DOE	S NOT LIVE	OT LIVE WITH PARENT(S) COMPLE				TE THE FOLLOWING ALONG WITH A CAREGIVER AFFIDAVIT					
FEMALE GUARDIAN ST	UDENT LIVES \	N ITH			MA	LE GUARDIAN STU	ENT LIVE	s W ITH			
RELATIONSHIP: [] STEP [] LEGA	MOTHER L GUARDIAN	[]Fost	ER PARENT	_	RELATIONSHIP: [] STEP FATHER [] FOSTER PARENT [] OTHER				NT		
NAME					NAI	ME		<u> </u>			
CELL PHONE		Work P	HÔNE		CEI	LL PHONE		٧	VORK PHONE		
EMERGENCY INFO	ORMATION -	IF PARI	NT/GUARDIAN	CAN'	T BI	REACHED *PLE	ASE PRO	VIDE A	LEAST TWO	CONTACTS*	
#1 NAME:		RELATIO				HÔNE		CELL P		3 - 1 - 1	
#2 NAME:		RELATIO	NSHIP:	Ном	OME PHONE			CELL P	HONE:		
#3 NAME:		RELATIO	NSHIP:	Ном	Æ PH	HONE		CELL P	HONE:		
#4 NAME:	_	RELATIO	NSHIP:	Ном	OME PHONE CELL PHONE:						
#5 Name: RELATIONSHIP: Hom				DME PHONE CELL PHONE:							

LAST SCHO	OL ATTENDED						
SCHOOL NAME:	LAST DAY ATTENDEND:						
PHONE NUMBER: FAX NUMBE IF OUT OF THE COUNTY: CITY, STATE, COUNTRY	ER:						
	Y: STUDENT HAS						
[]HEART DISEASE []EPILEPSY []DIABETES []MIGRAINES []ASTHMA: CARRIES INHA							
[] ADD/ADHD: IF YES, MEDICATIONS							
SEVERE ALLERGIC REACTIONS TO:							
A Physical Disability:							
IF STUDENT HAS HEALTH RELATED CONCERNS THAT WOULD AFFECT THEIR SCHOOL PERFORM	WANCE, 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	 s []No						
	PHONE NUMBER:						
STODENT'S DOCTOR	FRUNE NUMBER.						
SIBLINGS/STUDENTS	S IN SAME HOUSEHOLD						
Name: Relationship to stud	lent: Date of Birth:						
Name: Relationship to stud	lent: Date of Birth:						
Name: Relationship to stud Name: Relationship to stud	lent: Date of Birth: Lent: Date of Birth:						
Name: Relationship to stud	lent: Date of Birth:						
RESIDENT	TAL STATUS						
THE FOLLOWING BEST DESCRIBES OUR CURRENT LIVING CONDITIONS: [] OUR							
[] SHELTER, GROUP HOME, TRANSITIONAL [] TEMPORARILY WITH FRIENDS (OR FAMILY [] CAR, CAMPSITE, TRAILER, VACANT BUILDING [] HOTEL, MOTEL						
SARB	PROBATION						
HAS STUDENT EVER BEEN REFERRED TO SARB? []YES []NO	IS STUDENT CURRENTLY ON PROBATION? [] YES [] NO						
(STUDENT ATTENDANCE REVIEW BOARD)	IF YES, WHO IS THE PROBATION OFFICER?						
PARENT PERMISSION	& MEDICAL RELEASE						
	AM THE PARENT AND/OR LEGAL GUARDIAN OF THE NAMED STUDENT.						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T						
YOUR SIGNATURE BELOW INDICATES YOU HAVE GIVEN PERMISSION FOR EMERGENCE	CY MEDICAL CARE UNDER THE SUPERVISION OF MARK TWAIN UNION ELEMENTARY						
SCOOL DISTRICT							
v.							
XPARENT/GUARDIAN SIGNATURE							
IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL II	MMEDIATELY OF ADDITIONS OF CHANGES TO THIS INFORMATION. I DECLARE						
	THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE AND CORRECT.						
STUDENT ETHNIC/RACE BACKGROUND	ADDITIONAL SERVICES						
*IS STUDENT HISPANIC OR LATINO ? [] YES [] NO	PLEASE INDICATE IF STUDENT HAS OR RECIEVES ANY OF THE FOLLOWING:						
*STUDENT RACE: (CHECK ALL THAT APPLY)	[]SPEECH IEP						
[] AMERICAN INDIAN ALASKAN NATIVE [] BLACK OR AFRICAN AMERICAN							
[] OTHER PACIFIC ISLANDER	[]504 PLAN						
[]CHINESE []FILIPINO []JAPANESE []KOREAN []HAWAIIAN []VIETNAMESE	[] SPECIAL EDUCATION (SPECIAL DAY CLASS OR RSP) LAST IEP						
[]GUAMANIAN []ASIAN INDIAN []SAMOAN []LAOTIAN []TAHITIAN []CAMBODIAN	[]ENGLISH LANGUAGE LEARNER						
[] HMONG [] OTHER ASIAN [] WHITE	I TWAS RETAINED IN GRADE						
[] WAS RETAINED IN GRADE CIRCLE THE RACE YOUR CHILD MOST IDENTIFIES WITH. PLEASE PROVIDE DOCUMENTATION OF SERVICES							

26	ENROL	LMENT FO	RM	#1		SC	HOC	L OF R	ESIDEN(CE						
AUSD)	STUDENT'S LEGA	AL NAME – LAST				FIRST						MIDDLE				-
FOR SITE OFFICE USE	FOSTER CARE Yes No No	STUDENT'S BIRTH PLACE	(City, 8	State, Country)	DATEO	F BIRTH		SEX Male	Female		Citizen a Yes 🔲	nt time of birth		es your glish?		speak No 🗆
Please do not write in this column STUDENT ID	STUDENT'S RESI	DENT ADDRESS				-	PT.#	CITY		ZIF	•	HOME PHO	ONE x	XXX XXXX XXX	XX	
SCHOOL ENTER DATE	STUDENT'S MAIL	ING ADDRESS			APT.#	CITY	,	'	ZIP	EMAIL /	ADDRESS	3				
Ho Date Yes	FATHER'S NAME	Lives with Ye	s 🗀 No 🗆	EMPLOYE	R Name o	f Compan	y/City			WORKE	HONE x	TOK YOOK YOOK	CELL	PHONE	XXX X	AN XXXX
GR TCHER/RM/HOUSE VP	MOTHER'S NAME	Lives with Yes	s 🗆 No 🗖	EMPLOYE	R Name o	f Compan	/City			WORKP	HONE x	XX XXX XXXX	CELL	PHONE	жих	жж хооох
ATTENDANCE PERMIT CODE	LEGAL GUARDIA	N Lives with Yes	B 🗆 No 🗀	EMPLOYE	R Name of	Company	/City			WORKP	HONE xx	CK XXX XXXX	CELL	PHONE	хэх х	жж жиж
☐ (2) Inter District ☐ (3) Caregiver ☐ (4) Disclaration of Residence	STUDENT LIVES W	- ITH other than parent/guardien/i	relationship	P EMPLOYE	R Name of	Сотрипу	/City			WORKP	HONE x	OR ARM XMOM	CELL	PHONE	XXX X	JOK KURK
(5) Overflow		L PROGRAMS Please check			504 Plan	☐ Billi	ngual (Fl	EP/LEP)	GATE□	1		ever been reto was this stu		_		
ADDRESS VERIFICATION (INITIAL)	SPECIAL HEALTH	CARE CONDITION Yes [□ No □	<u> </u>					ATION DURIN		L Yes	□ No □	lf y	es, list r	ame	and type
BIRTH VERIFICATION (INFIAL) Birth Certificate Baptismal Record	1	ver been expelled from and yes, name school district	ther scho	ol district?		Reaso		kpulsion?						DATE	F RE	ADMISSION
Pæsport Jurai Affidavit Transfer (PSR)	STUDENT'S LAST	SCHOOL ATTENDED	ADE	DRESS Street	rt, City, Stai	e, Zip				GR	TELE	PHONE XXX XX	X KOKK	LAST	ATE	ATTENDED
IMMUNIZATIONS (INITIAL)		ver attended school in Antid yes, name of school(s)	och Unlfle	ed School Di	strict?					stan	student le ding? s D No	save in good		LAST	ATE	ATTENDED
☐ Unconditional ☐ Conditional (transfer students – 30	OTHER SCHOOL	AGE CHILDREN IN THE FAM	AILY ENR	OLLED IN AI	NTIOCH S	CHOOLS					S L NC	, .				
days to receive cum)		NAME (First, Last)			GR	GEND	RR	RELATIONSHI	P TO STUDEN	T	SCHOO	L ATTENDING	3	LIVES	WITH	STUDENT
☐ Exemption – Medical ☐ Personal (PBE) – dated before 1/1/2016						МП		-		_				Yes	<u> </u>	No 🗆
PHYSICAL (IMITIAL)					_	МП	_			+				Yes		No 🗆
Mc Date Year						М□								Yes		No 🗆
ORAL HEALTH (INITIAL) Mio Date Year	I certify that accident do	t all the informations occur, the sch	on is c ool of	orrect to ficial in	the b	est o	my l	knowled orize the	ge. I und care he/s	lerstar s he de	nd tha ems b	t if a seri est.	ous	illnes	s o	r
RECORDS REQUESTED INITIAL;																
	Parent/Guardia	an Signature					Ē:					Date	·			

COPY: Cafeterla

Form 8521 Rev. 01/27/16-rb

DISTRIBUTION:

ORIGINAL: Curn Folder COPY: Teacher/Counselor



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	E1	
Home Language Survey	First	Middle Initial
Was student born outside of US? Yes No If yes, please answer the next three question	ons.	
Date first entered U.S		
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	te Yes ☐ No ☐ this la	nguage?
**A language other than English indicated in any of, or combination of, questions A, B, or C will require an adetermine the level of English language proficiency. Results of the assessment and any possible services registration.	assessment to be given to yo offered will be provided withi	our child to n 30 school days of
California Longitudinal Pupil Achievement Data System (CAL	PADS) Information	
Ethnicity and Race (Federal Category)		_
	Not Hispanic or Latino [
No matter what you have selected above, please continue to read the following and mark o consider your race to be.	ne or more boxes to indi	cate what you
Race: American Indian or Alaska Native - A person having origins in any of the original per (Central America), and who maintains tribal affiliation or community attachment.	ople of North and South Ame	erica including
Asian – A person having origins in any of the original people of the Far East, Southeast Asia, o ☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Hmong ☐ Asian Indian ☐ ☐ Japanese ☐ Korean ☐ Other Asian	_	
Native Hawaiian or other Pacific Islander – A person having origins in any of the origina Pacific Islands.	ıl people of Hawaii, Guam, S	amoa, or other
☐ Hawailan ☐ Guamanian ☐ Samoan ☐ Tahitian ☐ Other Pacific Islander	r	
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 visual and race for my child, as required by Federal Law.	ally identify and report an	ethnicity
Highest Parent/Guardian Education Level (Please man	k one)	
(1) ☐ Not a high school graduate (2) ☐ High school graduate (3) ☐ Some control of the control o	college (4) Colle	ege graduate
Residence Information (federally mandated by NCLB)		
Where is your child/family currently living?		
☐ 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/ca	ampsite)
☐ In a shelter or transitional housing program	☐ Other	
As the parent/guardian, I acknowledge the information I have provided above is true and accura	ate.	
Parent/Guardian Signature	Date	

ANTIOCH UNIFIED SCHOOL DISTRICT EMERGENCY CARD

OFFICE USE
☐ Health Alert
☐ Restraining Order
Stu ID#

Student's Last Name (Plea	se Print) First Initial			
STUDENT'S <i>LEGAL</i> NAME	I			Stu ID#
SEX: M 🗌 F 🔲 GRADE:	Last TEACHER/HOME ROOM:	First	Middle SCHOOL:	
BIRTH DATE:			AGE: SCHO	
Month Day	Year City	Stata		
ADDRESS:			nowe mon	Area Code
	<i>`NT</i> :		LA CIC CINCIZENT ARTHON	F
STUDENT LIVES WITH: ADULT'S NAME:		Caregiver/Guardian	Other (specify) Relationship:	
EMPLOYED BY:	Work	Phone:	Cell Phone:	
ADULT'S NAME:		Area Code	Relationship:	Code
	Work	Phone:	Cell Phone:	
EMERGENCY CONTACTS	OTHER THAN PARENTS:	Area Code	Area	Code
nuthorities have my permission to contact and rei Name:	ease my child to the custody of one of the follow	Name:		
Phone:Cell I	Phone:	Phone:		
Area Code Child Care Provider:	Area Code Address	Area Code	Phone:	Area Code
•	ber of the Armed Forces on acti-		No	
PLEASE ANSWER THE STATE No medical condition exists a should be brought to the attention	•	YOUR CHILD'S HE he regular school pro ar responsibility as par	gram. (If your child has rents to inform the school.	
Allergies/Allergic to:			ast reaction:	
Requires Epinephrine (che Asthma * If checked, please refer to appual potifications	eck one) Yes No Diabetes Is insulin required	d Yes No	☐ Seizu	res
Does your child have any major he	alth issue(s)? Please list		_	
s your child taking medication(s)?	Please list medication(s) and tim	es taken:		
medication / time taken	medication	on / time taken	medication	/ time taken
MY CHILD HAS HEALTH INSU	JRANCE: Yes No	STUDENT'S MED	OICAL I.D. #	
n case of serious accident or illnes xpenses.	s at school, your child will be sent	to an emergency med	ical facility. The parent is	responsible for all
understand that if a serious illn	ess or accident does occur, the se	chool official in charg	ge will authorize the care	he/she deems best.
Date: Parent or G	aardian's Signature:			

ORINDA UNION SCHOOL DISTRICT REGISTRATION INFORMATION

SCHOOL SITE: DEL RE	Y GLORIETTA SLEEPY HOLLOW	□ WAGNER RANCH □ OIS
PUPIL'S IDENTITY AND HOUSEHOLD INFO	PARENTS EDUCATION LEVEL	PREVIOUS SCHOOLING
LEGAL Name: Last First Middle Gender: Female Male Mail Address: City: State, Zip: Phone #: () Unlisted? Yes No Residence Address: Nickname: Grade Enter: TK K 1 2 3 H 5 6 7 8 Birth date: Birthplace: PUPIL'S RACE & ETHNICITY Ethnicity: Is student Hispanic or Latino? Yes No Race: American Indian or Alaskan Native Asian, please specify: Black or African American Pacific Islander, please specify: White US citizen? Yes No	1st Guardian 2nd Guardian (Father) (Mother) Not HS graduate HS graduate HS graduate Grad/Post Grad Grad/Post Grad Grad/Post Grad	Last School: City, State: Grade(s):

1 ^{8T} PARENT OR GUARDIAN	2 nd PARENT OR GUARDIAN	3 rd PARENT OR GUARDIAN
Relationship to Student:	Relationship to Student:	Relationship to Student:
☐ Father	☐ Father	□ Father
☐ Mother	☐ Mother	☐ Mother
Other- please specify:	☐ Other- please specify:	☐ Other- please specify:
Name:	Name:	Name:
First Last	Name: First Last	Name: Last
Address:	Address:	Address:
		·
City:	City:	City:
State, Zip:	State, Zip:	State, Zip:
	Request Extra Mailing? ☐ Yes ☐ No	Request Extra Mailing? 🗆 Yes 🕒 No
Home Phone: ()	Home Phone: ()	Home Phone: ()
Unlisted? □ Yes □ No	Unlisted? ☐ Yes ☐ No	Unlisted? ☐ Yes ☐ No
Cell Phone: ()	Cell Phone: ()	Cell Phone: ()
Email:	Email:	Email:
	Request Extra Email? ☐ Yes ☐ No	Request Extra Email? ☐ Yes ☐ No
Occupation:	Occupation:	Occupation:
Employer:	Employer:	Employer:
	Work #:	Work #:
Work #:		
Student lives with me: Yes No	Student lives with me: Yes No	Student lives with me:
I am legally responsible: ☐ Yes ☐ No	l am legally responsible: ☐ Yes ☐ No	l am legally responsible: 🗆 Yes 🕒 No
understand that any changes in resid	I have provided to the Orinda Union School Distribution (address, telephone number, gual and verified within 30 days. I also understand that for senrollment in school. Print:	rdianship, etc.) must be reported

Parent/Guardian's Name

Date

Parent/Guardian's Name

		STUDENT	REGIST	RATION	FORM	Plea	se check if applicable:		
	Registering fo	r Grade:	/School	Year: 20_	20		Kindergarten		
	Has your child ever attended school in this district? Yes No Prefer: A.M. P.M.								
BICHEYE CONN SCHOOL	If yes, school name Ali Day K – Buckeye School								
DISTRICT								· '	
Date Last Attende									
LEGAL NAME O						Se	CE USE ONLY		
(As shown on birth cert	ificate)	Last	Fi	st	Middle		ernt Numenerate HAC Letter	-	
HOME ADDRES	S						(Please Initial apon Receipt) Registration Information Sh	eet	
	Street	,	City		Zíp code		Residence Verification Home Language Survey		
MAILING ADDI			City		zip wac	_	Record of Prior Program Pa Demographic Information	ri	
 	Street or i	P O Boy	City		Zip code	_ _	Health Information Form Immunization Record		
DATE OF BIRTI	I	AGE	HOME	PHONE_	zap code		Cumulative Request Report of Health Exam (Kine	der)	
GENDER	Mo/Day/Ye M □ F	inf		Listed [Unlisted Blocker		Birth Certificate Oral Health Assessment (Ki	nder)	
GENDER L	M 🗀 1					_	Hispanic Ethnicity Verificat	lon	
DATE FIRST EN	TERED USA I	C12 PUBLIC	SCHOOL_		ate Grade or Year				
PLACE OF BIRT	rH			Approxime	ne Grade or Tear				
	City	/State / Country							
	-								
Mother	Stepmother	Guardia	n 🔲 Oti	ner	Father	Stepfathe	er Guardian 🔲	Other	
Name			g with Stude:		Name		Living with Stud		
Home Address		Home (Yes No	·	Home Address		Home ()	0	
Tionic realiss		Cell ()		Home Address		Cell ()		
Employer		Work ()		Employer		Work ()		
*Email:					Email:	<u> </u>			
	keye Union Scho	ool District per	mission to			keye Union S	chool District permission to		
	chool business/in			ny			s/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)									
	ny legal informa								
Siblings: (If more									
								_	
Has your child be	een expelled fro	m a school, or	r is he/she in	the proces	s of being review	ed for expuls	ion? LYes No		
Has your child ev		-		•	rade:	•			
I have received	i the Superinter	ndent's Letter	r to Parents	: I	nitial Here		· · · · · · · · · · · · · · · · · ·		
	•						ccurate. The home addres	s	
							stand that failure to provid		

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:				Dist	rict: Buckeye Union School District
Gender:	Grade:		Date o	of Bir	th:
	<u> </u>				
WHAT IS YOUR CHIL	•		up to fi		acial categories):
☐ Chinese (201)	Alaskan Hauve (190)		ouan (20 Imbodian	-	
☐ Japanese (202)	3		nong (20	•	☐ Other Pacific Islander (399)
☐ Korean (203)			nong (zu her Asiar	-	
☐ Vietnamese (204)			ner Asiar Iwailan (3	-	
☐ Aslan Indian (205)			ıwaılan (3 Jamanları	•	African American or Black (600) White (700)
Maiai maiai (200)			Millania.	1 (00.	2) 🗀 Wille (700)
not graduating. College graduate mea year college or univer Graduate Degree College Graduate Some College or A High School Graduate Not a High School	attending or graduating a four-year college or users you have graduated raity. or Higher (10) (11) Associate's Degree (1) uale (13) I Graduate (14)	g from a university d from a	junlor y but four-	ne):	Date child first attended school in the <u>U.S.</u> Month Day Year Date child first attended school in <u>California</u> Month Day Year □ Hispanic or Latino □ Not Hispanic or Latino
CHILD'S BIRTHPLA	CE: Cily:				Slate:
U.S. Citizen: 🗆 Ye	es 🗆 No				Country:

EXHIBIT 11

MOTHER LODE UNION SCHOOL DISTRICT (MLUSD) STUDENT REGISTRATION

GRADE

Male		Indian Creek/	Herbert (Green grade	/ year	
Maile		PLEASE PRINT -	STUDENT'S LEC	GAL NAME		
Maile	j	1		ī		
Parent/Guardian First Name Last Name Home Phone Work Phone Email Cell Adding Address Apt # City State Zip Residence Address (house # & street name) 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 all that apply (you may select up to five racial categories) D American Indian or Alaskan Native (100) Laodian (206) Samoan (303) D Chinese (201) Cambodian (207) Tahitian (304) D Japanese (202) Himong (208) Other Pacific Islander (399) D Korean (203) Other Asian (299) Fillipino/Fillipino American (400) D Asian Indian (205) Guarmanian (302) White (700) PARENT EDUCATION — Check the response that fees cibes to the most educated parent. D Not a High School Graduate (14) D High School Graduate (13) College Graduate (11) Date student first attended school in California Date student first attended school in California Date student first attended school in California	Legal First Name	Legal Middle Name	Legal Last Name	Othe	r Legal Name	
Parent/Guardian First Name Last Name Home Phone Work Phone Email Cell Adding Address Apt # City State Zip Residence Address (house # & street name) 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 all that apply (you may select up to five racial categories) D American Indian or Alaskan Native (100) Laodian (206) Samoan (303) D Chinese (201) Cambodian (207) Tahitian (304) D Japanese (202) Himong (208) Other Pacific Islander (399) D Korean (203) Other Asian (299) Fillipino/Fillipino American (400) D Asian Indian (205) Guarmanian (302) White (700) PARENT EDUCATION — Check the response that fees cibes to the most educated parent. D Not a High School Graduate (14) D High School Graduate (13) College Graduate (11) Date student first attended school in California Date student first attended school in California Date student first attended school in California						
Email Cell Parent/Guardian First Name Last Name Home Phone Work Phone Email Cell Asiling Address Apt # City State Zip Residence Address (house # & street name) Apt # City State Zip Residence Address (house # & street name) 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 all that apply (you may select up to five racial categories) J American Indian or Alaskan Native (100) Cambodian (207) Samoan (303) J Chinese (201) Cambodian (207) Tahitlan (304) J Japanase (202) Himong (208) Cher Pacific Islander (399) J Korean (203) Cher Asian (299) Filipino/Filipino American (400) J Vistnamese (204) Hawaiian (301) African American or Black (600) J Asian Indian (205) Guamanian (302) White (700) PARENT EDUCATION – Check the response that lescribes he education level of the most educated parent. J Not a High School Graduate (13) J Some College Graduate (13) J Some College Graduate (13) J Some College Graduate (16) J Some College Graduate (17) Date student first attended school in California	J Male □Female	Birth Date: mm	dd] yyyy			
Email Cell Parent/Guardian First Name Last Name Home Phone Work Phone Email Cell Apt # City State Zip Residence Address (house # & street name) 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 all that apply (you may select up to five racial categories) 7 American Indian or Alaskan Native (100) Cambodian (207) Samoan (303) 1 Chinese (201) Cambodian (207) Tahitian (304) 1 Japanase (202) Hmong (208) Cither Pacific Islander (399) 2 Korean (203) Other Asian (299) Filipino/Filipino American (400) 3 Vistanmese (204) Hawaiian (301) African American or Black (600) 2 ARENT EDUCATION – Check the response that lescribes he education level of the most educated parent. 3 Not a High School Graduate (13) 1 Some College Graduate (13) 1 Some College Graduate (14) 1 Some College Graduate (15) 1 Some College Graduate (16) 1 Some College Graduate (17) Date student first attended school in California		1	1		ī	
Parent/Guardian First Name Last Name Home Phone Work Phone Email	arent/Guardian First Name	Last Name	Home Pho	ne	Werk Phon	e
Email Cell Adling Address Apt # City State Zip Residence Address (house # & street name) Apt # City State Zip Residence Address (house # & street name) Apt # City State Zip P.O. Box or House # & Street Name) 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 all that apply (you may select up to five racial categories) D. American Indian or Alaskan Native (100) Laotian (206) Samoan (303) D. Chinese (201) Cambodian (207) Tahitian (304) D. Japanese (202) Himong (208) Other Pacific Islander (399) D. Korean (203) Other Asian (299) Fillpino/Fillpino American (400) D. Saian Indian (205) Guarmanian (302) White (700) PARENT EDUCATION - Check the response that lescribes Determine the decucation level of the most educated parent D. Not a High School Graduate (14) Date student first attended school in California Determine the content of the most educated parent Determine the content of the most educated parent Date student first attended school in California Determine the content of the most educated parent Determine the content of the most educated parent Date student first attended school in California Determine the content of the most educated parent Determine the content of the most educated parent Determine the content of the most educated parent D. College Graduate (11) Determine the content of the most educated parent Determine the content of the most educated parent Determine the content of the most educated parent D. College Graduate (12) D. College Graduate (13) D. Coll			Email		Gel[
Email Cell Adling Address		1			1	٠.
Apt # City State Zip Residence Address (house # & street name)	arent/Guardian First Name	Last Name	Home Pho	ne	Work Phon	e
Residence Address (house # & street name) Apt # City State Zip P.O. Box or House # & Street Name) WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):			Email		Cell	
Residence Address (house # & street name) Apt # City State Zip P.O. Box or House # & Street Name) WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):		1 1			, 1	
P.O. Box or House # & Street Name) WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):	Malling Address	Apt #	City		State	Zip
P.O. Box or House # & Street Name) WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):	Pasidanca Address (house # &	straet name) Ant #	Cltv		State	7in
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino WHAT IS YOUR CHILD'S RACE? Please check all that apply (you may select up to five racial categories) American Indian or Alaskan Native (100) Laotian (206) Samoan (303) Chinese (201) Cambodian (207) Tahitian (304) Japanese (202) Hmong (208) Other Pacific Islander (399) Korean (203) Other Asian (299) Fillpino/Fillpino American (400) Vietnamese (204) Hawaiian (301) African American or Black (600) Asian Indian (205) Guarmanian (302) White (700) PARENT EDUCATION – Check the response that describes he 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)	(IF DIFFERENT)	Succe Harrie)	Oity		Clato	e-1h
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino WHAT IS YOUR CHILD'S RACE? Please check all that apply (you may select up to five racial categories) American Indian or Alaskan Native (100) Laotian (206) Samoan (303) Chinese (201) Cambodian (207) Tahitian (304) Japanese (202) Hmong (208) Other Pacific Islander (399) Korean (203) Other Asian (299) Fillpino/Fillpino American (400) Vietnamese (204) Hawaiian (301) African American or Black (600) Asian Indian (205) Guarmanian (302) White (700) PARENT EDUCATION – Check the response that describes he 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)						
WHAT IS YOUR CHILD'S RACE? Please check all that apply (you may select up to five racial categories) American Indian or Alaskan Native (100)	P.O. Box or House # & Stre	eet Name)				
WHAT IS YOUR CHILD'S RACE? Please check all that apply (you may select up to five racial categories) American Indian or Alaskan Native (100)	WHAT IS YOUR CHILD'S E	THNICITY? (Please check of	ne): 🛛 Hispanic	or Latino	☐ Not Hispanic o	or Latino
American Indian or Alaskan Native (100)						
Chinese (201)				ect up to five racia	al categories)	
Japanese (202)			•			
College Graduate (11) College Graduate (12) College Graduate (11) College Graduate (12) College Graduate (11) College Graduate (11) College Graduate (12) College Graduate (11) College Graduate (11) College Graduate (12) College Graduate (11)					-	
Divietnamese (204)						
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lescribes he 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) Date student first attended school in California	3 Asian Indian (205)					,
lescribes he 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) Date student first attended school in California	PARENT EDUCATION -	Check the response that		Date student fi	rst attended scho	ol in the U.S.
Not a High School Graduate (14) High School Graduate (13) Some College or Associate's Degree (12) College Graduate (11) Month Day Year Date student first attended school in California	describes	Officer the responde that				<u></u>
High School Graduate (13) Some College or Associate's Degree (12) College Graduate (11) Date student first attended school in California	he education level of the	most educated parent.				
Some College or Associate's Degree (12) Date student first attended school in <u>California</u> College Graduate (11)	_			Month	Day	Year
College Graduate (11)		-		Data atudant fo	ot ottondad salass	in California
		te's Degree (12)		Date student fin	stattended school	um <u>Camornia</u>
1 Discussion Diagnost (1997) . [New York District District	⊒ College Graduale (11) ⊒ Graduate Degree or High	er (10)		Month	Day	Year
	BIRTHPLACE: City_		State	Coun	try	
IRTHPLACE: City State Country				INFORMATION		

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:	ST								
. 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?	Student Last Name								
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 ignounce do you wish to receive written communications from the school 2. If English If Specials	1 8								
In which language do you wish to receive written communications from the school? English Spanish] [6								
	٦								
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 Unsheltered (car/campsite) hardship or loss)									
☐ Other (please specify)									
hardship)									
☐ 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	1								
Does the student have a Parent or Guardian in the Armed Forces on Active Duty or Full Time National Guard? ☐ Yes ☐ No	1								
boos the state in that are are are in a control of the Affilia of the Daty of the Time Hadolia Guard? If the Into									
PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:									
1. ☐ Father ☐ Step-Father/Guardian (check one) Full Name:	ii.								
Employer: City: Phone #	First Name								
	am								
2. Mother Step-Mother/Guardian (check one) Full Name:	e.								
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									
outer parent, prease monage them manne, address, and phone mumber									
Full Name: Email:									
Mailing Address: City: State Zip									
MOST RECENT SCHOOL ATTENDED:	1								
School Address / City / State / Zip Grades(s) Date(s)									
	1								
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)	School:								
Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech & Language	8								
Other: Other (Specify)	==								
· · · · · · · · · · · · · · · · · · ·									
Signature of Signa									
Parent/Guardian: Date:	1								
Below for School Use Only									
Proof of Proof of Interdistrict Attendance Enroll Assigned Proof of Birth: Immunization: Residence: Agreement: Date: Grade: Permanent ID:									
Dist of Residence:									
Туре: Туре: Туре:									
Verified by: Verified by: Date Received:	L								
Verified by: Verified by: Date Received:	1								

EXHIBIT 12



Pioneer Union Elementary School District Registration Form

Pupil Name	e (Last,	First,	Middle)	М	F	D.O.B.		Birth City, S	tate and Country
								If born outs	ide US, granted Citizenship?
Residence Address City, State, Zip Phone								Phone	
Mailing Add	dress				City	,, State, Zip			Phone
Grade					Is	child under ex	pulsion	or suspension?	Yes No
Hispa regar		no (A ce)	y? (Please check one): person of Cuban, Mexican,	Puerto Rica	n, Sc	outh or Centra	l Ameri	can, or other Spa	nish culture or origin,
What is you	r child's ra	ce, if N	ot Hispanic or Latino is che	cked above	? (Pl	lease check uj	p to five	racial categories)
	an Indian o		 						o American (400) can or Black (600)
of the origin	al people of			ian (205)				White (700)	Persons having origins in any of
South Ameri			Tahitian ((304) cific Islande	r (39	9)		the original people Middle East)	s of Europe, North Africa, or the
Japanes	se (202)				. (-,			
Name	Siblings Living In Home D.O.B Grade								
Name									Grade
									Grade
Name				<u></u>				D.O.B	Grade
Has your c	:hild ever a	ttende	d a school in the Pioneer Ur	nion Elemen	itary	School Distric	:t?		
	School(s) attended Date(s) attended								
Retained What Gr.	Grade(s) Attended	Exit Date	Previous S	School Name				Ado	Iress/Phone
							•		
Any health	/physical/r	nedical	problems?						
Physical	Date		Waiver Date		_	Dental Date		Wai	ver 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									
Please list what language you prefer to receive information at home									
2. Trial language and this child real instructions to talk:									
3. What lan	guage does	this chi	ld most frequently use at home	? 4. V	Vhat	language is mos	st often	spoken by the adult	s at home?
									
Has your child received any of these services? (Please mark all that apply): NONE									
Special Day Class IEP Resource Program English Language Development 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										
		oc Caregived Letter (ers D	oc. Doc.	Guard	lianship D er Doc	ос			
Parent/Guardian										
Address if different from stude	ent		Occ	upat	tion					
Home Phone	Work Phone		Cell	Pho	one				ucation	
Parent/Guardian				-				No. of years	······································	
Address if different from stude	ent		Occ	upat	tion					
Home Phone	Work Phone		Cell	Pho	one			Ed	ucation	
								No. of years		
Contact Name				_	· · ·			Relationship		
Address if different from stude	ent		Occ	upat	tion		·			
Home Phone		Work Phone	<u> </u>				Cel	l Phone	-	
Contact Name							Rel	ationship	-	
Home Phone		Work Phone					Cel	l Phone		
Contact Name							Rel	ationship		. :
Home Phone		Work Phone					Cel	l Phone		
If one or both parents are not Yes No If yes, w	in the home, is hich parent/gua		g orde	er or	court docum	ent again	st th	e non-custodial pa	arent(s)?	
**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		_ · · · · ·		-	<u></u>	L	ate			
Date Year 1	Int. School –Re		<i>Lotter</i>		Displaced	Gr.	T	D	New	Ret.
July 1	5011001 110.	balloo, yee	Lowe	′	Diopies de			-		
Immunization(s)/Other doo	uments pendin	ng:	_	Not	tes:					
O:/Enrollment/Registration	on Form docy							Revise	d: 03/28/	2012

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.

Revised 4-6-12

ARCATA SCHOOL DISTRICT REGISTRATION Areata Elementary School - Sunny Brae Middle School

Student Information	Grade Lev	el:		Date A	tmitted:		Teacher:	
							_	
Full <u>LEGAL</u> Name:	An on Pieth Carliffonts	Last	First	Middle		Ge	nder: 🚨 Female	☐ Male
	As on Dirin Certificate	Last	r urşı	MIGAIE				
Name Student goes by if d	ifferent than on Birth Cer	tificate:				Birt	hdate:	
Student's Social Security #					Are you a US Citiz	en? 🛛 YES	□ №	
Birth Place:								
C	lity			State			Country	
Student Resides With:						Relationship	o:	
DAGGER ZEGIZEG 15 July	Examples: Parents	or Stepfathe	r/Mother or i	Foster Pare	ents	Terenousinb	'a	
Address:						hone:		
<u>Legal</u> Father's Name:						∏ In Warne	☐ Not in Home (Descented
Father's Work Place:		Uama	Dhana		<u>.</u>			
Fauler's Work Flace:		none	Luoue			_ work Phone	8:	
Cell		e-mail	Address:					
Mailing Address:				City:			Zip:	
Residence Address:	•			City:			Zin:	
								
Legal Mother's Name:						☐ In Home	☐ Not in Home	Deceased
A feet and a 117-de Dia		TT	. TX					
Mother's Work Place:		Home	Phone		V	vork Phone:		
Cell		e-mai	l Address:					
Mailing Address:								
Residence Address:				City:			Zip:	
Are there any legal docume	ent(s) preventing either p	arent from	n caeina or	taking et	rudant?	A Clare Mari	nd & n one 1588 o nd db e	0-61-04-
The that any popular	energy broadming outpox b	ar one in on	ii soome oi	merne of		A CODY MILE	a ne on rue as tre	NCHOOL NUE
								
"LOCAL" (Not Parents)			ty pick stud	lent up	701			
#1		Kelat	ionship		Phone		Cell	
#2 #3		Kelat	ionship ionship		Phone Phone		Cell	
#4		— Relai	ionship		E180136		Cell	
		120744			1 Done			
WHAT IS YOUR CHILD	ate presente come of	es abasir		No.				
Hispanic or Latino (A)	raeimiciti: (rice	ise check Puorto Dio	one): 😀	Control (ispanic or Lanno	Snamiah autau	a an aminin manualla	en ofween
an Inspante of Leante (x)	perable of Caucil, Riembork I	werto Aug	un, wouth or	Central 2	imerican, or other i	ришки сишт	e or origin, regarate.	ss of race)
WHAT IS YOUR CHILD						ve part of the	e question is abou	t ethnicity,
not race. No matter what y consider your race to be.	ou selected above, please	e continu	e to answei	r the folk	owing by marking	one or mor	e boxes to indicate	what you
L		-						_
☐ 100 = American Indian			- Korean		299 = Other As		100 = Filipino/Filip	
Persons having origins in any of t	the original people of North,		= Vietname		□ 301 = Hawaiia		500 = African Ame	
Central or South America 201 = Chinese			= Asian Ind		302 = Guamani		700 = White - Perso	_
			= Laotian = Cambodi		 303 = Samoan 304 = Tabitien 		igins in any of the origi	
202 = Japanese			= Cambour = Hmong		⊒ 399 = Other Pa		ope, North Africa, or th 	ne Middle East
		- 4V0 ·	- rm:oss	,	er 333 - Cuici Pa	oute isimine)	i	
					 .		·	
Name of last school your c	kild attended					h tea í	lay attended:	
A 3.3	HIS EUCLIOC.			City:			State: Zip:	
			· · · · · ·		<i>-</i>	* *******		
School Phone:			Is studen	ii curren	tly expelled from	another sch	ool? 🖸 Yes 🗓	No

PARENTS EDUCATION 2B-College Vocation	ON LEVEL Highest le al Classes 🚨 3=Colle	rvel of Education Compage Credit towards BA	oleted: ☐ I=Not a High So ☐ 4=4yr College Grad	chool Grad 🚨 🗅 2 🚨 5=Grad School/	2=High School Grad Post Grad □ □6=No Info
RESIDENCE — Where it is a single family per in a shelter or trace it is	nanent residence <i>(hou</i> nsitional housing prog	se, <i>apartment, mobile l</i> ram	■ 12 = Unshel	tel/hotel tered <i>(car/campsite</i>	· -
US Entry Date (M/D/Y):	US	If Born Outside School Entry (M/D/Y)	the United States CA So	chool Entry (M/D/)	n:
What language did ye What language does What language do ye	our son/daughter learn your son/daughter mos u most frequently spec	when he/she began to t frequently use at hon ik to your son/daughter	frequently used) per line talk? ne?		
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 Determ	nined IFEP, EL, RFEP - F	From EL Coordinat	or Date must be entered
SPECIAL EDUCATIO	N□□ 1 = Not Special □ □2 = RSP-Resou □ GATE	Ed/504 Plan □ □ 3 = rce Program □ □ 4 =	= DIS-Designated Inst. & S SDC-SH-Severely Handic	Serv. 5 = SDC-1 ap. 6 = 504 Pia	vot Severely Handicap n □ Speech/Language
INSURANCE D Hea	thy Families 🚨 No	Insurance 🗅 Other Ins	Co	[edi-Cal	□ No Info Provided
MEDICAL – Health P	oblems Field - Any S	pecial Health Problem	s:		
MEDICATIONS -Give	n at Howe:	······································	at School:		
Names of other childr	en living in the home	Birthdate	Relationsl	nip to Student	School Attending
	· · . · . · . · . · . · . · · · · ·				
Signature of Parent	Ceranian	<u> </u>		Dete	
				_Date	
For Office Use Only		11/11/2			
District Enter Date:	Scho Dist	rict Mobility - Grade:	Program Cod Grid Code:	e: Pen Cou	n ID #:
Locker#	Last School #		Ed U135-Migrant Ed		ool wide & 122-Targeted
Teacher	Grade Room	Bus_C	um Requested	CSIS	Biank G ET

G	RΔ	DE
u	NA	UE

EUREKA CITY SCHOOLS STUDENT REGISTRATION

EUREKA CITY SCHOOLS STUDENT REGISTRATION					GRADE	Student Last Name
► Has your student ever attended <u>Eureka City Schools</u> before? □ Yes □ No						t Name:
PLEAS	SE PRINT – STUDENT'S LEGAL	. NAME		I		
Legal First Name Legal Middle Name		Legal L	ast Name	Other Legal Name (if applicable)		
☐ Male ☐ Female ☐ Bis	rth date: Month Day	Year				
	1	10)	1()	()	
Parent (Mother) First Name	Last Name	Ho	me Phone	Work Phone	Cell	
Parent (Father) First Name	Last Name	Ho	me Phone	Work Phone	Cell	
Mailing Address (P.O Box or house	se # & street name)	Apt#	City	State Zip		
Residence Address (house # & s	treet name) (IF DIFFERENT)	Apt #	City	State Zip		First Name
PARENT EMAIL ADDRESS:						lame:
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Central American, or other Spanish culture or origin, regardless of race) Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or 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 (Persons having origins in any of the o of North, Central or South America) ☐ Chinese (201) ☐ Japanese (202) ☐ Korean (203) ☐ Vietnamese (204) ☐ Asian Indian (205)	Native(100) Laotian (20	96) n (207) 98) n (299) 301) n (302)	ŕ	☐ Tahitian (304☐ Other Pacific Island ☐ Filipino/Filipino☐ African America☐ White (700) (Peany of the original peop Africa, or the Middle Eagle	American (400) in or Black (600) rsons having origins in ples of Europe, North	Perma
PARENT EDUCATION – Check the response that describes the education level of the most educated parent.			Date child first attended school in the U.S.			Permanent ID:
☐ Graduate Degree or Higher (10) ☐ College Graduate (11) ☐ College Graduate (12)			Month	Day	Year	
☐ Some College or Associate's Degree (12)☐ High School Graduate (13)☐ Not a High School Graduate (14)			Date child first attended school in <u>California</u>			
			Month	Day	Year]
CHILD'S BIRTHPLACE: City: State: Country;						
U.S. Citizen: 🗆 Yes 🗆 No						

Stud
ent
Last
Za
₹
t Name

GRADE

FERNDALE UNIFIED SCHOOL STUDENT REGISTRATION

► Has your student ever attendedFerndale Sch	hool District public scho	ols before? 📮	Yes 🗖 No
PLEASE PRINT – STUDENT'S LEGAL NA	AME .		
Legal First Name Legal Middle Name I	Legal Last Name	Other Legal Nam	ne (if applicable)
☐ Male ☐ Female Birth date: Month Day	Year		
		()	
Parent/Guardian First Name Last Name	Home Phone	Work Ph	one/ Cell
Parent/Guardian First Name Last Name	() Home Phone	() Work Ph	one/ Cell
Mailing Address	Anali Clar	State 7in	
Walling 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): Central American, or other Spanish culture or origin, regardless of race)	☐ Hispanic or Latino (A perso☐ Not Hispanic or Latino	on of Cuban, Mexican,	Puerto Rican, South or
WHAT IS YOUR CHILD'S RACE? (Please check up to two rac	cial categories)		
The above part of the question is about ethnicity, not race. No following by marking one or more boxes to indicate what you	-	ove, please conti	nue to answer the
□ 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) □ Laotian (206) □ Cambodian (2 □ Hmong (208) □ Other Asian (2 □ Hawaiian (301) □ Guamanian (3	207)	l Tahitian (304 l Other Pacific Isla l Filipino/Filipino / l African Americar l White (700) (Per ny of the original peopl rica, or the Middle Eas	American (400) n or Black (600) sons having origins in es of Europe, North
Asian Indian (205)			
PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u> .	Date first at	ttended school <u>in</u>	tne U.S.
☐ Graduate Degree or Higher (10) ☐ College Graduate (11) ☐ Some College or Associate's Degree (12)	Month	Day	Year
☐ High School Graduate (13) ☐ Not a High School Graduate (14)	Date first att	ended school in <u>(</u>	California
-	Month	Day	Year
BIRTHPLACE: City: Start U.S. Citizen: Yes No	ite: Country:		

HOME LANGUAGE SURVEY: Indicate only one la				St					
1. What language/dialect does your son/daug	hter most frequently use at home?			Student Last Name					
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 To	Has your child ever been given the CELDT Test (Calif English Language Development Test)? 🗖 Yes 📮 No 📮 I don't know								
_				∐ଞ୍ଚ					
				, me					
PARENT CONTACT E-MAIL	Student E-MAIL/cel	l phone							
	U - 245 4 U - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			_					
Residence – where is your child/family currently In a single family permanent residence (house,		B) – Please check appi In a motel/hote	- ·	11					
☐ Doubled-up (sharing housing with other famil		Unsheltered (ca							
hardship or loss) (11)	nesy marviadas ade to economie	☐ Foster Family H		Ш					
☐ In a shelter or transitional housing program (1	10)	other	·						
				-1					
Parent/Guardianship Information (with whom	the student lives) – check all that a	pply							
☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐	Step-Mother D Guardian D Foste	er/Group Home 🗖 Oth	or						
Is the above (checked) person (s) the student's L	•	-							
If there is a legal custody agreement regarding to	-		•						
PLEASE COMPLETE INFORMATION BELOW FOR	PARENT(S)/GUARDIAN WITH WHO	M THE STUDENT LIVES	:						
1. ☐ Father ☐ Step Father/Guardian (check one	e) Full Name:								
1. a radici a step radici) suardian (check on				1					
Employer:	City:	Daytime Phone #	()	First Name:					
	- 7.			Na					
2. Mother Step Mother/Guardian (check o	one) Full Name:			l me					
Employer:	City:	Daytime Phone #	()	"					
			\ <u></u>						
DUPLICATE MAILING – If divorced/separated & j		g/information to be gi	ven to other parent,						
Please include their name, address, and phone n	iumber:								
Full Name:		Phone #: ()						
			/						
Mailing Address:	City:	State:	Zip code:						
MOST RECENT SCHOOL ATTENDED:									
School	Address/City/State/Zip	Grade	e(s) Date(s)]					
				11					
				1					
Are there psychological or confidential reports a				Pe					
Has your child been suspended? ☐ Yes ☐ No What special services has your child received? (· — ·	r Li res Li No		Permanent ID:					
Special Education: ☐ Resource (RSP) ☐ Special		ze □ 504		1 %					
Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ R			elonment	ä					
☐ Help to Improve Attendance/ Behavior ☐ Fre	-	Other	•	🚊					
Signature of Parent/Guardian:		Date:							
My son/daughter has permission to leave ca	emples during lunch T Ves T I	No (High School	students)						
my sony daughter has permission to leave to	ampus uuring luttett. 🗀 165 🗀 1	to (riigii scilool	Judentaj						
My son/daughter has permission to I drive t	o school and has current auto in	surance. ☐ Yes☐ N	lo.						
· · · ·			ļ						
In the event of illness or injury, I do hereby	consent to medical/hospital trea	tments that are dete	rmined necessary in						

Jacoby Creek School District New Student Registration Form

***FOR OFFICE USE ONLY**							
District Interdistrict District Transfer Employe	d in District Sibling at District	Entering Date	Today's Date				
Grade Student ID No	SSID Number	Teacher					
PLEASE PRINT ALL OF THE INFORMATION BELOW							
EIRGENIANG							
FIRST NAME							
MIDDLE NAME							
LAST NAME							
□BOY □GIRL ENTERING GRADE	BIRTHDATE Month Day Year	SS#					
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? (P)	ease check one)						
Hispanic or Latino (A person of Cuban, Mexican, Policy Not Hispanic or Latino	uerto Rican, South or Central American, or o	other Spanish culture or origi	n, regardless of race)				
WHAT IS YOUR CHILD'S RACE? (Select one These selections are determined by the Federal consider your race to be.			ooxes to indicate what you				
American Indian or Alaskan Native (100)	Asian Indian (205)	Samoan (303)					
(Persons having origins in any of the original	☐ Laotian (206) ☐ Cambodian (207)	Tahitian (304) Other Pacific Isi	lander (300)				
people of North, Central or South America) Chinese (201)	Hmong (208)	Filipino/Filipino	American (400)				
☐ Japanese (202) ☐ Korean (203)	Other Asian (299) Hawaiian (301)	African American White (700)	an or Black (600)				
☐ Vietnamese (204)	☐ Guamanian (302)	41111					

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 □ English □ Spanish In which language do you wish to receive written communications from the school? 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. Some College or AA Degree Graduate Degree or Higher Not a high school graduate College Graduate High School 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 □ Father □ Both Parents ☐ Legal Guardian ☐ Step Mother Step Father ☐ Foster Home Relative ☐ Yes □ No Is/Are the above (checked) person(s) the student's LEGAL guardian(s)? If No. please complete a "Caregiver Affidavit" If there is a legal custody agreement regarding this student, please check one: ☐ Sole Custody ☐ Guardian □ Joint Custody 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: City State Zip _ Mailing Address:____ WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply) ☐ Special Day Class (SDC) ☐ Resource (RSP) ☐ Speech/Language ☐ 504 Accommodation Plan ☐ Remedial Math ☐ Remedial Reading ☐ Counseling Gifted (GATE) ☐ English Language Development HAS YOUR CHILD BEEN EXPELLED OR IN THE PROCESS OF BEING EXPELLED FROM ANY SCHOOL? ☐ Yes \square No Location Date If yes, name of school_ 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: Date Signature of Parent/Guardian

Date

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

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 1 To be fill	ed out by Si	to Staff			
Grade Entering:	Income Verification E	ligibility for Free & Reduc		SSID#	St	tudent's Perm Number:	
OKTORAS A ANABAS A	Yes□ No□ □	Free DFull Pay D	Reduced		#		
THE REST OF THE PARTY OF THE PA	The state of the s	WALL THE STATE OF		The Column Name of the Column Na			
PLEASE PRIN	I CLEARLY S	ection II – Stud	ent Info	rmation	PLEASE	PRINT CLEARLY	
Has this child ever	attended any KTJUSD	public school befor	e? □ Ves	□ No If ves. Vear	Plea	se circle which school:	
	ain John Continuation, Hoops						
		a valley Di, Illinity vane	, Li, Ollouii	EI, Welcomped EI,	Jack Profici Ei,	Two ravers, raver s bage	
Today's Date:	Social Security:		Date of B	irth (mm/dd/yyyy	r):	US Citizen:	
	<u> </u>	_				□ Yes □ No	
Student's Legal Name	(Last First M.D.		1		Dlago of Birth	h (City, State/Country)	
Student a Degai Ivanie	(Dast, First, W.L).				Trace or bir ti	r (City, State/Country)	
					,		
School Enrolling In		School Entry Date:	Grade:		Gender (Che	ck One):	
		1 1	H		□ 1. Mal	e 🗆 2. Female	
Mailing Address: (RE	OTHERD)		City or	Foun:	State:	Zip:	
Maning Address. (RE	QUIKED)		City of	I OWII.	State:	zip,	
	· ·						
Physical Address (RE	QUIRED)		City or 7	Fown:	State:	Zip:	
Child's Duanians Cal-	ol: □ Charter □ Private □ I		Adduses	Previous School:		Phone	
Date Last Attended:	oi. Charter Private 1	UDIC	Aduress	TICAIORS SCHOOL		LHOUG	
ETHNICITY (Check O		five):					
☐ 1. Hispanic or Latin	1					fic Islander 🛛 (700) White	
☐ 2. Not Hispanic or L	atino 📗 🗆 (400) Filipino/Fi	lipino American 🛛 (600) African Aı	merican or Black	☐ Other (Please	e state)	
Does this student live	on tribal, trust or federal la	nd? If yes, which tru	st tribal or	federal?			
☐ Yes	i No	1 * '	St, tribar or ☐ Karuk	□ Yurok	☐ Forestry	□ Other	
		<u> </u>		I ulok			
If this child is an Ame	rican Indian, which tribe is	he/she a member of or 1	most Lo	t No. for home: #	Is the	his child's home owned or	
closely affiliated with?	☐ Hupa ☐ Karuk ☐ Yuro	k Other (Please Specif	50) .		ren	ted? □ Owned □ Rented	
	Home): DEnglish Dennis			n School: (Please spe			
(Please specify):	nome). Bright Brance					•	
	<u> </u>			Spanish □ Asian □	<u> </u>	*-	
1	your child/family currently		-				
☐ In a single family perm	anent residence (house, apartn	tent, condo, mobile home)	🗆 In a mo	tel/hotel (09)	□ Unsheltered	(car/campsite) (12)	
□ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) □ Other (15) (please specify)							
□ In a shelter or transitional housing program (10)							
Special Education: (Please check prior services): □ Speech □Gate □Resource (SDC) □ 504 Plan □ Speech/Language □ Special Day Class							
Other (Please specify):							
Section III – Parents or Guardian Information							
	Section	III – Parents or	Guardia	m intoment	016	LAN LANGE TO THE	
Mother's Name (Last,	First, M.I.):	Lives in the	home? In	clude in Mailings	Day Phone:	Cell Phone:	
		□ Yes □	No I	□ Yes □ No	() -	· () -	
Malling Address (If di	Course the Alle Course	C!4-	64-4-	77.1	Evening Phon		
Mailing Address (II di	fferent than the Student):	City	State	Zip	()	.c:	
					, ,		
Father's Name (Last, I	First, M.L.):	Lives in the h	ome? Inc	lude in Mailings	Day Phone:		
		□ Yes □!	No I	□ Yes □ No	()		
36 W 411 (76 V	FF 441 43 C4 1 45	- Ct			E! Di		
Mailing Address (II di	fferent than the Student):	City	State	Zip	Evening Phon	e:	
					,		
Guardian Name (Last	, First, M.I.):	Lives in the	home? Inc	clude in Mailings	Day Phone:		
	•	□ Yes □ I		□ Yes □ No	()		
Mailing Add Of Y	Mayon4 than 41 a Ct 3 at	C!+-	D4-4-	772	Frenis - Di		
IVIAIIING Address (If di	fferent than the Student):	City	State	Zip	Evening Phon	e:	
						· · · · · · · · · · · · · · · · · · ·	
Parent Education Leve	el (Mark the response that best	describes the education le	vel)		Legal custody as	greement, please check one:	
		ther Father		Guardian		y 🗆 Sole Custody 🗆 Guardian	
Graduate school/post gra	•				(Special circums	stances, please explain):	
College Graduate					1		
Some College (include A/				<u>o</u>			
High School Graduate					į .		
Not a high school gradua	ic l				1		

PLEASE PRINT CLEARLY	Section IV - Emer	gency Informati	On PLEASE PRINT CLEARLY
Contact #1 (Last, First):	Relatio	onship (if any)	Day Phone: Cell Phone:
Contact #2 (Last, First):	Relatio	Day Phone: Cell Phone: () - () -	
In case emergency contact person cannot take this child to the doctor or hospital?	be reached, can the school Yes No	Name of child's Doctor:	Phone: () -
Childs Health Insurance Company Name	e: 🛘 Medical 🗆 Healthy Fam	ilies □ Other (Please specif	y): Policy #:
Address (if applicable): Cit	у	State Zip	Phone: ()
Does this child have any health problems aware of? Yes No (Please specify):			ng term medication that the school should be
	Section V - Sibling Info	ormation (Please Only 1	ist Brothers ad Sisters under 18 years of age)
Name (Last, First):	Relation	ıship	Gender (Check One): ☐ 1. Male ☐ 2. Female
Date of Birth (mm/dd/yyyy):	Current School:		Grade:
Name (Last, First):	Relation	ıship	Gender (Check One): □ 1. Male □ 2. Female
Date of Birth (mm/dd/yyyy):	Current School:		Grade:
Additional Siblings Yes N Do they live in the same househol		Do or will they atter	od KTJUSD? □ Yes □ No
170 the Tive in the same nousener	Section VI – Sta	tement of Facts	
Draw a map to your physical locat	ion:	I authorize KTJUSD to insurance carrier(s) or d	release necessary medical information to my listrict third party vendors, for the purpose ared information will be limited and kept
For Office Use Only: Date Admitted: Ent			provided on this form is true and accurate
Verification of Immunizations: Bus:		Signature of Mother and	/or Guardian Date
Teacher/Room #		Signature of Father and/	or Guardian Date

	OFFICE USE: Grade: Enrollment Date:
Northern Humboldt Unio	on High School District
NEW STUDENT REG	_
☐ Arcata HS ☐ McKinleyville HS ☐ Pacific Coast HS	
Student <u>Legal</u> Name:	
(Last) (First – ı Preferred Name/ Nickname (if applicable):	no nicknames) (Middle – no initials)
Student Email:	
Social Security#Gender: ☐ Male ☐ Fema	le Previous School <u>:</u>
(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 STUDEN Physical Address:	NT RESIDENCE:
. (House # and Street name)	(City) (Zip)
Mailing Address (if different):	
If yes, do you have an Inter/Intra-District Agreement?	□ NO □ IN PROCESS
Has the student attended school in the District before? YES NO	
Do you have a sibling currently attending this District? YES NO	
PARENT/GUARDIANSHIP (Who	om the student lives with):
(Check all that apply) Father Mother Botl	. *
☐ Host Parent(s) ☐ Guardian ☐ Foster/Group Hor	•
Is the above (checked) person(s) the student's LEGAL guardia	
Is there a custody court order regarding this student?	
MUST COMPLETE AT LEAST ONE OF THE FOLLOWING: CI	RCLE PRIMARY CONTACT NUMBER
#1 (Check one): ☐ Father/☐ Mother/☐Step-Father/☐Step-	-Mother/□Host Parent/□Guardian/□Foster/□Other
Name:Email:	Home ()
Cell (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 customers.	
Name:Relationship to Studer	
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 Studer	nt:Gender: 🗆 Male 🗆 Female
()	Work (
Home ()Cell ()	AAQIK []
#2 Name:Relationship to Studer	nt:Gender: 🗆 Male 🗆 Female
	nt:Gender: 🗆 Male 🗆 Female
#2 Name:Relationship to Studer	nt:Gender: ☐ Male ☐ Female Work ()

	PR	REVIOUS SCHOO	L INFORMA	TION			
School Last Attended:							
		(Street Name		(City)	(State)		(Zip)
School Year:	Grade:	Was the stude	nt attending this	school on an in	ter-district tra	nsfer? 🗆	YES 🗆 NO
Date of Withdrawal:	Reason fo	or Withdrawal:					
Please specify those educ	cational services the	above-named stude	nt has previously	received, inclu	ding grade leve	el and so	hool of
attendance at the time.	CRADE 6	CHOOL	CEDV//CE	C	DADE	CCLIA	201
SPECIAL EDUCATION	GRADE S	<u>SCHOOL</u>	SERVICE OPPORTUNIT		RADE		
Resource Program (RSP)			JUVENILE HA				
Special Day Class (SDC-LH				 nt on probation:	7 /7 YFS	/7NO	
Special Day Class (SDC-SH	') ')			icer's Name:			
SECTION 504 SERVICES	′ 		COMMUNITY				
TITLE 1 SERVICES			PRIVATE SCH				
OTHER SERVICES			HOME SCHOO	DL _			
ENGLISH LANG. DEV. PRO			CONTINUATION		18-1-1		
DESIGNATED INSTRUCTION	ONAL SERVICES (DIS)	INDEPENDEN	T STUDY			
Speech & Lang. Impaired	2 30						
Hearing Impaired							
Visually Impaired							
Other							
Are Immunization records co Special health problems and	•			aking any long-ter			□NO
MEDICATION INFORM Student is on a continuing r		o progorihad by a physic	viany (Planca abad	r and VEC	NO.		
Student is on a continuing i	nedication program a	is prescribed by a physic	nan: (Please check	tone) ies	_NO		
		ntact student's physician					
Physician's Name	:		Telepi	hone			
Medication:			Dosa	ge:			
Medication:			Dosa	ge:			
						-	
Chudana	's Signature		Paul	ma/Crondian/a 6	Namaduua		
Student	s signature		Pare	nt/Guardian's S	oignature		
No student participating in p social background, physical h discrimination in connection	nandicap, marriage and with the education pr	d/or pregnancy be exclud	led from participati ard Policy 5148.	. •	• • • • • • • • • • • • • • • • • • • •	or be subj	
SM# PASS PIN		pecial Ed. Date	Check		NSLP (FRE		D/NONE)

PASS PIN	Special Ed	Date	Checklist	NSLP (FREE/REDUCED/NONE)
PASS Letter	Title 1	Date		School Mobility
Counselor	504 Plan	Date	Parent Notification	District Mobility
Schedule	GATE	Date	CELDT Date	Home Language
Registrar	AAI	Date:	Reclass Date:	Ethnicity
Transcript	180	Date:	EL Status	Parent Ed
RegRecords	IA/IE	Date	Less than 12 months (Y/N)	CSIS#
	PASS PIN PASS Letter Counselor Schedule Registrar Transcript	PASS PIN Special Ed. PASS Letter Title 1 Counselor 504 Plan Schedule GATE Registrar AAI Transcript IBO	PASS PIN Special Ed Date PASS Letter Title 1 Date Counselor 504 Plan Date Schedule GATE Date Registrar AAI Date Transcript IBO Date	PASS PIN Special Ed Date Checklist PASS Letter Title 1 Date Home Lang Survey Counselor 504 Plan Date Parent Notification Schedule GATE Date CELDT Date Registrar AAI Date Reclass. Date Transcript IBO Date EL Status

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 requirement each student. This information is essential in order for the		
As parents or guardians, your cooperation is requested in c questions listed below as accurately as possible. For each 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 (parents, guardians, grandparents, or any other ad		
Please sign and date this form in the spaces provided below cooperation.	w, then return this form to your	child's teacher. Thank you for your
Signature of Parent or Guardian		Date
DEMOGR	APHIC INFORMATION	
The State of California <u>requires</u> that we document th WHAT IS <u>YOUR ETHNICITY?</u> (Please check one)	e following information for e	each student enrolled in our District:
Hispanic or Latino (A person of Cuban, Mexican, Puerto Rica	n, 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 r	- -	I to do have a strong control
The above part of the question is about ethnicity, no	•	•
answer the following by marking one or more boxes ☐ American Indian or Alaskan Native (100) ☐ Lactian (2		ian (304)
(Persons having origins in any of the original Cambodia		r Pacific Islander (399)
people of North, Central or South America) Hmong (2		no/Filipino American (400)
☐ Chinese (201) ☐ Other Asia	an (299) 🔲 Africa	an American or Black (600)
☐ Japanese (202) ☐ Hawaiian	* *	e (700)
☐ Korean (203) ☐ Guamania		aving origins in any of the original peoples of Europe,
✓ Vietnamese (204)✓ Asian Indian (205)	3U3) North Afric	a, Northwestern Asia or the Middle East)
PARENT EDUCATION LEVEL: (Must circle one)		
If the child resides with both parents, indicate the pa	-	nly. If the child resides primarily with
one parent, indicate that parent's education—please	•	44 - Callege annalyses (D. A. and C. Darres)
14 = Not a High School Graduate 12 = Some College (Th 13 = High School Graduate any courses within a 2		11 = College graduate (B.A. or B.S. Degree) 10 = Graduate School / Post Graduate year

Updated: 11/19/15

Westmorland Union I	Elementary School Disti	rict	Today's Date		
	attended school at Westmorl school:		-		
Has student attended school Has student attended school Has student been enrolled		Yes □ No □	Date of first enrollment: Date of first enrollment:		
Student's Legal Last Nam	e Student's Legal Fi	rst Name	Student's L	egal Middle Name	
Current Grade:	Gender: Male□ Fem	ale 🗆		5-	
Birth Date:	Birth Place:		SS#		
Mailing Address	City		_Home Phor	ne	
Physical Address	City		_		
Choose only one: □ Own	n your home ☐ Rent in you	ır name □ Other:			
Siblings:	DOB: Sib	olings:	DC	DB:	
Siblings:	DOB: Sib	olings:	DC)B:	
Student Lives With:	Ethnic Code:	Previous Participation in:		Language:	
☐ Both Parents	☐ Native American	☐ Audiology Services Prima		Primary Language:	
☐ Mother Only	☐ Hispanic/Latino	☐ Title I		3	
☐ Father Only ☐ Guardian	☐ Asian ☐ Black, non-Hispanic	☐ Special Educat	ion	Language First Learned:	
☐ Mother/Stepfather	☐ Caucasian, non-Hispanic	☐ Gifted and Tale	nted		
☐ Father/Stepmother	- Caucasian, non-mapane	☐ Migrant	iiwa	Language Frequently used:	
☐ Other- specify relationship:				1	
,	Ars. Ms. Miss		_	•	
	Cell Phone not graduate from High School			e College □College Graduate	
		Ü			
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 All medications taken at schowith parent/gaurdian signature	/Medications ool must have a doctor's note and re.	d medication must b	e in the origi	nal container, along	

1405 12th Ave. Delano Phone: (661) 721-5000 Fax: (661

HOME

SCHOOLS

DEPARTMENTS

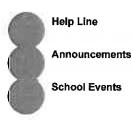
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PLANS AND SERVICES

Local Educational Agency Plan

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 Ce 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. 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/gus
- * 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) 721-5900 ext. 00140 or 00149 for your appointment.





Establis | C

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TRANSLATE bing

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 <u>Webmaster</u>.

<u>17100 Foothill Avenue</u> <u>• North Edwards</u> <u>CA</u> <u>93523</u> • Phone: (760) 769-4821 • Fax: (760) 769-4241

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Web Development by Cyberschool & IES, Inc.

SCHOOL

Sierra Sands Unified School District Student Registration

Sierra Sands Offined School Di	Strict Student Registration								
► Has your student ever attended Sierra Sands Unified public schools before? □ Yes □ No School attended:									
School attended: Year attended:									
PLEASE PRINT – STUDENT'S LEGAL NAME	'								
Legal Last Name Legal First Name Legal M	iddle Name Other Legal Name (if applicable)								
☐ Male ☐ Female Birth date:									
Month Day Year									
Parent/Guardian First Name Last Name	Home Phone Work Phone								
1									
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								
	,								
	City State 21p								
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)									
Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South	Not Hispanic or Latino								
or Central American, or other Spanish culture or origin, regardless of race)									
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial cat	egories)								
The above part of the question is about ethnicity, not race. No matt	· · · · · · · · · · · · · · · · · · ·								
following by marking one or more boxes to indicate what you consi									
☐ American Indian or Alaskan Native(100) ☐ Laotian (206)	☐ Tahitian (304)								
(Persons having origins in any of the original people and Cambodian (207) of North, Central or South America Hmong (208)	☐ Other Pacific Islander (399) ☐ Filipino/Filipino American (400)								
☐ Chinese (201) ☐ Other Asian (299)	☐ African American or Black (600)								
☐ Japanese (202) ☐ Hawaiian (301)	□ White (700) (Persons having origins in								
☐ Korean (203) ☐ Guamanian (302) ☐ Vietnamese (204) ☐ Samoan (303)	any of the original peoples of Europe, North Africa, or the Middle East)								
Asian Indian (205)									
PARENT EDUCATION – Check the response that describes the	Date student first attended school in the U.S. Month Day Year								
education level of the most educated parent.	bate stadell instatte said a small in the said								
☐ Graduate Degree or Higher (5)	Month Day Year								
☐ College Graduate (4)	· ·								
☐ Some College or Associate's Degree (3) ☐ High School Graduate (2)	Date student first attended school in <u>California</u>								
□ Not a High School Graduate (1)	No. 41								
	Month Day Year								
BIRTHPLACE: City: State:	Country:								
U.S. Citizen (at birth): 🔲 Yes 🔲 No									

HOME LANGUAG	E SURVEY: Indicate	only one	language (mo	ost frequently u	ısed) per line:					
1. What languag	ge/dialect does your	son/daug	ghter most fr	equently use at	home?					
2. Which langu	age/dialect did your	son/daug	ghter learn w	hen he/she first	began to talk?					
3. What language/dialect do you most frequently speak to your child?										
4. Has your chi	ld eve <u>r been given t</u>	he CELDT	Test (Calif En	glish Language	Development Test	? • Yes •	No I don't know			
In which language	do you wish to rece	eive writte	en communic	ations from the	school? 🗖 Englis	h 🗖 Spanish				
☐ In a single fami ☐ Temporarily do to economic ha	e is your child/famili ly permanent reside ubled-up (sharing hardship or loss) (120 ardship or loss) (120 ransitional housing	nce (house ousing wit	, apartment, cor th other fami	ndo, mobile home)	☐ in a mo	tel/hotel (11				
Parent/Guardians	ship Information (w	ith whom	the student	lives) – check a	ll that apply					
Is the above (chec	ner D Both D Step ked) person (s) the s sustody agreement r	student's :	LEGAL guardi	ian? 🗆 Yes 🗖 I	No If No, please co	omplete a "C	aregiver Affidavit"			
PLEASE COMPLET	E INFORMATION BE	LOW FOR	PARENT(S)/	GUARDIAN WI	TH WHOM THE ST	U DENT LIVE S	:			
1. 🗆 Father 🗅 St	ep Father/Guardian	(check on	ne) Full (Name:						
Employer:			Milit	tary? 🗆 Yes 🚨	No					
2. Mother 🗆 S	step Mother/Guardi	an (check	one) Full i	Name:						
Employer:			Mili	tary? 🗆 Yes 🚨	No					
PLEASE LIST OTHE First and Last Nar	ER CHILDREN LIVING	AT HOM	E: Relationship	School		Grade	Date of birth			
	HOOL ATTENDED:									
School		A	ddress/City/S	State/Zip		Grade(s)	Date(s)			
Has your child been What special serv Special Education Are there psychol Other: Gifted (er been retained? en suspended? ices has your child rule Resource (RSP) ogical or confidentia GATE) Remedial e Attendance/ Beha	es 🗆 No eceived? i Specia al reports a Math i	Has your c (please check I Day Class (S available fror Remedial Rea	hild <u>ever</u> been e k all boxes that DC) Speech/ m your child's for ading Couns	expelled?	′es □ No	relopment			
Signature of Pare	nt/Guardian:					ate:				
Proof of Birth:	Proof of Residence:		mmunization:	FOR SCHOOL USE (Enroll Date:	Cumulative reco	rd Copies to				
Verified by:	Type: Verified by:	Verified b	y:	Enter Date:	requested:	EL Office Special E	Verification:			

Verified by:

GRADE

CORCOR	AN UNIFIED	SCHOOLS STUD	ENT REGISTRATION
CONCON		3010003100	LIVE INCUISINATION

Legal First Name Legal Middle Name Legal Last Name Ot Male Female Birth date: Month Day Year	her Legal Name (if applicable)				
☐ Male ☐ Female Birth date:	her Legal Name (if applicable)				
()	_ (_)				
Parent/Guardian First Name Last Name Home Phone/Cell Phon	e Work Phone/ Other Phone #'s				
()	_ (
Parent/Guardian First Name Last Name Home Phone/Cell Phon	()				
Parent/Guardian First Name Last Name Home Phone/Cell Phon	e Work Phone/ Other Phone #'s				
Mailing Address Apt# City S	tate Zip				
Residence Address (house # & street name) (IF DIFFERENT) Apt # City S	tate Zip				
WHAT IS VOLID CHILD/C STUDIOTY2 (Newson host and a Section 1)					
	f Cuban, Mexican, Puerto Rican, South or				
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 of marking one or more boxes to indicate what you consider your race to be.	ontinue to answer the following by				
	ahitian (304				
of North Control or Couth America t	ther Pacific Islander (399)				
1 1 Chinaca (2011)	lipino/Filipino American (400) frican American or Black (600)				
Li lananese (202)					
L I Koroan (202)	any of the original peoples of Europe, North				
☐ Vietnamese (204) ☐ Samoan (303) Africa	, or the Middle East)				
☐ Asian Indian (205)					
CHILD'S BIRTHPLACE: U.S. Citizen: Yes No Date first atter	nded school <u>in the U.S.</u>				
CITY STATE COUNTRY Month	Day Year				
Date first atten	ded school in <u>California</u>				
In which language do you wish to receive written communications	T				
from the school?	Day Year				
Residence - where is your child/family currently living? (federally mandated by NCLB) - Please of	N				
	· · · · · · · · · · · · · · · · · · ·				
☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a mote	red (car/campsite) (1/)				
 □ In a single family permanent residence (house, apartment, condo, mobile home) □ Doubled-up (sharing housing with other families/individuals due to economic □ Unshelter 	The state of the s				
 □ 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) (11) □ Unshelter □ Other (15) 	i) (please specify)				
 □ 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) (11) □ In a shelter or transitional housing program (10) 	The state of the s				
 □ 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) (11) □ In a shelter or transitional housing program (10) Parent/Guardianship Information (with whom the student lives) – check all that apply) (please specify)				
 □ In a single family permanent residence (house, apartment, condo, mobile home) □ Doubled-up (sharing housing with other families/individuals due to economic □ Unshelter 	me Other				

	Student Last Name:
	First Name:
tal	Permanent ID:

1. Name: Telep	cannot be reached, you may call	or release my child to:						
•	ohone: Relationship	to Child:						
Address: City:	Other Tele	phone:						
2. Name:Telep								
Address: City:	Other Tele	phone:						
Does your child have a diagnosed history of : (check								
☐ Asthma ☐ Convulsions ☐ Speech ☐ Diabetes ☐ Heart Problems ☐ Hearing	Problems	t: ems : Glasses Contact Lens	I II					
☐ A shunt ☐ Kidney/bladder Problems	Attention De	eficit (ADD/ADHD)	-					
☐ Surgeries / Operations Please List:			. [
Your Child's Doctor:	City:	Telephone;	— []					
Health Insurance Carrier: I give permission to have my Health Insurance billed for	Group#	Policy#	[]					
Does your Child take Medications regularly?	□ No If yes, please explain:	LI TES LI NO						
DUPLICATE MAILING – If divorced/separated & joint of								
parent,								
Please include their name, address, and phone number	er:							
Full Name:		Phone #: ()	_					
Mailing Address:	City:	State: Zip code:						
Please list all children in your household, school attending and gra			_					
NAME M/F BIRTH DATE		M/F BIRTH DATE GRADE						
			_					
Are there psychological or confidential reports available from your child's former school?								
	-		_					
☐ Help to Improve Attendance/ Behavior ☐ Other (S	pecify)							
☐ Help to Improve Attendance/ Behavior ☐ Other (S PARENT EDUCATION — Check the response that described in the control of the	cribes the education level of the r	nost educated parent.						
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION – Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle	cribes the education level of the r	nost educated parent. ☐ High School Graduate (13)						
☐ Help to Improve Attendance/ Behavior ☐ Other (S PARENT EDUCATION — Check the response that described in the control of the	cribes the education level of the r	nost educated parent.						
☐ Help to Improve Attendance/ Behavior ☐ Other (S PARENT EDUCATION — Check the response that desc ☐ Graduate Degree or Higher (10) ☐ Some Colle	cribes the education level of the rege or Associate's Degree (12)	nost educated parent. High School Graduate (13) Not a High School Graduate (14						
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION – Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION I/We have read and signed the Internet Use Agreement. I und	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for Yes \(\) No \(\)	nost educated parent. High School Graduate (13) Not a High School Graduate (14) r educational purposes. I hereby give						
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION – Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION IWe have read and signed the Internet Use Agreement. I und permission to issue an internet/network account for my child. Y MEDIA PERMISSION IWe give permission for my/our student to be observed, interventive permitted by the principal or designee to be on campus. Yes temperature in the permission of the principal or designee to be on campus. Yes temperature in the principal or designee to be on campus. Yes temperature in the principal or designee to be on campus.	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for Yes No Viewed, photographed and/or filmed will No No	nost educated parent. High School Graduate (13) Not a High School Graduate (14) r educational purposes. I hereby give						
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION – Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION I/We have read and signed the Internet Use Agreement. I und permission to issue an internet/network account for my child. Y MEDIA PERMISSION I/We give permission for my/our student to be observed, interver permitted by the principal or designee to be on campus. Yes	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for the region of the r	nost educated parent. High School Graduate (13) Not a High School Graduate (14) r educational purposes. I hereby give nen a representative of the media have be	een					
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION — Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION IWe have read and signed the Internet Use Agreement. I und permission to issue an internet/network account for my child. Y MEDIA PERMISSION IWe give permission for my/our student to be observed, intervpermitted by the principal or designee to be on campus. Yes EMERGENCY MEDICAL AUTHORIZATION I am/we are the parent/guardian of the above named student. In carepresentative fo the school, pursuant to the provisions of Family Chospital or surgical care to the above named student. I/We have reviewed this two page document and to and complete. The undersigned declares under pena	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for Yes No viewed, photographed and/or filmed will No ase I am/we are unable to be reached durode Section 6910, to act as any agent to cot the best of my/our knowledge, to	nost educated parent. High School Graduate (13) Not a High School Graduate (14) reducational purposes. I hereby give then a representative of the media have be ng any emergency, i/we hereby authorize a onsent to the giving of any and all medical, de	ental true					
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION — Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION IWe have read and signed the Internet Use Agreement. I und permission to issue an internet/network account for my child. Y MEDIA PERMISSION IWe give permission for my/our student to be observed, interver permitted by the principal or designee to be on campus. Yes EMERGENCY MEDICAL AUTHORIZATION I am/we are the parent/guardian of the above named student. In carepresentative fo the school, pursuant to the provisions of Family Chospital or surgical care to the above named student. I/We have reviewed this two page document and to and complete. The undersigned declares under penanamed student and grant the above authorizations.	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for Yes No viewed, photographed and/or filmed will No ase I am/we are unable to be reached durode Section 6910, to act as any agent to cot the best of my/our knowledge, to	nost educated parent. High School Graduate (13) Not a High School Graduate (14) reducational purposes. I hereby give nen a representative of the media have be ng any emergency, i/we hereby authorize a onsent to the giving of any and all medical, de	ental true					
□ Help to Improve Attendance/ Behavior □ Other (S PARENT EDUCATION — Check the response that desc □ Graduate Degree or Higher (10) □ Some Colle □ College Graduate (11) INTERNET PERMISSION IWe have read and signed the Internet Use Agreement. I und permission to issue an internet/network account for my child. Y MEDIA PERMISSION IWe give permission for my/our student to be observed, intervpermitted by the principal or designee to be on campus. Yes EMERGENCY MEDICAL AUTHORIZATION I am/we are the parent/guardian of the above named student. In carepresentative fo the school, pursuant to the provisions of Family Chospital or surgical care to the above named student. I/We have reviewed this two page document and to and complete. The undersigned declares under pena	cribes the education level of the rege or Associate's Degree (12) derstand that this access is designed for Yes No viewed, photographed and/or filmed will No ase I am/we are unable to be reached duricode Section 6910, to act as any agent to cot the best of my/our knowledge, to git the perjury that they are the participation.	nost educated parent. High School Graduate (13) Not a High School Graduate (14) reducational purposes. I hereby give nen a representative of the media have be ng any emergency, i/we hereby authorize a onsent to the giving of any and all medical, de the information contained herein is to arents or legal guardians of the above	ental true					



LEMOORE UNION ELEMENTARY SCHOOL DISTRICT STUDENT REGISTRATION

► Has child ever attended If yes check one: □Cinnamon □E		OFFICE USE ONLY: Grade						
PLEAS	Teacher:							
l								
Legal Last Name	Legal First N	lame	Legal M	liddle Na	me Suffix	Registered Cum Requ	77.00	
☐ Male ☐ Female	Birthdate:		- 1	1				
US Citizen Yes No D	ecline to state	Month	Day	Year	Birthplace: City	S	tate	Country
			ı	1		1		
Residence Address			Apt#	City		State	Zip	
		-				<u> </u>		
Mailing Address (IF DIFFEREN	1)		Apt #	City		State	Zip	
	L		1		1	1	1	
Parent/Guardian First Name	Last Name		Hom	e Phone	Work Phone	Cell Pho	ne	Email address
	ı		1		1			
Parent/Guardian First Name	Last Name		Hom	e Phone	Work Phone	Cell Pho	ne	Email address
Parent/Guardianship Informa	tion (with whom	the studen	t livael —	check all	that annly			
☐ Father ☐ Mother ☐ Both	•		•		• • •	lome 🗖 Ot	ther	
Is the above (checked) person	(s) the student's	LEGAL guard	dian? 🗖	Yes 🗆 N	o If No, please c	omplete a '	"Careg	==
if there is a legal custody agree	ement regarding	this student,	, please c	heck one	: D Joint Custor	dy 🚨 Sole (Custoc	dy 🗖 Guardian
In which language do you wis	n to receive writ	ten commur	nications	from sch	ool? 🛘 English	Spanish		
WHAT IS YOUR CHILD'S ETH	INICITY? (Pleas	e check one): 🗖 H	lispanic o	or Latino 🚨 🛭	Not Hispani	ic or L	atino
WHAT IS YOUR CHILD'S RA Race is biological. No matter what consider your race to be.								
☐ American Indian or Alaskan	Native	tnamese	☐ Hmor	ng	■ Samoan	. 🗆] Filipi	no/Filipino American
☐ Chinese			Other		Tahitian			an American or Black
☐ Japanese	☐ Lao		☐ Hawa		Other Pacific Is			CE (descended from Europe, ast or North Africa)
☐ Korean PARENT EDUCATION — Check to			Guam he educa		of the most edu		_	ast of North Africa)
☐ Not a High School Graduate		t describes t	ine educa	tion icve	or are most eat	icateu pare	=116.	
☐ High School Graduate								
☐ Some College or Associate's	Degree							
☐ College Graduate ☐ Graduate Degree or Higher								
PRESCHOOL: ☐None ☐ Head-Start ☐Parent & Me ☐Other: Preschool Program completed? ☐Yes ☐ 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?					-			
Has your child received any of		-						
Special Education: ☐ Resource Other: ☐ Gifted (GATE) ☐ Re							evelor	ment Di Migrant
☐ Help to Improve Attendance						anguage D	-veiop	ALIGHE MISIBILE
Has your child been retained?	<u>'</u>			ear_	Sch	ool Name		
Has your child been recommended for expulsion or currently under an expulsion order? ☐No☐Yes, School								

STUDENT'	'S NAME (LA	ST, FIRST):				BIRTHDATE:			
HOME LAN	NGUAGE SUR	———————— VEY: Indicate o	nly one langua	ge (most frea	uently used) r	er line:			
			-			to talk?			
						?			
		=	_	-	-				
4. What	language/dia	lect is spoken by							
Date first a	ittended scho	ool <u>in the U.S.</u>	Date first att	ended school	in <u>California</u>	Has your child eve	er been given	the CELDT Test	
(California English Language Development Test)?									
Month	Day	Year	Month	Day	Year	· · · · · · · · · · · · · · · · · · ·	es 🗆 No 💷 I		
	-	-	-	-	-	SA) – Please check	appropriate	box:	
		nanent residenc							
	• •	housing with oti	her families/in	dividuals due	to economic h	ardship or loss)			
☐ In a mot	•	., .							
	ered (car/cam	ipsite) ional housing pr	ogram						
	lease specify	• .	ogram						
		S ATTENDED:			T-01 - 0 - 0				
School			Ad	dress/City/Sta	ite		Grade(s)	Date(s)	
STUDENT H	HEALTH HISTO	ORY							
				s	pecialty Care F	rovider(s):			
		nedication, etc.)							
				chool? □Yes (*Request Spec	ial Meals form) 🗆 N	lo		
		me:						 -	
•						ministration form)			
		ery, serious iline ent or history o							
		rgic reaction:							
Asthma:		. 8.0 . 0							
Diabetes: [⊒Yes □No								
		er: 🗆 Yes 🖵 No							
		s or health relat			_				
		aring aids, glass	es, or contact	lenses? UYes	UNO				
	LDREN IN HO	IME	Data of	i Direk	Condon	Living in H	lama S	chool	
Name:			Date of	ווטוועו	Gender				
			_						
DUDUCATO	- MAILING -	f diversed /sone	roted & joint o	ustady allaws				ther parent, please	
		ress, and phone	-	ustody allows	duplicate mai	ing/information to	De given to o	thei parent, please	
morado dire	in flame, add	. 235, 4.14 p.16112							
Full Name:						Phone #:	()		
							_		
Mailing Ad	dress:				City:		State:	Zip code:	
						<u></u>			
By signing	I hereby dec	lare, under nen	alty of periors	under the las	ws of the State	of California that	the informat	ion I have provided	
true and co	-	iaie, andei pen	arri or heriari	wilder the lat	as or are state	or camorina, ulat	the invillat	on illiase biosided	
Signature :	of Parant/Gu	ardian				Date			



Pioneer Union Elementary School District Registration Form

Pupil Name (ast, First	, Middle)	M F	D.O.B.	Birth City, S	tate and Country			
					If born outs	ide US, granted Citizenship?			
Residence Addre	SS		- (City, State, Zip		Phone			
Mailing Address				City, State, Zip	· · · · · · · · · · · · · · · · · · ·	Phone			
Grade Is child under expulsion or suspension? Yes 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 I	Not Hispanic or Latino is checked ab	ove?	(Please check up	to five racial categories)			
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) African American or Black (600) African American or Black (600) White (700) (Persons having origins in an the original peoples of Europe, North Africa, or Middle East)									
Name				ring In Home	D.O.B.	Grade			
Name		<u> </u>			D.O.B.				
Has your child ev	er attende	ed a school in the Pioneer Union Eler	mentar	y School District					
School(s) attende					attended				
Retained Grade What Gr. Attend	s) Exit	Previous School Na	ame			ress/Phone			
					· .				
Any health/physic	al/medica	al problems?							
		Waiver Date		Dental Date	Waiv	ver 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									
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): Special Day Class IEP Resource Program English Language Development Speech Therapy Please list last date of service:									

Doubled-up	(sharing h or transition	ousing	residence (h with other fa using progra	ouse, apartmen amilies/individua	t, con ils due n a m	do, r e to e	economic hard	dship or Io	oss)			
				oc Careg	givers Cour			dianship I ter Doc.	Doc.	<u>.</u>		
Parent/Guardian	1		TVOCCHIZ	ed retter	Cour	CDO	103	tei Doc		· <u></u> - <u>-</u> -		
Address if differ	ent from st	udent			Od	cup	ation					
Home Phone		W	ork Phone	. <u> </u>	Ce	ll Ph	ione				ducation	
Parent/Guardian	1									No. of years		
Address if differen	ent from st	udent			Oc	cupa	ation				-	
Home Phone		W	ork Phone		Ce	ll Ph	one			E	ducation	
Contact Name			_							No. of years Relationship		
Address if differe	ant from et	udent			T 00	· CIID	ation	-		Acideoriship	_	
	che mom se	Judeni				.cupa	ation	_			_	
Home Phone				Work Phone					Cel	l Phone		
Contact Name						Relationship						
Home Phone				Work Phone		Cell Phone						
Contact Name					_	Relationship						
Home Phone				Work Phone		Cell Phone						
If one or both pa	arents are	not in th	he home, is t parent/guar	here a restrainii dian?	ng ord	ler o	r court docum	nent again	st th	e non-custodial p	parent(s)?	
**I declare und that my sup **Yo declaro b correcto. Parent/Guard	porting do ajo las reg	ocumer glas de	nts are corr el estado de	ect. California que	la in	forn	nación y doc	umentos	que		_	
Data	Vac-	7-4	Cabaal Bas				e Only					
Date	Year	Int.	SchoolRes	School -Att	Lotte	ery	Displaced	Gr.	II)	New	Ret.
Immunization(g:		No	tes:					
O:/Enrollmer	iiykegistra	ation F	orm.aocx							Revis	ed: 03/28/	/2012

LASSEN UNION HIGH SCHOOL DISTRICT ENROLLMENT INFORMATION

□ LASSEN HIGH SCHOOL

Mailing Address

☐ CREDENCE CONTINUATION SCHOOL

_____ Cell Phone _____

Zip

→ STUDENT INFORMAT	ION				
Student's Legal NameLast		First			
Last		FIRST	Middle	e	Alias (AKA)
Mailing Address				Home Phone	
		City	Zip		
Student's Social Security #	·	Birthdate		Grade	Male 🗖 Female 🖵
Student's Birthplace	_				
	City		State		Country
→ PARENT/GUARDIAN With whom does the student live? □ Father □ Mother □ Both THE FOLLOWING PARENT/GUARDIAN INFO	☐ Step-Father ☐				ter/Group Home 📮 Other
☐ Father ☐ Step-Father ☐ Gua	rdian Name			Home Phone_	
Mailing Address				Cel	Phone
City		Zip			
Employer	Work Phone (_ Extension	E-Mail Address	
☐ Mother ☐ Step-Mother ☐ Go	uardian Name			Home Phone	

 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

Employer_____ Work Phone (____) ____ Extension _____ E-Mail Address_____

City

→ 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.												
☐ American Indian or Alaskan Native(100) ☐ 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)								
→ HOME LANGUAGE: (Please circle)												
03 = C 06 = P 09 = K 12 = A 15 = D 18 = G 21 = H 24 = H 27 = It 30 = Si 34 = To 37 = A 40 = P 43 = G 46 = Ti 49 = M 52 = Si 56 = A 99 = O	inglish Cantonese Portuguese Chmer (Cambodian) Carmenian Putch German Rebrew Rungarian Calian Cambodian Carmenian Calian Cambodian Carmenian Calian Cambodian Cambodia	01 = 04 = 07 = 10 = 13 = 16 = 19 = 22 = 25 = 28 = 32 = 35 = 38 = 41 = 44 = 47 = 50 = 53 = 57 =	Spanish Korean Mandarin (Putonghua) Lao Burmese Farsi (Persian) Greek Hindi Ilocano Punjabi Thai Urdu Ukrainian Polish Mien (Yao) Lahu Khmu Toishanese Tigrinya	02 = 05 = 08 = 11 = 14 = 17 = 20 = 23 = 26 = 39 = 42 = 45 = 48 = 51 = 58 = 58 = 58 = 58 = 58 = 58 = 5	Vietnamese Filipino (Pilipino or Tagalog) Japanese Arabic Croatian French Chamorro (Guamanian) Hmong Indonesian Russian Turkish Cebuano (Visayan) Chaozhou (Chaochow) Assyrian Rumanian Marshallese Kurdish Chaldean Bosnian							
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)												
00000	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?												
00000	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 SchoolName of												
			·	State			District						
Date of Withdrawal Reason for withdrawal													
Has student been expelled or is in the process of being expelled from this school?							No						
Has the	student been expelled from a prev	vious school?			Yes		No						
If yes, when? Name of School/District													
>	Please answer the following	g questions & sigr	n below:										
Does the student live outside our attendance area? If yes, do you have an inter or Intra district agreement?					Yes		No						
Does yo	Does your child receive Special Education services or have a current IEP?						No						
Does your child have an active 504 plan?					Yes		No						
→	SIGNATURE												
Parent/Guardian Signature:					Date:								

SCHOOL			SOL	JTH WHITTIER	SCHO	OL DIST	TRICT	STUDENT	ΓID			
GRADE			TEACHER									
SSID								CUM REC	DATE			_
				STUDENT INFO	RMATIO	N -DATA	Ą					
STUDENT'S								ВОУ				
NAME LAS	ST	FIR:	ST	MID	DLE			GIRL		GRADE	BIRTH	DATE
							1	CHECK ONE				
ALIAS LAST NAME	ALIAS	FIRST NAME	ALIAS	MIDDLE NAME	 so	CIAL SECUR	RITY	BIRTH CITY		ST	COUNT	TRY
BIRTH INFORMATION	N 1-BIRTH CE	ERTIFICATE 2-	HOSPITAL (CERTIFICATE 3 - AI	FIDAVIT	4 – IMMI	IGRATIC	ON	ENTER SE	LECTION		
VERIFIED BY	DOCUMENT											
	5 – BABTIMA VERIFICATIO		. 6 – PHY	SICIAN CERTIFICATE	7 – UND	OCUMENT	ED (NO	BIRTH				
	VERIFICATIO											
FATHER/GUARDIAN	LAST			FIRST			HON	AE PHONE		w	ORK PHON	ΙE
MOTHER/GUARDIAN	LAST			FIRST			HON	AE PHONE		W	ORK PHON	ΙE
							INTERI	DISTRICT	II.	ITER/INTRA	TRANSFEI	3
								_	D	ISTRICT		
MAILING ADDRESS	STREET		СПУ		ZIP	- 1		ADDRESS VER	RIFICATION			
							RECEIV			DISTRIC	T FNITFO	
							DATE	OL ENTER		DISTRIC	T ENTER	
		_					DATE 6	ENTERED UNI	TED STATE	s		
RESIDENCE ADDRESS	STREET		СПУ		ZŧP		SCHOO	DL				
						L						
					_				-2			
LAST SCHOOL ATTENDED										_		
ALIENDED	NAME		STREET	<u> </u>	CITY			ZIP		PHI	ONE	
	NATION L		JIILLI		4 ,,,			L 11			J.11 L	
HAS YOUR CHILD EVE	R BEEN OR IS H	E/SHE UNDER										
EXPULSION FROM AN	NOTHER DISTRIC	:17										
HAS STUDENT EVER	ATTENDED A											
SOUTH WHITTIER SCI	HOOL	SCHOOL NAME					DAT	E			GRADE	
BEFORE?												
DO YOU HAVE OTHER												
OTHER SOUTH WHIT SCHOOLS?	HEK	SCHOOL NAME				CHILDS N	NAME					GRADE
		SCHOOL MARKE				CHII DE 1	UARFE					GRADE
		SCHOOL NAME				CHILDS N	TAIVIE					GRADE
CONTRACT A STATE				455-	iene essor				_	1,000	HIET DE C	u eu e us
STUDENT LIVES WITH				ARE TH ORDER		RESTRAININ	16			SCHOOL	IUST BE OI }	A FILE IN
					-						-	
	1		1	1		1	1					1

FATHER	EMPLOYER	ADDRESS	CELL PHONE	EMAIL
OCCUPATION		<u> </u>		
MOTHER	EMPLOYER	ADDRESS	CELL PHONE	EMAIL
CCUPATION		,		
MERGENCY CON	TACT NAME	ADDRESS	CELL PHONE	EMAIL
				
5 MEDICATION TA	AKEN REGULARLY?	□no pur	IING SCHOOL DAY	□yes □no
VAME OF		DOSAGE	PRESCRIBING	
MEDICATION			PHYSICIAN	
	APHYSICAL DISABILITY THAT WOL	ILD LIMIT HIS/HER PARTICIPATION IN PHY	SICAL YES NO	
ACTIVITIES?				
XPLAIN			СОРУ	OF IMMUNIZATION
_			RECO	
	The following	Information is required for SWSD to	comply with state mandated i	information
OME LANGUAGE	E SURVEY			PFFICE USE ONLY
. Which Language	e did your son/daughter learn whe	n he/she first began		OP EL FOLLOW UP
talk				MOST RECENT CELDT
. What Language ome?	does your son/daughter most freq	uently use at	!	SCORE
	do you frequently speak to your so	n/daughter in?		HOME LANGUAGE
	age most often spoken by the adul			e una ana la na una anu
	E LANGUAGE PREFERRED			
**	<u>T</u>	····		
		•	 	
LEASE CHECK ON	E FOR EACH PARENT (Received Fro	om Schools in the United States Only)		OFFICE USE ONLY
				PARENT ED LEVEL
				PPV Did Did Eller hab to
ATHER IS:	☐ 10 - Graduate School ☐ 1 Decline to Respond	L - College Graduate 🔲 12 - Some Colleg	ge 🔲 13 - High School Graduate 🛭	14 - Not a High School Graduate 15 -
NOTHER IS:	☐ 10 - Graduate School ☐ 1 Decline to Respond	i - College Graduate 🔲 12 - Some Colleg	ge 🔲 13 - High School Graduate 🛭	□ 14 - Not a High School Graduate □ 15 -
ACE & ETHNICITY				
	is about ethnicity, not race. No mudent's race to be.	atter what you select below, <u>please contil</u>	nue t <u>o answer Part B</u> by marking or	ne or more boxes to indicate what you consider
:his student HIspa	anic or Latino? (select only one)	No, not Hispanic or Latino Yes, Hisp	panic or Latino	
RT B: What is thi	s student's race? (select one or mo	re)		
			-	
			l l	

AMER. INDIAN OR	VIETNAMESE (204)	OTHER ASIAN (299)	OTHER PACIFIC ISLANDER (399)	OFFICE USE ONLY	1
ALASKAN NATIVE (100)	ASIAN INDIAN (205)	🗖 HAWAIIAN (301)	☐ FILIPINO/FILIPINO AMERICAN	ETHNICITY	
CHINESE (201)	LOATION (206)	🗆 GUAMANIAN (302)	(400)	Race 1	Race 2 Race 3
☐JAPANESE (202)	CAMBODIAN (207)	SAMOAN (303)	AFRICAN/ AFRICAN AMER. (600)		
KOREAN (203)	☐ HMONG (208)		□ WHITE (700)		
					•
PRIMARY RESIDENCY				OFFICE	USE ONLY
				RESID	ENCY CODE:
RESIDENCE: Where is your cl				STUDI	ENT LIVES WITH:
	rmanent residence (house, a				R CARE CERTIFICATE NUMBER
_	housing w/other families) I		h below.		
_	t arrangement, by choice (2				-
_	ue to economic hardship (11)			
	onal housing program (10)				
In a Hotel/Motel (09					
Unsheltered (car/car					
Other (15) (please s	pecify)	<u>.</u>			
PARENT/GUARDIAN: With w	shom is your child currently	living?			
	, , , , , , , , , , , , , , , , , , ,				
1 parent/legal guard	lian				
2 parent/legal guard	lians				
1 parent/legal guard	lian & another adult				
☐ A relative					
An adult that is not t	the parent or legal guardian				
Foster Parent (21)					
☐ Caregiver					
Other: Responsible	Adult:	· · · · · · · · · · · · · · · · · · ·			
Submitted by:		De	ite		
Email or Contact Phone:					
		UNITED STATES ARMED	FORCES		
		Is either parent/guardi	an on active duty in the Armed Forces?	/Active Duty is defi	ned as full-time duty in the Army
		1	Corps, Coast Guard, or full-time Nation	-	
		If yes, what is your acti	vation date		
PPTROLEM			<u> </u>		
			of perjury under the laws of this state	that the information	provided here is true and correct
		and of my own persona	il knowledge.		
		SIGNATURE OF PARENT	/GUARDIAN	DAT	TE .
Your child's registration will al	so require verification of the	following documents:			
• Parent / Guardian ID					
Proof of Residency					
Child's Immunization	Record				
Child's Birth Certifica					
Transfer paperwork i					
Once your registration has bee	en reviewed by the school se	cretary, you will be contac	ted to submit your verification forms.		

Submit Form

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 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,

Gerilyn Williamson

Registrar Yosemite High School

Yosemite Unified School District - Enrollment Form

Yosemite High School

Student's Last Name	- · · · · · · · · · · · · · · · · · · ·		First Na	ame			Middle Name	
SS#	Sex	Grad	e 116 (13),111	/ Date of Birt	ima		Place of Birth	(City/State)
arents/Guardians: (Ind	clude bot	th name	es)					
lome Telephone #: ()	-						
fother's Work #: ()	-	ext.	Cell)	•	
ather's Work #: ()	-	ext.	Cell #	<u> </u>)	-	
lailing Address: ity/State/ZIP								
tesidence Address (if o	different	from ma	ailing):					
city/State/ZIP								
his information is Rt		ם מו	OPE EN	POLLMENT	ı			
ast School Attende							Date:	
ES NO							-1	
□ □ Has this studer □ □ Is this student	nt ever e	nrolled	in this disti	rict? Year	n DSD	Scho	OIOther	
	currently	under:	u III Specii a 504 plan	ai Education	u Kor	U 00	O 11 Othor	
ls this student •	currently	enrolle	d in an alte	ernative progr	am?			
 Is this student 	currently	under	an expulsion	on order?				4 () 4
Has this student the expulsion:					, what s	school a	ing what conduc	it led to
Required by the Sta Home Language (*If	langua	ige oth	er than E	inglish, plea	se con	nplete	Home Langua	age Survey.)
lome Language (*If anguage student learner	langua d when he	i ge oth e/she firs	er than E at began to the	inglish, plea talk	se con	nplete		
Required by the Sta lome Language (*If anguage student learner anguage student uses m anguage you use most f lame the languages in o	langua d when he	i ge oth e/she firs	er than E at began to the	inglish, plea talk	se con	nplete		
lome Language (*If anguage student learner anguage student uses manguage you use most flame the languages in o	langua d when he nost frequ requently rder most	i ge oth e/she firs	er than E at began to the	English, plea talk udent e adults at hom	e	nplete		
lome Language (*If anguage student learner anguage student uses manguage you use most flame the languages in or thinic Background:	langua d when he nost frequ requently rder most	ige oth e/she first ently at the to speat often sp	er than E at began to the	inglish, plea talkudent_ e adults at hom Highest	eeducat	ion lev		
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lome Language (*If anguage student learner anguage student uses manguage you use most flame the languages in or ithnic Background: ☐ American Indian/Alas ☐ Asian ☐ Black or African Ame	langua d when he nost frequ requently rder most kan Nativ	ige oth e/she first ently at the to speat often sp	er than E at began to the	inglish, pleatalk udent e adults at hom Highest Have no	eeducat t gradua thool grac	ion levited from	rel of most ed high school	
lome Language (*If anguage student learner anguage student uses manguage you use most fame the languages in or ithnic Background: ☐ American Indian/Alas ☐ Asian ☐ Black or African Ame	langua d when he nost frequ requently rder most kan Nativ	e/she first ently at a to speat often speat	er than E it began to home k to your str poken by the	inglish, pleatalk udent e adults at hom Highest Have no High Sc Have so College Graduat	e ducat to gradua hool graduate graduate e school	ion lev ted from duate ge educe	rel of most ed high school ation	
lome Language (*If anguage student learner anguage student uses m anguage you use most f fame the languages in or ithnic Background: American Indian/Alas Asian Black or African Ame Hispanic or Latino Native Hawaiian or O White (not Hispanic)	langua d when he nost frequ requently rder most kan Nativ	e/she first ently at a to speat often speat	er than E it began to home k to your str poken by the	e adults at hom Highest High Sc Have no	e ducat to gradua hool graduate graduate e school	ion lev ted from duate ge educe	rel of most ed high school ation	
Iome Language (*If anguage student learner anguage student uses manguage you use most flame the languages in or thnic Background: American Indian/Alas Asian Black or African American Hispanic or Latino	langua d when he nost frequ requently rder most kan Nativ	e/she first ently at a to speat often speat	er than E it began to home k to your str poken by the	inglish, pleatalk udent e adults at hom Highest Have no High Sc Have so College Graduat	e ducat to gradua hool graduate graduate e school	ion lev ted from duate ge educe	rel of most ed high school ation	
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lome Language (*If anguage student learner anguage student uses manguage you use most flame the languages in or Ethnic Background: American Indian/Alas Asian Black or African American Hispanic or Latino Native Hawaiian or Or White (not Hispanic) Two or More Races	langua d when he nost frequently requently rder most kan Nativ rican ther Pacif	e/she firstently at a to spead offen spead	er than E st began to thome home k to your strocken by the	inglish, pleatalk udent e adults at hom Highest Have no High Sc Have so College Graduat Decline	eeducat to graduate graduate e school to state o	ion levited from duate ge educe //post graph or unknown an or cu	rel of most ed high school ation aduate training	ucated parer
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YOSEMITE UNIFIED SCHOOL DISTRICT- Yosemite High School EMERGENCY PROCEDURE AND ADDRESS CARD

Student Name:				20.50 5.00
Student Name:	(Last)	(First)	·(O)-1-	(Middle)
	Birth:	Birth City	//State	
Mailing				
Address:	(Street)	(City)		(Zip)
	,	• • •		
Home Address: _		(0)1.3		(Zip)
	(Street)	(City)		(ZIP)
Home Phone:		Student's Social Se	curity #:	
Yosemite Union High following people and	School district to s give them permission	illness, accident, or medical emerg eek medical attention for my child. on to verify absences for my stude	I BUTHOLIZE THE FER	6926 OF LITA CHING IO HIS
1. Parent/Guardia	n:	(Work #)		(Cell#)
	(Name)	(crossing)		•
2. Parent/Guardia	an:			(0-11-4)
	(Name)	(Work #)		(Cell #)
3				
3(Name)		(Relationship)	Telephone #	Additional #
4. (Name)		(Relationship)	Telephone #	Additional #
,				
5(Name)		(Relationship)	Telephone #	Additional #
(Name)		(Relationship)	•	. 85
Physician's Name			Phone:	
Parent email address	s:			
				G.
PLEASE SIGN B	ELOW:			
Parent/Guardian			0)ate:
			_	
Parent/Guardian	·			Date:
Student Signatur	e:		[Date:

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

PLEASE PRINT ALL INFORMATION

OFFICIAL USE ONLY School Enrolled:	Date Entered / / Grade:
Student's Legal Last Name	
Student's Legal First Name	
Student's Legal Middle Name	
Gender: □Male □Female □Other Grade	Date of Birth:/ Age:
	Apt #: City: (as of registration date)
	Apt #: City: ZIP:
Parent/Guardian Name:	Mother Father Other
Home Phone: () Work Phone: ()	
Parent/Guardian Address:(If different than student's)	
Email Address	
Parent/Guardian Name:	☐Mother □Father □Other
Home Phone: () Work Phone: ()	
Parent/Guardian Address:	Apt #: City: ZIP:
(If different than student's)	
Email Address	
If not living with parent/guardian, please complete below:	
Name of Caregiver: Re	
Residence Address:	Apt #: ZIP:
Student's Place of Birth: Birth City: State:	Country:
US Citizen at time of birth? Yes □ No □	Date First Entered US://
Date First Entered US School (public or private)*/_/ Date F	
*Excluding I Student's School Last Attended:	Early Childhood / Pre School
Name of School:A	address of School
City: State: ZIP;	Phone #: () Date Left: /
Last Grade Attended: Is your child currently under an expulsion	on order or recommended for expulsion? □Yes □No
Previously Attended RVSD School?	ol School year attended:
Check all programs that your child has been enrolled in: Gate Specific Does your child have a current/active Individual Education Plan (IEP)?	ech □Resource □Special Ed □Adaptive PE □ESL Yes No
Siblings: Name:	_ DOB/ Gender: □Male □Female
	DOB/ Gender: □Male □Female
Name:	·
Parent or Legal Guardian's Signature Date	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 Col	lege	□College Grad	☐ Grad/pos	st grad	
-			Ū		•		
Ethnicity: Is this student Hispanic of	or Latino? (<u>Checl</u>	k only one)): LI N	o, Not Hispanic	or Latino	☐ Yes, Hispanic or Latin	10
Race: What is this student's race? (American Indian / American Indian Asian Indian Black/African Ameri Cambodian Chinese	laskan Native		o anian ian g	olank): ☐ Korean ☐ Laotian ☐ Other Asian ☐ Other Pacific ☐ Samoan	Islander	☐ Tahitian ☐ Vietnamese ☐ White	
Correspondence Language: Engl	ish □ Span	nish (Other: _				-
Home Language: (Check the one la	nguage most spol	ken most of	ften in y	our household)			
☐ Albanian ☐ American Sign Langu ☐ Arabic ☐ Armenian ☐ Assyrian ☐ Bosnian ☐ Burmese ☐ Cantonese ☐ Cebuano(Visayan) ☐ Chaldean ☐ Chamorro(Guamania ☐ Croatian ☐ Dutch	☐ Gujarati ☐ Hebrew ☐ Hindi ☐ Hmong ☐ Hungarian ☐ Ilocano ☐ Indonesian ☐ Italian	nbodian)	 □ Ma □ Mi □ Paa □ Fil □ Po □ Pu 	hu o andarin(Putongua arshallese en(Yao) xteco chto ipino(Pilipino or lish rtuguese njabi manian ssian	☐ Spa ☐ Taiv ☐ Tha ☐ Tign ☐ Ton ☐ Turl ☐ Turl ☐ Ukr ☐ Urd ☐ Viet	wanese ii rinya shanese agan kish	
This survey is used to determine below is anything other than be placed in the appropriate in	English your ch	ild will be					
Home Language Survey: 1 Which language did your child le 1. ¿Cuando su hijo(a) empezó a ha	earn when he/sho	e first bega idioma que	an to tal e apren	k?dió hablar primero	?		
2. Which language does your child2. ¿Cuál idioma usa con más frecu	l most frequently encia su hijo(a)	speak at louando con	nome? _	en la casa?			
3. Which language do you (the par 3. ¿Cuál idioma usan Uds. (padres	ents/guardians) i	most frequ	ently us	se when speaking	with your o	child?	
4. Which language is most often sp4. ¿Cuál idioma usan con más frechla casa?	uencia las adulto	s (padres,	tutores				

Arena Union Elementary School District Student Registration

Has your studer	nt ever atten <u>de</u> d	a public school	bef	fore? 🗆 Yes	□N.	TODAY	'S DATE:	
PLEASE PRINT -	- STUDENT'S LEG	AL NAME						
First Name		Middle Name		Last N	ame		Other Le	gal Name (if applicabl
□Male	☐ Female	Birthdate:Mon	th/	Day/Year	\neg		Age:	Grade:
					ļ			
Parent/Guardia	n First Name	Last Name					Home Phone	Work Phone
Parent/Guardia	n Eiret Namo	Last Name	_				Home Phone	Work Phone
raient/ Suaruia	II I II St Name	Last Haine					nome Phone	WOIK PHONE
Mailing Address	(PO Box or other	mail location)		City		State	Zip	
Residence Addı	ress (house/apt #	& street name)		City		State	Zip	_
		·						
WHAT IS YOUR	CHILD'S ETHNIC	ITY? (Please chec	k or	ne): U Hispanic or	Latino	o (A per	son of Cuban, Mex	ican, Puerto Rican,
				igin, regardless of race			panic or Latino	
Dougle of Central P	tillerically of other	spanish culture o		igili, regardless of race		a Not IIIs	panic of Launo	
WHAT IS YOUR	CHILD'S RACE?	(Please check up to	five	racial categories) The at	ove pa	art of the o	question is about eth	nnicity, not race.
				the following by marking				
consider your race t	o be.							
☐ American Inc	lian or Alaskan N	lative(100)		Laotian (206)			☐ Tahitian (3	04)
	origins in any of the							ic Islander (399)
	or South America)						pino American (400)
Chinese (20)								erican or Black (600)
☐ Japanese (2	-						-) (Persons having origin
☐ Korean (203	-			,			_	al peoples of Europe,
□ Vietnamese				Samoan (303)			North Africa, or t	he Middle East.)
☐ Asian Indian	1 (205)							
PARENT EDUCAT	FION - Check the	response that	des	scribes the education	leve	of the	most educated i	parent.
	chool Graduate						111111111111111111111111111111111111111	
	Graduate (13)			College Graduate (11)			
Some Colleg	e or Associate's	Degree (12)		Graduate Degree o	r High	her (10)		
							CTUDENTIC OT	TUDI ACE
Date student fin	st attended scho	ol in the U.S.					STUDENT'S BIR	THPLACE
				15			City & State:	
Date student fin	st attended scho	ol in <u>California</u> ((M a	onth/Day/Year):				
							Country:	
U.S. Citizen: 🛚	Yes 🗆 No							
			11.7			200 200		
HOME LANGUAG	E SURVEY: Indic	ate only one lar	ıgu	age (most frequentl	y use	d) per li	ne:	
1. What langua	ge/dialect does	your son/daugh	ter	most frequently use	at h	ome?		
2. Which langua	age/dialect did y	our son/daught	ter	learn when he/she	first b	egan to	talk?	
3. What langua	ge/dialect do yo	u most frequent	ily s	speak to your child?				
4. Has your chil	ld ever been give	n the CELDT Te	st (Calif English Langua	ige De	evelopm	ent Test)? 🗆 Ye	es 🗆 No 🖂 I don'
know			•					
MOST RECENT S	CHOOL	Address/City/S	Stat	te/Zip	0	Grade(s)	Date(s)
			_					

GRADE Student Last Name **Surprise Valley High School Registration Form** ► Has your student ever attended Surprise Valley 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 Year Parent/Guardian First Name Last Name Parent/Guardian First Name Last Name **Home Phone** Work Phone **Mailing Address** Zip Residence Address (house # & street name) (IF DIFFERENT) First Name: (P.O Box or house # & street name) 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) ☐ Laotian (206) ☐ Samoan (303) ☐ Chinese (201) ☐ Cambodian (207) ☐ Tahitian (304 ☐ Japanese (202) ☐ Hmong (208) Other Pacific Islander (399) ☐ Korean (203) ☐ Filipino/Filipino American (400) Other Asian (299) ☐ Vietnamese (204) Hawailan (301) ☐ African American or Black (600) ☐ Asian Indian (205) ☐ Guamanian (302) ☐ White (700) Permanent ID: PARENT EDUCATION - Check the response that describes the Date first attended school in the U.S. education level of the most educated parent. ☐ Graduate Degree or Higher (10) Month Day Year ☐ College Graduate (11) ☐ Some College or Associate's Degree (12) Date first attended school in California ☐ High School Graduate (13) ☐ Not a High School Graduate (14) Month Day

BIRTHPLACE:

U.S. Citizen: 🔲 Yes 🚨 No

HOWELL MOUNTAIN ELEMENTARY SCHOOL	DL DIST	RICT STUDENT	REGISTRATION	Student Last Name
► Has your student ever attended Howell Moun	itain sch	ool before? 🔲 Y	es 🗆 No	ast Na
PLEASE PRINT – STUDENT'S LEGAL	NAME		1	me:
Legal First Name Legal Middle Name	Legal La	st Name	Other Legal Name (i	f applicable)
☐ Male ☐ Female Birth date:	1	I		
Month Day	Year		**************************************	
1		16.5	17.	
Parent/Guardian First Name Last Name		Home Phone	Work Phone	<u>. </u>
		1.	le s	
Parent/Guardian First Name Last Name		Home Phone	Work Phone	.
Mailing Address	Apt#	City	State Zip	
Maning Address	Apta	City	State Zip	
Residence Address (house # & street name) (IF DIFFERENT)	Apt#	City	State Zip	- Firs
(P.O Box or house # & street name)				First Name
				me
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):	: 🚨 His	spanic or Latino	Not Hispanic or Latin	o "
WHAT IS YOUR CHILD'S RACE? (Please check up to five i	racial cate	gories)		
☐ American Indian or Alaskan Native(100) ☐ Laotian (206	5)		☐ Samoan (303)	
☐ Chinese (201) ☐ Cambodian	-		☐ Tahitian (304	
☐ Japanese (202) ☐ Hmong (208) ☐ Korean (203) ☐ Other Asian	•		☐ Other Pacific Islande☐ Filipino/Filipino Ame	· · ·
☐ Vietnamese (204) ☐ Hawaiian (3			☐ African American or	
☐ Asian Indian (205) ☐ Guamanian			☐ White (700)	
			· · · · · · · · · · · · · · · · · · ·	
PARENT EDUCATION – Check the response that describes th		Data firet	attended school in the	IIS
education level of the <u>most educated parent</u> .	'	Date inst	attended school <u>in the</u>	
☐ Graduate Degree or Higher (10)		Month	Day	Year Permanent ID.
☐ College Graduate (11)		'	, I	n nan
☐ Some College or Associate's Degree (12) ☐ High School Graduate (13)	- 1 1	Date first a	attended school in <u>Cali</u>	fornia P
☐ Not a High School Graduate (14)				Ë
	[Month	Day	Year
	· -		-	
BIRTHPLACE: City: S	tate:	Country:		
U.S. Citizen: Yes No				:

HOME LANGUAGE						
		/daughter most frequently u				•
	-	/daughter learn when he/sh	_	· · · · · · · · · · · · · · · · · · ·		•
		frequently speak to your chil				
4. Has your child	ever been given the C	ELDT Test (Calif English Lang	guage Develo	pment Test)?	☐ Yes ☐ N	lo 🔲 i don't know
n which language do	you wish to receive writte	en communications from the se	school? 🚨 En	glish 🗆 Spani	sh	
In a single family	permanent residence ring housing with other	rrently living? (federally man (house, apartment, condo, mobile l r families/individuals due to	home)	☐ In a mote☐ Unshelter	l/hotel (09) ed (car/car	
•	, (++) ansitional housing prog	gram (10)		Other (13) (biease sp	
						
'arent/Guardiansh	ip Information (with w	vhom the student lives) — ch	heck all that	apply		
s the above (check f there is a legal cu	ed) person (s) the stude stody agreement regar	her Step-Mother Guar ent's LEGAL guardian? Guar ding this student, please che	es 🔲 No If N eck one: 🔲 J	lo, please com oint Custody	plete a "Ca □ Sole Cus	regiver Affidavit" tody ☐ Guardian
		V FOR PARENT(S)/GUARDIA				
🗖 Father 🗖 Ste	p Father/Guardian (che	eck one) Full Name:				
Employer:		City:		Daytime Ph	one# (_)
		City:				
. Mother Ste		check one) Full Name:				
2.	ep Mother/Guardian (c	theck one) Full Name: City: ted & joint custody allows do	· · · · · ·	Daytime Ph	one# (
2. Mother Storm St	ep Mother/Guardian (c IG – If divorced/separat	theck one) Full Name: City: ted & joint custody allows do	uplicate mail	Daytime Phoing/information	one# (
2. Mother Store Employer: DUPLICATE MAILIN Please include their	ep Mother/Guardian (c IG – If divorced/separat	theck one) Full Name: City: ted & joint custody allows du	uplicate mail	Daytime Phone	one # (on to be giv : #: ().	
Employer: DUPLICATE MAILIN Please include their	ep Mother/Guardian (c	theck one) Full Name: City: ted & joint custody allows du	uplicate mail	Daytime Phone	one # (on to be giv : #: ().	en to other parent,
Employer: DUPLICATE MAILIN Please include their rull Name: Mailing Address:	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph	check one) Full Name: City: ted & joint custody allows du hone number; City:	uplicate mail	Daytime Phone Phone State	one # (on to be giv :#:(). :: Z	en to other parent,
Employer: DUPLICATE MAILIN Please include their rull Name: Mailing Address:	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph	theck one) Full Name: City: ted & joint custody allows du	uplicate mail	Daytime Phone Phone State	one # (on to be giv : #: ().	en to other parent,
Employer: DUPLICATE MAILIN Please include their full Name: Mailing Address: MOST RECENT SCH	ep Mother/Guardian (c	check one) Full Name: City: ted & joint custody allows du hone number; City: Address/City/State/Zip	uplicate mail	Daytime Phone Phone State	one # (on to be giv #: (en to other parent,
Employer: DUPLICATE MAILIN Please include their full Name: Mailing Address: MOST RECENT SCH School Are there psychologias your child been What special service special Education:	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph OOL ATTENDED: gical or confidential rep n suspended? □ Yes □ es has your child receiv □ Resource (RSP) □ S	City: ted & joint custody allows due hone number: City: City: City: Ports available from your child ever by yed? (please check all boxes Special Day Class (SDC) □ Sp	uplicate mail ild's former s been expelled s that apply) peech/Langur	Daytime Phone ing/information Phone State chool? □ Yes d? □ Yes □ Mage □ 504	one# (on to be giver #: (en to other parent,
Employer: DUPLICATE MAILIN Please include their full Name: Mailing Address: MOST RECENT SCH chool are there psychologias your child been What special service pecial Education: Other: □ Gifted (Go	ep Mother/Guardian (color life - If divorced/separate name, address, and photostate of the photostate	check one) Full Name: City: ted & joint custody allows do hone number; City: City: Ports available from your child ever by your child ever by yed? (please check all boxes)	uplicate mail ild's former se been expelles s that apply) peech/Langus Counseling	Daytime Phone ing/information Phone State chool? □ Yes d? □ Yes □ Mage □ 504 □ English Lang	one# (on to be giver #: (en to other parent,
Employer: Employer: DUPLICATE MAILIN Please include their Full Name: Mailing Address: MOST RECENT SCH chool The there psychologias your child been What special service pecial Education: Other: Gifted (Go Help to Improve	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph OOL ATTENDED: gical or confidential rep a suspended? Yes es has your child receiv Resource (RSP) S ATE) Remedial Math Attendance/ Behavior	City:	uplicate mail ild's former s been expelled s that apply) peech/Langur Counseling	Daytime Phone ing/information Phone State chool? □ Yes d? □ Yes □ Mage □ 504 □ English Lang	one # (on to be giv #: (). e: Z Grade(s) D No No	en to other parent,
Employer: DUPLICATE MAILIN Please include their Full Name: Mailing Address: MOST RECENT SCH School Are there psychologias your child been What special service Special Education: Dther: □ Gifted (G/ □ Help to Improve	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph OOL ATTENDED: gical or confidential rep a suspended? Yes es has your child receiv Resource (RSP) S ATE) Remedial Math Attendance/ Behavior	City: ted & joint custody allows due hone number; City: City: City: Address/City/State/Zip oorts available from your child ever by yed? (please check all boxes Special Day Class (SDC) Special Day Class (SDC) Special County C	uplicate mail ild's former s been expelled s that apply) peech/Langur Counseling	Daytime Phone ing/information Phone State chool? □ Yes d? □ Yes □ Mage □ 504 □ English Lang	one # (on to be giv #: (). e: Z Grade(s) D No No	en to other parent, lip code: Date(s)
Employer: DUPLICATE MAILIN Please include their full Name: Mailing Address: MOST RECENT SCH School Are there psychologias your child been What special service Special Education: Dther: □ Gifted (G/ □ Help to Improve	ep Mother/Guardian (c IG – If divorced/separat name, address, and ph OOL ATTENDED: gical or confidential rep a suspended? Yes es has your child receiv Resource (RSP) S ATE) Remedial Math Attendance/ Behavior	City:	uplicate mail ild's former s been expelled s that apply) peech/Langur Counseling	Daytime Phone ing/information Phone State chool? □ Yes d? □ Yes □ Mage □ 504 □ English Lang	one # (on to be giv #: (). e: Z Grade(s) D No No	en to other parent, ip code: Date(s)

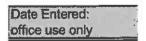
Twin Ridges Elementary School District Registration Application ~ 2013-2014 School Year

School:							Student ID #					
									To be comp	oleted by ti	he school	
Pupil's Legal Last N	ame	Pupil's	First Nan	le	Birth Date	 e	Grade	5	Social Security Number			Male/Female
Nickname)		Middl	e Name			Other La	st 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			Zíp	COL	UNTY OF	RESIDENCE	SCHOOL D	ISTRICT O	F RESIDENCE
I certify under pen	alty of law, that the above re	sidence ado	iress is my	primary res	ldence.							
Parent/Guardian	(Full Name)	Narr	e of Emple	yer	Occupation	1	Work Phone		E-mail Address		Living V	/ith
Father:						Ī					₽Yes	■ No
Mother:					•		<u> </u>				äYes	■ No
Step Parent:						,					₫Yes	adNo.
Or Guardian:	•										₫Yes	■ No
*Legal Restriction	ns Are: (A Current Signed Cou	rt Order M	ust Be Pro	vided)	*Court	Order on f	ile at school 🛭	Yes	■ No			
				Year	School				h cul m n u		1 1 .	
Name of Siblings		Brother	Sister	Born	Currently Attend	Ing		Adu	its Other Than Parents Living in Home		lationship Student	
			<u> </u>									
									njured. Your child will be release		hese peop	le.
Name:												
Physician' Name:							l understa		hoof may call an ambulance and, parent emergency contacts are r			atment for my child at my Yes a No
My child takes the	e following Medication:								hool does not provide medical o			
Describe any heal the School should	th conditions, restrictions, or i	medical tre	stment (fo	od allergies,	other) the		also under	stand the	at school insurance is available a	t parent ex	pense.	Yes 🖪 No

Date:___

(Page 1 of 2)

Signature of Parent/Guardian:___





EMERGENCY CONTACT / ENROLLMENT FORM

PLEASE NOTIFY CENTRALIZED REGISTRATION OF ANY CHANGES

ID#	School Year 20					Grad	de
	STU	DENT IN	FORMA	TION			
Student's Last Name		First Name				MI	Male
							Female
Home Address			City		State	Zip Co	de
Mailing Address (if different)	· · · · · · · · · · · · · · · · · · ·		City		State	Zip Co	ode
Birth Date	Birth	City/State		Age	1		U.S. Citizen
				<u> </u>			Y N
	Both Parents M					Group F	lome
	court papers) Inf bove the legal guardian? `					aiver's Affic	lavit"
	RMATION			,			
	other Stepmother)	
						<u>'</u>	
Ivaille.					Cell (
Employer:	Posit	ion:			Work ()	
Email			Military:	Yes N	No		
Some College Co	Level: Not a High Sc ollege Graduate guage: English S	Masters/Gr	aduate Schoo	ol			
Parent/Guardian: F	ather Stepfather_	Foster	Guard	dian	Home ()	
Name:					Cell ()	
Employer:	Posi	tion:			Work ()	
Email			_ Military:	Yes N			
	_evel: Not a High Schollege Graduate I guage: English				e/GED		
	louse/Apartment/Mobile Shelter/Transitional Hou	Home					
	unication: Check the la Spanish	anguage in v	which you wo	uld like to r	eceive scho	ol notificat	tions.
							/
Print Parent/0	Guardian Name	F	Parent/Guardi	an Signatu	re		Date

	OTHER	R CHILDRE	N IN THIS I	DISTRICT			
Name:	So	chool:		Name:	× -11.11.	School:	
			1	1,100.110.1			
			-				
Ethnic Origin	1			vious question as oxes below to ind			
Is this child Hispanic or Latino?				Vietnamese A		Laotian	
Yes,		Cambodian Filipino Hmong Other Asian					
				iian Guamanian k or African American		Other	
No,	Ariencan india	II DI Alaskali Nati	ve blac	K OF AIRCAN AMERICAN			
				l History			
MM/DD/YY first enrolled in CA school	MM/DD/Y	(Y first enrolled in	n US School	Previously en Yes		ning Unified?	
Has this child ever been retained	? Yes	No		child ever been acc	celerated to a		
f Yes, which grade?	- 10	I		No If yes, v			
Has this child ever been suspend Yes No				SDC Speech & Lan		No	
s this child currently under an ex						No	
f Yes, which District? What educational services has th	is child rece	ived? Pleas	se check al	I that apply			
English Language Development_					Migrant l	Education	
E	merger	ıcy Rel	ease In	formation			
IN THE EVENT OF ILLNESS PERMISSION FO				L, WHEN I CANNO O THE FOLLOWII			
THESE INDIVIDUALS <u>MUS</u>				CE AND PRESENT UP MY CHILD	A CURREN	Т РНОТО	
FULL NAME	RELATIO	N TO CHILL	HOMEP	HONE	WORK/CEL	L PHONE	
			()		()		
			()		()		
			()		()		
l authorize emergency diagnos							
assume financial responsibility Medical Doctor:	TOr Care II	my medical	doctor or	Phone: ()	res	No	
Doctor's Address:							
Insurance Co:	Policy #:						
MEDICATIONS your child is takir	<u>—</u> na:						
Health Problems/Allergies:	<u></u>						
I understand that Banning Uni accidents or school related in							
I am taking student insurance as				king student insura			
						, .	
Print Parent/Guardian Na		 		dian Signature		Date	

School	Grade/Track
Date Enrolled	Ву:
Student ID #	

Beaumont Unified School District Student Enrollment Sheet

GRADE:
GRADE:

Student's Legal Name:	gal First	Legal Middle	T	4 V		
		ressi widge	1.CEn	Last	Other L	egal Name (if applicabl
Male DFemale Birth d	late:					
First Name:	Last Name:	100	Home P	hone	Work	
Would you like to receive	TABLI MINA		Cell Pho	***		
text messages (SMS)?	🖸 Yes 🔯	No	()	u.c		
Email Address:		like to receive	☐ Yes	□ No		
Residence Address:	Apt#	Cit			State/Zip	
Mailing Address (IF DIFFERENT)	Apt#	City	у		State/Zip	
Parent/Guardiau		rali <u>d</u> anskaj	Home P	ione	Work	
First Name:	Last Name:		()	779	()	5 - 1
Would you like to receive			Cell Pho	ne		
text messages (SMS)? Email Address:	☐ Yes ☐ I		()	· · · · · · · · · · · · · · · · · · ·		
Eman Augress:	Would you Emails at th	like to receive	☐ Yes	□ No		
	TABLETA CA AT	No brint coo!	M 169	FR 140		
Residence Address:	Apt#	City	1		State/Zip	
Mailing Address (IF DIFFERENT)	Apt#	City	7		State/Zip	
	MOST RECI	ENT SCHOOL(S)	ATTENDE	n:		
School	Addres	s/City/State/Zip	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Grade(s)	Date(s)
					3,	
Siblings (brothers or sisters)						<u> </u>
STOTUTES (DIOCHELS OF SISTERS)	Grade		····.,	School		
Parent/Guardianship Informat	ion (with whom 4h.	-to-do-d-library -t-	· - 11 42	. 1		
rateur ouar gradamb intolinat	HOU TANKE MEDIN THE	student fives) - ch	eck all tha	t apply		
☐ Father ☐ Mother ☐ Both	☐ Step-Eather ☐	Sten-Mother D (Sugrdian (7 Easter	Grown Home	
Other	a otop zamer _	probation = /	Judiman (- PUSCEL	Agroup Dong	
is the above (checked) person (s	the student's LEC	IAT mardian? 🔲 '	Ves II No	IfNo n	lacca complete	
"Caregiver Affidavit"	,, 616 00000111 0 222	VIT Sumaini.	100	п 140, Р	icase combien	a
	nent regarding this	stodent, nlesse che	ck one			
If there is a legal custody agreer		copy of all court c	va ono. Pdere mus	+ he on f	ile at the scho	al aita
If there is a legal custody agreer ☐ Joint Custody ☐Sole Custody	∨ L. Guardian - A.			A 2014 TABLE	HE AL LUC SCHO	UL BILC.
☐ Joint Custody ☐ Sole Custod	y ⊔ Guardian - <u>A</u> on officer □Yes □	No Name:	racis mac		Dhone	
☐ Joint Custody ☐ Sole Custod	y ⊔ Guardian - <u>A</u> on officer □ Yes □ IYes □ No Whoh	No Name:	ing rights?		Phone	
If there is a legal custody agreer Joint Custody Sole Custody Does the student have a probatic Is the student a Foster Child? Does your student have a medic	on officer ⊔ Yes □ Yes □ No Who h	No Name:as educational sign	ing rights?		Phone	

services. Please note that if you residentified as an English Learner and	ation is essential in ord pond with a language of d will receive appropri	nts which direct schools to determine the language(s) spoken in the er for the school to provide adequate instructional programs and other than English to any of these 4 questions, your child may be ate services to support English Language Development.
As parents or guardians, your cooper the four question listed below as ac in the space provided. Please do not	curately as possible. Fe	complying with this legal requirement. Please respond to each of or each question, write the names(s) of the language(s) that apply nanswered.
What language did your child	learn when he/she first b	egan to speak?
2. Which language does your chi	ld most frequently speak	at home?
3. What language do you (parent	, guardian) most frequen	tly use when speaking with your child?
4. What language is most often s	poken 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 communicat	ion (phone) from the school? English Spanish
WHAT IS YOUR CHILD'S ET	THNICITY? (Please	check one): Hispanic or Latino Not Hispanic or Latino
WHAT IS YOUR CHILD'S RAThe above part of the question is about by marking one or more boxes to indicate.	ethnicity, not race. No i	matter what you selected above, please continue to assume the Citizalian
☐ American Indian or Alaskan Native(100)	Laotian (206)	☐ Samoan (303)
Chinese (201)	☐ Cambodian (20)☐ Hmong (208)	7)
☐ Japanese (202)	Other Asian (29	99)
Korean (203)	Hawaiian (301)	☐ African American or Black (600)
☐ Vietnamese (204) ☐ Asian Indian (205)	Guamanian (30)	2)
PARENT EDUCATION - Check the re	esponse that describes	Date student first attended school in the U.S. ?
the education level of the most educate	d parent.	
☐ Graduate Degree or Higher (Master's,☐ College Graduate (11)	, Doctorate) (10)	Date student first attended school in California?
☐ Some College or Associate's Degree (☐ High School Graduate (13)	(12)	Student Birthplace: City State:
☐ Not a High School Graduate (14)		Country:
		Is student a U.S. citizen?
In the event of an emergency in whice emergency treatment is required, I give emergency medical treatment by my	ve my permission to tra	ntacted, and in the judgment of the school officials, immediate ansport my child to the nearest medical facility and to receive
Signed:	F	Relation to Student: Date:

ARCOHE UNION SCHOOL DISTRICT REGISTRATION INFORMATION

First day of attendance	-7			Gra	de	
File requested	_			Tea	cher	
Pupil's Name				M or F	1	,
(Legal Last)	(First)	(Mid	de)		Date of Birth)	
Mailing Address						
City	State	Zip	Phon	e()		
Pupils Social Security Number	Bi	rthplace	Verifi	ed		
Name of Previous School			— g			
Address of Previous School			<u> </u>			
Phone Number	FAX		_			
Name	Add	Iress		ing	Pupil Lives With	
			Yes	No	Yes	No
Father						
Mother		• .	-			
I MORIGI						
Guardian						
				4		
Mother's Employer		·				
Phone						
Father's Employer						-
Phone				. Na		
Shall parent be called at place of e	mployment in case of emergend	ey? Mother: Yes or No	rainer, tes or	NO		
EMERGENCY INFORMATION (P	erson to call if parent not availab	ole)				
Name	Phone ()	Name		Phone ()	
HEALTH INFORMATION						
ate of last physical						
Allergies?						
Other Medical Concerns (Asthma, I	neadaches, nosebleeds, etc.)					
			Daily Medication	n? (Kind)		
			·			
MERGENCY MEDICAL ATTENTION	ON					
n the event of an emergency situat		med above, and in the ev	ent that I am unava	ailable. I hereby	give my conse	ent to Am
Inion School District to administer				, ,	5 · · · · · · · · · · · ·	
lame & Address of Family Doctor_	_ ,					
and arranged or rainily proper_	a					
Nato P	erent /Guardian signature					

PLEASE COMPLETE OTHER SIDE

HOME LANGUAGE

The California Education Code rec	uires schools to determine the language	spoken at home	by each child to provide	the appropriate learning program.
1. What language did your child le	eam when he/she first began to talk?		· -···	
2. What language does your child	most frequently use at home?			
3. What language do you use mos	st frequently to speak to your child?			-
4. Name the language(s) in the on	der most spoken by <u>adults</u> at home?			_
	nia requiere que las escielas determine eden proporcionar instucción significativ reguntas.	n el idioma que s	e habla en el hogar de c	ada estudiante. Esta información es
	blar. Cuál idioma aprendió primero?			
Cúal idioma usa principalmente	su hijo(a) cuando conversa en la casaí)	p;	
3. Cúal idioma usa Ud. Con más	frecuencia cuando había con su hijo(a)?	·		
4. Cúal (es) idioma(s) hablan los s	adultos con más frecuencia en la casa?		¥ <	
	N THAT YOU BELIEVE WOULD HELP	 		— CHILD BETTER: ——
OTHER CHILDREN IN THE FAMI	LY:			_
NAME	RELATIONSHIP TO STUDENT	BIRTH DATE		VING AT HOME
·			YES	NO
<u>.</u>				

ARCOHE REGISTRATION

ST	TUDENT NAME: GRADE:					
The	e information you provide is strictly confidential and will be used or	nly for the app	ropriate purposes	3.		
	CE AND ETHNICITY: It is necessary for our school to complete or the up to 3 for Race and either Hispanic or Non-Hispanic for et		h must include in	iformation on pupils'	race and ethnicity.	
R4	CE: (Mark up to 3)					
141	American Indian or Alaskan Native – includes	Other	Acian			
	Hispanics with North and South American ancestry		Pacific Islander			
	Asian Indian	Samoa				
	Black or African American	Santoi Tahitia				
	Cambodian	Vietna				
	Chinese		– includes Hispo	mics with		
	Filipino		ean ancestry	macd mini		
	Guamanian	Dan of	com unecomy			
	Hawaiian					
	Hmong					
	Japanese	ETHNICITY	: (Choose 1)			
	Korean	Hispar				
	Laotian		<u> </u>			
	 :		•			
***	***********************	******	******	*****		
	High school graduate / GED – vocational or trade schools are recompleted some college - completion of any courses within a two College graduate (4-year college / university) - graduation with from a foreign university Graduate school / post graduate training	vo or four-year	r academic progr	ram		
***	***************	******	*******	*****		
	SPECIAL	SERVICES				
1.	Has your child ever received Resource Specialist Program Service	s (RSP)?	Yes	No		
2.	Currently enrolled in Special Education Program (RSP)?	` ,	Yes	No No		
3.	Has your child ever been in a Self-Contained Special Education C	lass (SDC)?	Yes _	No		
4.	Currently enrolled in Special Education Program (SDC)?		Yes	No		
_	TT 131					
5.	Has your child ever received Speech Services?		Yes	No		
6.	Currently enrolled in Special Education Program (Speech)?		Yes _	No		
7.	Do you have copy of your child's IEP?		Yes _	No		
8.	Has your child ever been retained? If so what grade?		Yes _	No		
	Has your child ever received Bilingual Services? Which language?	_	Yes _	No		
_			_			
Pai	rent/Guardian Signature		Date			

RIVER DELTA USD STUDENT REGISTRATION (Page 1 of 3)

GRADE:

► Has your student ever att	ended RIVER DEL	TA USD p	ublic schools	 before? □	Yes 🗆 No
	T – STUDENT'S LEGA				
ı		L		1	
Legal First Name Le	gal Middle Name	Legal Last	Name	Other Lega applicable)	l Name (if
☐ Male ☐ Female Birth o	late:				
	Month Day	Year			
			())
Parent/Guardian First Name	Last Name		Home Phone	Wo	rk Phone
			<u> </u>)
Parent/Guardian First Name	Last Name		Home Phone	Wo	rk Phone
Mailing Address		Apt# Cit	y	State	Zip
Residence Address (house # & street)	name) (IF DIFFERENT)	Apt # C	ity	State 2	Zip
(P.O Box or house # & street name)					
Email Address(es):					
WHAT IS YOUR CHILD'S	ETHNICITY? (Plea	se check one)	· 🗖 Hisnanio	or Latino (An	erson of Cuban
Mexican, Puerto Rican, South or Central Ame				Not Hispanio	
WHAT IS YOUR CHILD'S	,	_	• .		
The above part of the question is ab the following by marking one or ma					tinue to answer
☐ American Indian or Alaskan Nativ				☐ Tahitian	i
(Persons having origins in any of the original North, Central or South America)	people of Cambodian Hmong			Other Pacif	ic Islander ipino American
Chinese	Other Asian	1			erican or Black
☐ Japanese☐ Korean	Hawaiian				ons having origins in
☐ Vietnamese	☐ Guamanian ☐ Samoan			North Africa, or the	l peoples of Europe, ne Middle East)
Asian Indian					·
PARENT EDUCATION - Check to		3	Date first at	tended school <u>i</u>	n the U.S.
the education level of the most educ	ated parent.				i
☐ Graduate Degree or Higher☐ College Graduate			Month	Day	Year
☐ Some College or Associate's Deg	ree		D 4 5 4 4		
☐ High School Graduate ☐ Not a High School Graduate			Date first atte	ended school in	California
			Month	Day	Year
			1110/11011	Day	1001
BIRTHPLACE City:	S	state:	Country:		
U.S. Citizen: ☐ Yes ☐ No					

RDUSD REG	ISTRATION pa	ge 2 of 3					į
		ndicate only one langur r son/daughter most fre			per line:		
-	-	r son/daughter learn wh)		
 What langu Which langu 	age/dialect do you n age is most often sp	nost frequently speak to boken by adults in the l	your child?		•		
-		s, or any other adults) _ the CELDT Test (Calif	. English Langu	age Develor	ment Test)?	Yes No Di	I don't
In which languag	e do you wish to rec	ceive written communic	eations from the	school?	□English	□ Spanish	
☐ In a single fam ☐ Doubled-up (s hardship or lo	nily permanent resid haring housing with	ily currently living? (feence (house, apartment, con other families/individu program	ido, mobile home)	omic 🗖	n a motel/hotel In <mark>sheltered (c</mark> a		
Parent/Guardia	nshin Information	(with whom the stude	nt lives) – check	s all that an	nlv		
Is the above (check of there is a legal please completely between the completely between th	cked) person (s) the custody agreement of the	p-Father Step-Moth student's LEGAL guar regarding this student, particles at the control of the	dian?]No If No, : □ Joint C UARDIAN	please complet ustody ∐Sole WITH WHO	e a "Caregiver A Custody ∏Gua M THE STUDE	ardian NT
Employer:	tep Father/Guardiar	city: nbers – the first number	Name:	En	nail:		_
Please prior	tize your phone nur	nbers – the first number	r listed will be th	e main cont	act phone (be s	ure to show area	code):
2. Mother	Step Mother/Guardi	an (check one) Full	Name:				
Employer: Please priori	itize your phone nur	City: nbers – the first number	r listed will be th	Ema ne main cont	il: act phone (be s	ure to show area	code):
DUPLICATE M spouse, please inc	IAILING — If divor	ced/separated & joint codress, and phone numb	 ustody allows du er:	plicate mail	ing/information	_	other
Mailing Address:			City:	S	tate:Z	ip code:	
Please prior	tize your phone num	nbers – the first number	r listed will be th	e main cont	act phone (be s	ure to show area	code):
							<u> </u>
Are there psychol	•	al reports available from	•]Yes □No	
Are there psycholomatic Has your child be What special serves Special Education Other:	vices has your child on: Resource (RS (GATE) Remed	al reports available from Yes No Has y received? (please check P) Special Day Cla ial Math Remedial ce/ Behavior Other	our child ever be k all boxes that ss (SDC) Spe Reading Co	een expelled apply) eech/Langua	? □ ge □504]English Langu	Yes No	nt
Are there psychol Has your child be What special serv Special Educatio Other: Gifted	vices has your child on: Resource (RS (GATE) Remed o Improve Attendan	Yes No Has y received? (please chec P) Special Day Cla ial Math Remedial	cour child ever be sk all boxes that ss (SDC) Spe Reading Co (Specify)	apply) eech/Langua unseling	? □ ge □504]English Langu	Yes No	nt



Robia School District STUDENT REGISTRATION FORM

Please fill out completely. Please write "N/A" if section/question does not apply.

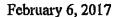
STUDENT INFORMATION Legal La	ast Name		STUDENT ETHNICITY/RACE
	Middle Name		Part 1 – Ethnicity. Is student Hispanic or Latino? ☐ Yes ☐ No Part 2 – Race. What is the student's race? (No matter what you marked above, please select one or more boxes below.)
Phone (USA school Social Security	entry://	□ American Indian or Alaskan Native Asian □ Chinese □ Japanese □ Korean □ Vietnamese □ Asian Indian □ Laotian □ Cambodian □ Other Asian:
	_ City _ Has student previously attended a California		☐ Hmong ☐ Black or African American ☐ Filipino/Filipino American Pacific Islander
Address Employer Father's Name Email Address Employer Legal Guardian's Name Email Address Employer Student Lives With Father Mothe	Cell Phone (Zip Code	Hawalian
CHILDREN IN FAMILY Name	Birthdate Relationship	Lives in home?	Parent's / Guardian's Signature Date FOR OFFICE USE ONLY Cum Request

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 (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 No Resource (RSP) Counseling Special Day Class (SDC) Attendance improvement Special Day Class (SDC) Behavior improvement Homeless services Behavior improvement So4 Plan Homeless services Tutoring English Learner Other: Tutoring English Learner Other: Tutoring Other: Tutoring In a single family house or apartment In a shelter or transitional housing program In a motel, car or campsite In a motel, car or campsite In foster care placement STUDENT DISCIPLINE/RETENTION
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.)	Has student ever been expelled from another school district?
Health Conditions. Has your child had any of the following conditions? (Check all that apply.) Asthma (last attack	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
Other health condition(s)	Rev. 7/14

EXHIBIT 40

North County

Joint Union School District



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.

<u>Indistrict residency:</u> 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



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 Reneé Faught Cindy King Frank O'Connell Stan Pura

SCHOOL USE ONLY SPRING GROVE SCHOOL STUDENT REGISTRATION FORM Proof of Immunization Proof of Residence GRADE Proof of Birth **TEACHER** STUDENT ID **ENROLL DATE** Transcript Vear Has your student ever attended Spring Grove School before? ☐ Yes ☐ No Attended: LEGAL LAST NAME (PLEASE PRINT) **LEGAL FIRST NAME (PLEASE PRINT)** MIDDLE INITIAL **SOCIAL SECURITY NUMBER** GENDER **BIRTH DATE BIRTH PLACE** ☐ Male BIRTH CITY: **BIRTH STATE:** ☐ Female Month Day Year BIRTH COUNTRY: **MAILING ADDRESS** APT# STATE **HOME ADDRESS (If different) APT#** CITY **STATE** PARENT/GUARDIANSHIP INFORMATION - With WHOM does the student reside? - (Please check) If No, please complete a "Caregiver Affidavit" and Does the student live with their LEGAL guardian(s)? the below information LEGAL CUSTODY - Is there a restricted legal custody agreement regarding the student? (please check one): PARENT/GUARDIAN LAST NAME **FIRST NAME HOME PHONE CELL PHONE WORK PHONE** ☐ FATHER ■ MOTHER **EMPLOYER** RELATIONSHIP ☐ STEP-FATHER ☐ STEP-MOTHER TO STUDENT: EMAIL ADDRESS: ☐ OTHER: PARENT/GUARDIAN LAST NAME **FIRST NAME HOME PHONE WORK PHONE** □ FATHER ☐ MOTHER **EMPLOYER** RELATIONSHIP ☐ STEP-FATHER ☐ STEP-MOTHER TO STUDENT: **EMAIL ADDRESS:** ☐ OTHER: 🦠 🦈 DUPLICATE MAILING ADDRESS (if divorced/separated & joint custody allows duplicate mailing/information to be given to other parent.) **FULL NAME:** STATE: ATT SIPE TO STATE: MAILING ADDRESS: RESIDENCE - Where is your child/family living? (federal requirement) - Please check appropriate box: Permanent housing for single family (200) ☐ Temporarily Doubled-up (120) Temporarily Unsheltered (car/campground/parks/on the street) (130) ☐ In a Hotel/motel (110) Foster Family or Kinship Placement (210) ☐ Temporary shelter (homeless shelter, transitional housing program) (100) ■ Incarceration institution (250) ☐ Licensed Children's Institution (220) Residential School/Dormitory (230) Development Center (260) ☐ State Hospital (270) Other:

									1
DATE FIRST ATTEN		Day	Year			T ATTENDED A	Month	Day	Year
SCHOOL IN THE	J.S.			SCHO	OŁ I	N CALIFORNIA			
PREVIOUS	S SCHOOL NAME		CITY/S	TATE/PHO	NE I	NUMBER	DATE LE	FT PRE\	/IOUS SCHOOL
	2								
504 Plan	Does your stu	ident have	a current 504:	□ Ye	:s	□ No ·			
IEP	Does your stu	ident have	e a current IEP:	□ 'Ye	es .	□ No			
SUSPENSIONS	Has your child	been sus	pended?	Yes C	No)			
EXPULSIONS	Has your child	l ever bee	n expelled?	☐ Yes		l No			
Are there psycho	ological or confide	ntial repo	rts available froi	n your chil	d's f	former school?		Q Ye	es 🛭 No
HOME LANGUAGES	SURVEY: Indicate	only one	language (most	frequently	use	ed) per line:	•		
1. What language did	the student learn	when he/sł	ne first began to t	alk?				E* 1	
2. Which language do	oes your child most	frequently	speak at home?				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	$\mathbb{H}(\mathbb{R}^3)$	
3. Which language do	o you most frequen	tly use whe	en speaking with y	our child?				e je je	
4. Which language is	most often spoken	by adults in	n the home?				1.50		A SALE OF THE SALE
Date:	San Commence	Signat	ure of Parent/Leg	al Guardian:	:		and Little	MANAS.	Carlot Art and
SCHOOL COMMUNI	CATION - In whic	h languag	e do you wish t	o receive v	vritt	en/phone comm	unication	from	the school?
		ENGLISH	The Adjanant	াঁ⊹্ 🗆 si	AN	ISH等於海洋學科		12. A.	
ETHNICITY - What is	s this student's et	hnicity? (Select one only)	(Federal Requ	irem	ent)			
· 持续 2000年 6	☐ HISPA	NIC OR LA	TINO	NOT HIS	PÁN	ICOR LATINO	iem finde die	· 通	A CANADA CONTRACTOR
RACE - What is this	student's race? (Select one	or more) (Federa	Requirement)				
☐ American India	en or Alaskan Nativ	e (100)	Laotla	in (206)		🏸 📮 Samoa	ın (303)	og Ages Jerosli	And Marie and Marie good of a con- cept of the control of the con- cept of the control of the con-
Chinese (201)				odian (207)		☐ Tahitia			TORRESON OF SHIPS IN A STATE OF SHIPS
🔲 Jápanese (202			☐ Hmor	ig (208)	erche Lagar	Other	Pacific Islar	der (3º	9)
☐ Korean (203)				Asian (299			o/Filipino A		
☐ Vietnamese (2	04)-		🚚 📜 Hawa	llan (301)		☐ Africa	ı American	or Blac	k (600)
Asian Indian (2	205}		☐ Guan	anian (302)	1	☐ White	(700)	,	
PARENT EDUCATION									
☐ Not a High	School Gráduate (1	412.560		College G	radu	ate (11)			artikalis (1997) Artikalis megana yang damin
☐ High School	ol Graduate (13)			Graduate	Deg	ree or Higher (10)	•		
□ Some Colle	ge or Associate's D	egree (12)	A TOTAL STATE	Decline to	sta	te (15)			
EMERGENCY INFOR	MATION (This wi	ll be used	if the Emergenc	y Card is no	ot av	vailable)			
If I cannot be reached to the person(s) listed		lool to cont	fact the person(s)	listed below	/. I ti	urther authorized t	he school t	o releas	ie the student
to the person(s) asteo	Name		Relation	shio		Phone			Cell
	***************************************	-							
						 			
	_								
PLEASE LIST ANY HE			1 00 000000	ATSACADE IS	10111	IDING TRANSCOCK	TION TO T	JE MEA	DECT
I ALSO GIVE MY CONS EMERGENCY AID FACI				-			ALIUN IU II	nt NtA	KC3}
	•					Date:	Maria	M. In	g general on Tilling
Signature of Parent	/Legal Guardian	*****		and the second		र 🛶 Date: 🔫 🤐		50-10-5	g and a great

Dehesa School District Student Registration Form

Grade: Student Information: Last Name: _____ Middle Intial: _____ Middle Intial: _____ Legal Street Address: _____Town: ____Zip: Mailing Address If Diffferent : ______Town: _____Zip: Language Spoken at Home:______ Place of Birth (City, State)_____
 Male____ Femail____
 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:	bovs:	
		er: Please Provide Copy of Decree to office.
Are parents divorced, who has legal custody? Jo	oint: wiother: Fathe	er: Please Provide Copy of Decree to office.
Step Parent Information:		
Last Name: First N	lame:	
Address if Different from Student:		7in.
	tonti-	
Step Parent Information:		
Last Name: First N	lame:	
Address if Different from Student:	Town:	Zip:
Previous School Information:		
Name of Previous School:	Last Grade A	ttended:
Address:Town:	State:	_Zip:
Has the Student Ever Received any of the Follow	ing Services?	
Special Education: ESL 504 G&T		
Emergency Information: If parents/guardians are	n unnuallable during the reheal day	who should be contracted?
These contacts are in addition to parents/guardi	ans.	
First Emergency Contact	Second Emergency Contact	Third Emergency Contact
Name	Name:	Name
Relationship	Relationship:	Relationship
Phone	Phone:	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. Fo	or information visit <u>www.allinforhealth.org</u> or call 916-
844-2413.		
	3	

Parent/Guardian Signature:_

Date:



RACE/ETHNICITY IDENTIFICATION

Student's Name		Birth Date	Today's Date
As of 2009, school districts and ethnicity data on each student (standards in collecting race and
Part A: Is this student Hi. Rican, South or Central Ame	spanic or La erican, or other	tino? <u>Hispanic or Latino</u> : A er Spanish culture or origin, re	A person of Cuban, Mexican, Puerto gardless of race.
(Select only one) ☐ No, not Hispanic ☐ Yes, Hispanic or			
		icity, not race. No matter what boxes to indicate what you cons	t you selected above, please continue to sider the student's race to be.
Part B: What is this studen	t's race? <u>(Sel</u>	ect one or more)	
Asian Chinese Japanese		American IndiaBlack or AfricaWhite or Cauca	
☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Filipino ☐ Hmong ☐ Other Asian		Native Hawaiian of Hawaiian Hawaiian Guamanian Samoan Tahitian Other Pacific Is	r Other Pacific Islander
Birth	n City, State / I	Birth Country	Country of Citizenship
If student born outside the US, date entered US (m	m/dd/yy)	First enrolledin CA School (mm/dd/yy)	First enrolledin US school (mm/dd/yy)
	НО	ME LANGUAGE SURVEY	
The California Education Cod than English is listed for the fi proficiency. Thank you for you	irst three quest	tions below, your child will be	s) spoken at home. If a language othe assessed to determine his or her English
1. Which language did	your child lea	ırn when he or she <u>first began</u>	to talk?
2. What language does	your child <u>m</u> e	ost frequently use at home?	
3. What language do yo	ou most frequ	ently use to speak to your chil	<u>d</u> ?
4. Name the language n	nost often spo	oken by the adults at home.	
	If Chinese	nlease 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.

JULIAN UNION HIGH SCHOOL DISTRICT REGISTRATION FORM

(Please print clearly if filling out by hand)

Student #:	Grade:	Student Name			
Social Security #	Date of B	Sirth	Last Male	_	First MI Check one)
Other name (s) used by the s	tudent		Place of Birth		
Residence Address:		City		State _	Zip
Mailing Address:		City		State	Zip
Home Phone#:	Unliste	ed? 🗌 Yes 🗌 No ((check one)	Student's cell	l#
Name of adult person(s) witl	whom student lives.	Circle appropriate	title, print name a	nd employmen	t information.
<u>Mother/Step/Guardian/Car</u>	egiver/Foster:			Mother's cell	#
Place of Employment:			Phone Number:		Ext.
<u>Father</u> /Step/Guardian/Care	giver/Foster:			Father's cell#	
Place of Employment:			Phone Number:		Ext.
Siblings attending Julian Hi	gh School:				A1 - A - A - A - A - A - A - A - A - A -
School Enrollment History:	Name of last school at	tended			
Last day there	Addres	ss of school			
11 College graduate 12 Some college (includ Is either parent/guardian on PRIMARY LANGUAGE S LANGUAGE, SPEECH, AN Has your son/daughter receive If yes, what grade? Ha If yes, state where LOCAL EMERGENCY CO Name 1 2	active duty in the Arr POKEN AT HOME: D HEARING SERVICAL d speech and/or langual s your student been enro	CES ge therapy provided olled in Special Educ	ime in the Nationa by a Speech Therap ation classes?	ist in school? [Yes] No]
Signature of Parent /Gu Important: Home phone JUHSD telephone broad	numbers will be au	tomatically entere	ed into the JUHS	SD database f	
Mother's cell Father's cell Student's cell					

Santee School District Student Registration/Emergency Information

Student Registration/Eme	ergency Information
NOTE:	
PLEASE PRINT CLEARLY. ENTER ONLY ONE CHARACTER OR S	SPACE PER BOX. CLEARLY MARK CHECK OR "X" BOXES.
1 STUDENT INFORMATION: Entering PK=Preschool 04=Fourth 05=Fifth 01=First 06=Sixth	Gender Student's Social Security Number ☐ Male ☐ Female ☐ Date of Birth
02=Second 07=Seventh 03=Third 08=Eighth	Date of Birth
Student's Legal Last Name on Birth Certificate	Goes By (AKA):
Student's Legal First Name on Birth Certificate Middle Name	on Birth Certificate Contact Phone Number
Student's Primary Street Address (Legal Residence)	
Street Number Street Name	Apt/Unit/Space # (Circle One)
City Zip	_
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 Primar	y Legal Address above)
Check all that apply Natural Father Attention:	
☐ Step Parent ☐ Mother If you are a Parent or Lo	egal Guardian who lives at a different address than the Il 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 Leg-	al Address above)
Check all that apply Natural Father	77
☐ Step Parent ☐ Mother ☐ Legal Guardian	
Last Name, First Name	Home Phone
Email Address	Cell Phone
Employer	Employer Phone
	HIS FORM AS RECHIRED IN SECTION 0

3 EMERGENCY INFORMATION:

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.

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6 FEDERAL AND STATE R	EQUIRED INFORMAT	TION:
City of Birth		FOREIGN BORN STUDENTS
	Date :	student first enrolled in school in California (K-8th grade).
State/Province of Birth		
Country of Birth	Date :	student first enrolled in school in United States (K-8th grade).
	$\sqcap \sqcap \sqcap \sqcap \exists \exists$	
	Since	e entering school, has student left the U.S.?
Please check the response that of level of the most educated paren Not a High School Graduate High School Graduate Some College includes Associ College Graduate Graduate School/Post Gradua	at or guardian:	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? (P	lease check one)	The California Education Code requires schools to determine
	Hispanic or Latino	the languages spoken at home by the student. This information
What is your Child's Race? (Pleas	_	is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this
racial categories)	se outdoor all to	important requirement is requested.
The above part of the question is race. No matter what you selecte continue to answer the following more boxes to indicate what you race to be.	ed above, please by marking one or	1. Which language did this student learn when he/she first began to talk?
□African American/Black	□Japanese	2. Which language does this student most frequently
☐American Indian/Alaskan Native	□Korean	use at home?
□Asian Indian	□Laotian	
☐ Cambodian	☐ Other Pacific Islander	3. What language do you use most frequently to speak to this student?
Chinese	☐ Other Asian	
□Filipino	Samoan	
□Guamanian	☐ Tahitian	4. What language is most often spoken by the adults
□Hawaiian	□White	at home?
□Hmong	□Vietnamese	
		1
Does your student have a 504 Ac	commodation Plan?	Yes No No
If yes, from which district?		
Does your student have an Indiv	idual Education Plan (IEP	P)? Yes No 🗆
If yes, from which district?		
Please check any Programs and Speech and Language Services	<u>-</u>	receiving: cialist Services (RSP)
Please provide a copy of the IEP	' with your registration pa	acket.

7 PREVIOUS SCHOOL ATTENDANCE:
Name of last School/Preschool student attended Grade School Phone Number
District City State
District City State
Has student previously attended at Santee School District? If yes, indicate which Santee School Location Grade
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 Naturai
Street Number Street Name Apt #
City State Zip Code Home Phone Number
City State Zip Code Home Phone Number
Email Address Cell Phone
Employer Phone
Check all that apply Natural Father Step Parent Mother Legal Guardian
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 No
Either parent or guardian on active duty in the uniformed service? ☐ Yes ☐ No
Either parent or guardian employed on Federal/Native American Property?
Residency Verified By:

EXHIBIT 45

ESCALON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION 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 Middle Name Legal Last Name Legal First Name □ Male □ Female Birth Date: Day Year Alias (if applicable) Month Cell/Work Phone Parent/Guardian Last Name: First Name Home Phone Cell/Work Phone Parent/Guardian Last Name: First Name Home Phone Mailing Address Apt# City State Zip Code Residence Address (house # & street name) (IF DIFFERENT) State City 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) White (700) (persons having originin any of the original people of (persons having origins in any of the original people of North, Central or South America) Europe, North Africa, or the Middle East) ■ Samoan (303) □ Chinese (201) Cambodian (207) ☐ Tahitian (304) ☐ Hmong (208) ■ Japanese (202) ■ Other Pacific Islander (399) Korean (203) ☐ Other Asian (299) ☐ Filipino/Filipino American (400) □ Vietnamese (204) ☐ Hawaiian (301) ☐ Africian American or Black (600) ☐ Guamanian (302 ■ Laotian (206) PARENT EDUCATION - Check the response that describes Date student first entered school in the U.S. the education level of the most educated parent. Month Year ■ Not a High School Graduate Day Permanent ID □ High School Graduate ■ Some College Date student first entered school California □ College Graduate Year □ Grad School/post grad trng Month Day □ Declined to state/Unknown SIBLING INFORMATION: Date of Birth: Grade: School: Name: Date of Birth: Name: Grade: School: School: Date of Birth: Name: Grade: Name: Grade: School: Date of Birth: STUDENT BIRTHPLACE: City: State: ____ Country: U.S. Citizen Yes No

GRADE

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? __

3) What langue	uage/dialect did your so age/dialect do you mos illd ever been given the	t frequently speak to s	vour child?				Studen
In which langua	ge do you wish to rece	ve written communica	ations from the	school?	⊒ English	☐ Spanish	
☐ In a single f ☐ Doubled-up hardship or los ☐ In a shelter	or transitional housing	ence (house, apartment, of families/individuals due to program (10)	condo, mobile hom economic	e)	In a mote Unsheltere Other (15)		(12) ame:
	RDIAN Information (w						*
	Mother □ Both □ Steecked) person (s) the stud					e □ Other te a "Caregiver /	
	custody agreement regar				•	Sole Custody	į.
PLEASE COMI	PLETE INFORMATION	I BELOW FOR PARE	NT(S)/GUARI	DIAN WIT	H WHOM 1	HE STUDENT	LIVES:
	☐ Step-Father/Guardia						
•							
	■ Step-Mother/Guardia						
R.	AILING - If divorced/se			cate mailii	ng/informati	on to be given	to other First Name:
	include their name, add			Phone #: /	١		Ē.
			' ty:			p Code:	į
Mailing Address	·		·9·			,p	
MOST BESEN	T COUDOL ATTENDE	D.					
MOST RECEN	T SCHOOL ATTENDE	D: Address/City/State	te/Zip	Grade(s)	Date(s)	
	T SCHOOL ATTENDE		te/Zip	Grade(s)	Date(s)	
School		Address/City/Star	te/Zip	Grade(s)	Date(s)	
School Did your child a	attend preschool/day ca	Address/City/Star		Grade(s)	Date(s)	
School Did your child a	attend preschool/day ca rovide day care provide	Address/City/Star		Grade(s)	Date(s)	j
Did your child a If yes, please p EXPULSION IN Has student be	attend preschool/day ca provide day care provide NFORMATION: pen expelled from any p	Address/City/Sta	s.		s)	Date(s)	
Did your child a If yes, please p EXPULSION IN Has student be	ettend preschool/day ca provide day care provide NFORMATION: en expelled from any p on which school?	Address/City/Star	s. :? □ yes □	no	s)	Date(s)	Per
Did your child a If yes, please p EXPULSION IN Has student be If expelled, fron Has your child	attend preschool/day ca provide day care provide NFORMATION: sen expelled from any p in which school?Si been suspended?	Address/City/Starre yes no	s. ? 🗆 yes 🗅 Dis	no		Grade	Permar
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child I Are there psych	attend preschool/day ca provide day care provide NFORMATION: een expelled from any p m which school? So been suspended?	Address/City/Star re yes no er's name and address revious school district chool yes no reports available from	s. ??	no strict			Permanent II
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child I Are there psych What special so Special Educa	attend preschool/day caterovide day care provide NFORMATION: een expelled from any pen which school? Solution: Solution confidental ervices has your child retain: Resource	Address/City/Star re yes no er's name and address revious school district chool yes no reports available from	s. Pige yes Distribution your child's foeck all boxes the	no strict	pol?	Grade	mar.
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child I Are there psych What special se Special Educa	attend preschool/day caprovide day care provide NFORMATION: een expelled from any pen which school? been suspended? hological or confidental ervices has your child retion: Resource	Address/City/Starre yes no er's name and address revious school district chool yes no reports available from eceived? (Please che (RSP) Special	s. Displayed by the property of the property	no strict ormer scholat apply)	ool? Speech/La	Grade	Permanent ID:
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child I Are there psych What special se Special Educa Other:	attend preschool/day caprovide day care provide NFORMATION: en expelled from any part of the month school? Some provided in the month school in	Address/City/Starre yes no er's name and address revious school district chool yes no reports available from eccived? (Please che (RSP) Special	s. Displayer Displayer things for the control of t	no strict ormer scho nat apply) DC)	ool? Speech/La	Grade □ yes □ no nguage	Permanent ID:
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child I Are there psych What special se Special Educa Other:	attend preschool/day caprovide day care provide NFORMATION: The en expelled from any point which school? Sobeen suspended? The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation:	Address/City/Starre yes no er's name and address revious school district chool yes no reports available from eccived? (Please che (RSP) Special	s. Displayer Displayer things for the control of t	no strict ormer scho nat apply) DC)	ool? Speech/La	Grade □ yes □ no nguage	Permanent ID:
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child IN Are there psych What special so Special Educa Other:	attend preschool/day caprovide day care provide NFORMATION: The en expelled from any point which school? Sobeen suspended? The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation: The hological or confidental ervices has your child relation:	Address/City/Star re yes no er's name and address revious school district chool yes no reports available from eceived? (Please che (RSP) Special Remedial Remedial Remedial Remedial	s. Distribution your child's for eck all boxes the Day Class (Sleemedial Reading Attendance/I	no strict ormer scho nat apply) DC)	ool? Speech/La	Grade □ yes □ no nguage	Permanent ID:
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child IN Are there psych What special second Cother: Cother: Cother	attend preschool/day caprovide day care provide of the provide of	Address/City/Star re yes no er's name and address revious school district chool yes no reports available from eceived? (Please che (RSP) Special Remedial Remedial Remedial Remedial Remedial Remedial No BELOW FOR S	s. Distribution yes Distribution your child's foek all boxes the Day Class (Slemedial Reading Attendance/lechool use on	no strict ormer scho nat apply) DC) ng Behavior	Speech/La Counseling Other (Grade yes one nguage specify)	
Did your child a If yes, please p EXPULSION IN Has student be If expelled, from Has your child IN Are there psych What special so Special Educa Other:	attend preschool/day caprovide day care provide of the provide of	Address/City/Star re yes no er's name and address revious school district chool yes no reports available from eceived? (Please che (RSP) Special Remedial Re	Distribution of the property o	no strict ormer scho nat apply) DC) ng Behavior	Speech/La Counseling Other (Grade □ yes □ no nguage	

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

GRADE

RIPON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Has your student ever attended :	Ripon public scho	ols befor	e or recei	ived any se	rvices?	☐ Yes	□ No
PLEASE PRINT – ST	UDENT'S LEGAL NAM	E					
Legal First Name Legal Middle	Name Leg	al Last Nai	ne	Other	Legal Nan	ne (if applicable	2)
	_			ı	•		
☐ Male ☐ Female Birth date (n	nonth/day/year):						
Parent/Guardianship Information (with wh	om the student lives) – check a	II that apply	v			
☐ Father ☐ Mother ☐ Both ☐ Step-Fathe	er 🗆 Step-Mother 🗖	Guardian	☐ Foster/G	iroup Home [Other		
Is the above (checked) person (s) the studer	nt's LEGAL guardian?	☐ Yes ☐	No If No, pl	ease complet	e a "Care	giver Affidavi	t"
If there is a legal custody agreement regard	ing this student, pleas	se check or	ne: 🗖 Joint	Custody D S	ole Custo	dy 🗖 Guardia	in
11	_			-		-	
PLEASE COMPLETE INFORMATION BELOW	FOR PARENT(S)/GUA	RDIAN WI	TH WHOM 1	THE STUDENT	LIVES:		
□Father □Step Father □Guardian Las	t Name Hom	ne Phone	Wo	ork Phone	C	Cell Phone	
First Name							
)	()	()	
	t Name Hom	ne Phone	Wo	ork Phone	(Cell Phone	
First Name	1 -		1.		1.		
	()	(}	(_)	
Mailing Address	City State	e Zip			Email Add	dress	
	(12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.						
Residence Address (house, apt # & street name	(IF DIFFERENT)	City		State	Zip	•	
Emergency Contact (Local) First Name Last I	Name		Relationsh	nip	Phone		
WHAT IS YOUR CHILD'S ETHNICITY? (PIG	ease check one): 🛚	l Hispanic	or Latino	☐ Not His	panic or La	atino	
WHAT IS YOUR CHILD'S RACE? (Please c	heck up to five racial	categories	5)				
The above part of the question is about eth	nicitv. not race. No m	atter wha	t vou selecti	ed above. ple	ease conti	nue to answe	er the
following by marking one or more boxes to	•		-				
	-				(202\		
☐ American Indian or Alaskan Native(100) ☐ Chinese (201)	☐ Laotian (206)☐ Cambodian (207)	i.		☐ Samoa ☐ Tahitia			
· · ·	☐ Hmong (208)				-	ander (399)	
☐ Japanese (202) ☐ Korean (203)	Other Asian (299)	١.				, ,	in)
☐ Vietnamese (204)	☐ Hawaiian (301)	,		•	•	American (40 n or Black (60	-
Asian Indian (205)	☐ Guamanian (302)			☐ White		IT OF BIACK (OC	,0)
Asian intian (205)	Guarrianian (502)	<u> </u>		- vviiite	(700)		
BIBEITE LAG	61.1		.				
BIRTHPLACE: City:	State:		Country:				
U.S. Citizen: Yes No							
DADENT EDUCATION Charles	black december at the		D-41	hild finas ases	ممامما مماد -	al to also 11 0	
PARENT EDUCATION – Check the response to			Date C	hild first atte	naea scho I	ooi <u>in the U.S</u>	<u>·</u>
education level of the <u>most educated paren</u>	<u>ır</u> .						
☐ Graduate Degree or Higher (10)			Month	Da	y	Ye	ar
☐ College Graduate (11)				•	,	•	
☐ Some College or Associate's Degree (12)			Date ch	ild first atten	ded schoo	al in Californi	ia l
☐ High School Graduate (13)						<u></u>	-
☐ Not a High School Graduate (14)			N.A	+ -			

 What language does your son/daughter Which language did your son/daughter 		_			
In which language do you wish to	receive written com	munications from	the school?	☐ Englis	h 🗆 Spanish
Residence — where is your child/family curre In a single family permanent residence (he Doubled-up (sharing housing with other f hardship or loss) (11) In a shelter or transitional housing progra	ouse, apartment, condo, r amilies/individuals d im (10) d & joint custody allo	nobile home) ue to economic ows duplicate mail	☐ In a mot☐ Unshelte☐ Other (1☐ Oth	el/hotel (09) ered (car/cam 5) (please spe	npsite) (12) ecify)
Please include their name, address, and pho Full Name:		nship:	Phon	ne #: ()	
Mailing Address:	c	ity:	Stat	te: Zi	p code:
MOST RECENT SCHOOL ATTENDED:					
School	Address/City/State	e/Zip		Grade(s)	Date(s)
		-			
LIST ALL CHILDREN IN THE HOME (First, Last)	Birth Place (City,	Stato)	(M/F)	Birthdate	Age/Grade
151 ALL CHILDREN IN THE HOWE (First, Last)	BITTH Place (City,	State)	(17/7)	Dirtificate	Age/Grade
			()		/
.			()		/
<u> </u>		<u> </u>			/
Has your child been suspended? Yes It has your child ever been retained? Yes Yes so your family considered an active member Are there psychological or confidential reports your child attended pre-school? Yes What special services has your child received special Education: Resource (RSP) Sprother: Gifted (GATE) Remedial Math Help to Improve Attendance/ Behavior	of the United States rts available from yo □ No (Please inclu d? Please check all ecial Day Class (SDC) □ Remedial Reading	Military? Yes ur child's former so de any services rec boxes that apply: Speech/Langue G Counseling	□ No chool? □ Ye ceived prior t age □ English Lar	s □ No o Kindergarte nguage Devel	opment 🛭 504
Provide any medical information we should of about your child:	be aware	Medical Condition			Physician
ignature of Parent/Guardian:	I		Da	te:	
Туре:	Proof of Immunization: Verified by:	Office Personnel		:	

LA HONDA-PESCADERO UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

School	Grad	de To	eacher			
District ID#		C	SIS#			
	*					
Student	I not name	First name	Middle		Other names	
	Last hanc	L figt likitlic	MIGGE	name	Other maries	
Gender Birthdate	e Cit	ty/State/Count	ry of Birth			
Race/ethnicity □ Africa	an American 🗆 Ame	rican Indian 🗆 Asia	an □Filipino □	Hispanic or Latin	o Pacific Islander	□Wh
Home language		Sc	cial Securit	y#		
Home language Date student entered s	school in Califo	rnia	Date studer	nt entered scho	ool in U.S.	
Student resides with:	☐ Mother ☐ Fath	ner 🗆 Guardian	□ Other			
Mailing address				City/zip		
Street address				_ City/zip		
Street address Home phone E-mail address:	Father c	ell phone:		Mother cell pl	none:	
E-mail address:						
Dogs the student have		adaO : Es				
Does the student have	any special nee	eds?E	cpiain			
STUDENT'S SCHO	OL HISTORY	•				
Last school attended_			Addre	285		
Did the student receiv	e Special Educa	ation or 504 se	rvices?	Explain		·
Did the student receiv Has the student been of	expelled or is be	ing considered	d for expuls	ion? E	xplain	
			•		•	
CONTACTS						
Father				Lives with	student? Y N	1
Father Name of work & addr	ess			Phone		
Education: USome sc	hool High scho	ool graduate 🗆	Some college	□ College grad	luate Post coll	ege
training/degree				-		
Mother				I ivec with a	student? V 1	N.T
Name of work & addr	200			Lives with s	student? Y 1	N
Education: Some se		ool graduate 🗖	Some college		duete Post soil	logo
training/degree		ooi gi accast —	Donne conege	- Correge grad	uuate —1 ost con	rege
0.1						
Other emergency con	tact				p	
Address				_ Phone		
OTHED DEDCONE I	N THE HOM	n.				
OTHER PERSONS I	Relationship		e of Birth	Scho	ool of Attendance	
A 1 000 LAW	TOTALIONOMP	24,	or on ar	Joint	o or muchanica	
					-	
Signature of Parent or	Legal Guardian	ı :		Da	te:	
Signature of Parent or	Legal Guardian	ı:		Da	te:	

School COLLEGE PARENT AND/OR GUARDIAN INFORMATION Mailing Address: (If different) Home Address: Student's Name: (Office Use Only) PARENT EDUCATION LEVEL (circle one) Other adults living in your home Guardian Mother Father Was student previously enrolled in this District? Last School Attended: Has your student been expelled or involuntarily transferred? Has your student ever had problems with: ___Vision _ Is your student presently on probation? (circle one)__Yes__No__N/A STUDENT LIVING WITH Both Parents Legal Guardian (Relationship) Mother & Other Mother Only Foster Parents Mother & Stepfather Father & Other Father & Stepmother Father Only (Please check √ one) Mother: last last SCHOOL DISTRICT School WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) Not a High School Graduate Teacher Not a High School Graduate WHAT IS YOUR CHILD'S RACE? Please mark one or more of the above to indicate what you consider your race to be. Native Hawaiian or other Pacific Islander Black or African American Asian American Indian or Alaskan Hispanic or Latino First First First -< 9 Z Hearing Grade: High School Graduate High School Graduate If yes, what year? Yes_ Address Occupation Occupation Occupation Other health factors: 8 **OCCUPATION /EMPLOYER** Area No. Sex: P. O. Box: Phone (Name of Probation Officer? ĕ If yes, which one? S n Some College Some College Entry Date: Birthdate: What School? Does your student have a 504 plan? Does your student have an IEP? Special Day Class Other Explain: Resource Specialist Speech been in any of the following programs? In the last two years has your student (Check all that pertain to your student) Employe Employe Employer Ş. Social Security # Birthplace: 죍 College Grad College Grad D | ENROLLMENT |خ Permanent ID# Grade:TKK1 234567 8 **BUSINESS PHONE** What grade? Revised 9/18/14 What grade? _Gifted and Talented Yes No Year? Relationship Adaptive P. E Counseling State Yes Phone Phone **Post Graduate** Post Graduate Phone (Circle current grade) 중 Year? TORE Zip

OFFICE USE ONLY

First Day of Attendance

STUDENT ENROLLMENT FORM

<u>PLEASE PRINT - ALL AR</u>	EAS MUST BE CON	<u> IPLETE</u>			ol	
STUDENT/FAMILY INFORMATION					Date Received	
			L	Student II.		Time Received
Student's Legal Last Name	Legal First N	Vame	Leg	al Middle Name	Othe	r Name Used
Social Security #:	#1 (#V		_ Male_		Female	Entering Grade:
Student's Home Address		City	-	Zip Code	nt Date of Entry	Home Phone Number
	tudent Place of Birth:			into U	nited States:	OFFICE USE ONLY: Birth Verification □ B C □ P □ B R
Month Day Year (City	State	Country	Month	Day Year	□ H R □ S I
☐ Father/ ☐ Guardian – Relation	onship to Student:		S	tudent lives with	Father/Guardian?	□ Yes □ No
Last Name	First Name				E-mail Addres	SS
Home Address (if different from □Not High School Grad □High	student) School Grad Some (City College and	d/or 1-2 yrs Coi	Zip Code	= □4 yr College Gra	Home Phone Number
☐ Mother/☐ Guardian — Relati	ionship to Student:			Student lives with	Mother/Guardian	? □ Yes □ No
Last Name	First Name		Cell Phone N	umber	E-mail Addres	; ss
Home Address (if different from □Not High School Grad □High			d/or 1-2 yrs Coi			Home Phone Number
□Single For	TYPE nily (house, condo, mo			rally mandated)	al IIi a D	(100)
-		Ooubled-U	p (120) □Fo	ster Family/Kins	hip (210)	, ,
SPECIAL PROGRAMS:						
☐ Language/Speech/Hearin☐ Individual Education Plat * Must provide copy of current IEF	g (LSH) □ R n (IEP)*	esource S _l		am (RSP)	□ 504 Plan □ S	
PREVIOUS SCHOOL/PR		MATION	:	La	st Day of Attendan	ce:/
Previous School Attended	School District	School	Address	City	State Zip	Code Phone Number
Is student Hispanic or Lat Persons of Cuban, Mexican,				No, not Hispanic		Yes, Hispanic or Latino
Please indicate your prima Indicate as many other rad	ry race/ethnicity by	marking (only one "P".	•		
American Indian or Al Asian:ChineseJapa Native Hawaiian or Other	neseKorean	ack or Afr Vietnamese Hawaiia		anLaotian _		ilipinoOther Asian Other Pacific Islander
What other language woul	d you like written co	rresponde	ence in? 🗆 En	glish 🗆 Chinese	e □ Spanish □ V	vietnamese
MOBILITY: (Required for St What grade did/will your child What grade did/will your child What date did/will your child f What date did/will your child a	first attend THIS SCHO first attend BERRYESS. irst attend a PRIVATE O	A UNION S	SCHOOL DIST: CSCHOOL in C	RICT (Grades TK- ALIFORNIA (Grad	8)? les TK-8)? Month	

tudent Name:				Male	Female	Grade
Last	Fire	st	Middle			
rst Name Preference:			E-mail address:			
nte of Birth://	Birth City:		State:	Country:		
						-
udent's Address:	Street	Apt.#:	City	Zip) — 1	Home Phone #
(I) (C) a (I) a		- NI- \	England has			
ather /Guardian:	(student living with? Ye					
ame:						
ddress:						
one:	Cell Phone:			Work Phone:		
other /Guardian:	(student living with? Y	es No)	Employed by:		_	
ame:						
ddress:						
hone:						
	cen i none.			., 01k1 10		
chool Attended Last Year:			Dist	rict:		
						CL 4
ddress:	ol District is required to not opped (Education Code Second have seen this notice by Programs require the sub	tify parents and g ction 48980). Th ut does not imply omission of the	guardians of their rig ese rights are printer consent to participa	d on a separate shee ate in any particular p ated below. Your co	nts from specifi et accompanyin program. poperation in h	ng this form. Your nelping us meet this
ddress: ne Campbell Union High Schootain education for the handica gnature below indicates that you tate and Federal Education For apportant requirement is requ	ol District is required to not apped (Education Code Se ou have seen this notice be Programs require the subjected. Please answer the	tify parents and gotion 48980). The ut does not imply mission of the efollowing quest this student H	guardians of their rig ese rights are printer consent to participa	hts to excuse Student on a separate sheat the in any particular pa	nts from specificat accompanying program. popperation in the turn this form	c activities and to ng this form. Your nelping us meet this to their high school.
ddress: ne Campbell Union High Schootain education for the handica gnature below indicates that you tate and Federal Education Fraportant requirement is requirement is requirement in the correspondence Language: English Spanish	ol District is required to not apped (Education Code Se ou have seen this notice be regrams require the subjected. Please answer the ETHNICITY: Is	tify parents and gotion 48980). The ut does not imply pmission of the e following quests this student H	guardians of their rig ese rights are printer consent to participa information reques stions and have yo ispanic or Latino?	hts to excuse Student d on a separate sheat te in any particular p ated below. Your co ar son/daughter re	nts from specificat accompanying program. popperation in the turn this form	c activities and to ng this form. Your nelping us meet this to their high school.
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Signature of parent or guardian

Date

EXHIBIT 51

School Use Only

ON LINE FORM ♦ <u>NEW</u> STUDENT REGISTRATION ♦ 2016-17

Office Use Only

FREMONT UNION HIGH SCHOOL DISTRICT - ENROLLMENT & RESIDENCY OFFICE 589 West Fremont Avenue · Sunnyvale, CA 94087 · (408) 522-2266

PART 1 - STUDENT INFORMATION		
Student's Legal Last Name	Student's Legal First Name	2016-17 Student's Middle Name Grade
Gender Birth Date (MM/DD/YYYY) Soc	cial Security # Birth Count	try U.S. Citizen
M or F		Yes No
Birth City Birth State	or Province Date 1 st Entered the	e U.S. Date <u>Last</u> Entered the U.S.
Date 1st Started U.S. School Other Name Use	d Student Cell Phone	Student E-mail (print clearly)
Name of Last School Attended City o	f Last School State/Co	untry of School Date Last Attended
Has the student ever attended public sc	hool in CA? Yes	No
If YES, what's the Name of the School?		Year(s) Attended?
PART 2 - RACE AND ETHNICITY INFORM	ATION	
Is this student of Hispanic or Latino Ethn	nicity? NO, not Hispanic or Lati	no YES, Hispanic or Latino
(Latino/Hispanic = a person of Cuban, Me		
culture/origin - regardless of race)		The state of the spanish
What is the student's race? You must ch	neck 1 or more boxes below regardle	ess of answer to previous question
American Indian / Alaskan Native (100)	=	<u> </u>
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 Island	der (399) Filipino (400)	Black/African American (600)
White (700) - origins in Europe, the Mide	dle East, or North Africa	_
PART 3 - LANGUAGE SURVEY - you mus	t complete all language questions	
(The State requires districts to collect th	is information to determine if stude	nts need English Learner services)
1. What language did your student learn	when he/she first began to speak?	
2. What language does your son/daught	ter most frequently use at home?	
3. What language do you most frequent	ly speak to your son or daughter?	
4. Name the language most often spoke	n by adults at home.	
If any answer above was Chinese , ple	ase select the dialect spoken by plac	ing an X in a box below.
Cantonese (03) Chaozhou (39)		
If any answer above was Indian or Dia	<u>alect of</u> , please select the <u>dialect</u> spo	ken by placing an X in a box below.
Bengali (61) Gujarati (43)	Hindi (22) Kannada (65) Marathi (64)
Punjabi (28) Telugu (62)	Tamil (63) Other	
PLEASE TURN	DOCUMENT OVER AND COMPL	ETE PAGE 2

ON LINE FORM ♦ NEW STUDENT REGISTRATION FORM ♦ 2016-2017



PART 4 - P	PARENT OR LEGAL GUARD	IAN#1 (Wit	h Whon	The Student	Is Residing	3)	
Legal Last	Name	Legal First	Name		Middle N	lame	Relationship
_							
Gender	Birth Date (MM/DD/YYYY	Y) E-mail Ad	ldress (_l	olease print cle	early)	Cell/Mobile	Phone
M or F						()	
Street Add	ress of Home		Apt.	City		ZIP Co	de (9 digits if known)
							162
Home Pho	ne \	Work Phone	(if differe	ent from cell pho	ne) Em	ployer	
()		()					
Education	Level of Parent / Legal Gu	ıardian #1 (_l	olease c	heck one box i	below)		
Not a	High School Graduate (14)	High Sc	hool Gra	iduate (13)	Some Col	lege or AA D	Degree (12)
Colleg	ge Degree (11)	Graduat	te Degre	e or higher (10	0)		
PART 5 - P	PARENT OR LEGAL GUARDI	IAN #2	11			THE ST	
Legal Last	Name	Legal First	Name		Middle N	lame	Relationship
Gender	Birth Date (MM/DD/YYY)	() E-mail Ac	ldress (p	lease print cle	early) (Cell/Mobile	Phone
M or F						()	
Street Add	iress of Home		Apt.	City		ZIP Cod	de (9 digits if known)
							- -
Home Pho	ne \	Nork Phone	(if differe	nt from cell pho	ne) Em	ployer	
()		.)				_	
Education	Level of Parent / Legal Gu	ardian #2 (p	olease cl	neck one box b	below)		
Not a	High School Graduate (14)	High Sc	hool Gra	duate (13)	Some Coll	lege or AA D	egree (12)
Colleg	e Degree (11)	Graduat	e Degre	e or higher (10	0)		
PART 6 - S	TUDENT PROGRAM INFO	RMATION	ļu.			1,50	
Has this st	udent <u>ever</u> been expelled	from school	i?	IO YES	<u>lf YES</u> , in w	hat grade o	lid this occur?
Has this st	udent ever participated in	special pro	grams in	his/her forme	er school, s	such as:	-
Altern	native/Opportunity Program	m Adapt	tive Phys	sical Education	ELD	(English as a	second Language)
Specia	al Education 504 Pla	n Other	(please	describe)			
	Z PLEASE TU	RN TO NE	XT PA	GE AND CO	MPLETF	PAGE 3	<u> </u>

ON LINE FO	PRM NEW STUDENT REGIS	STRATION FORM 201	L6-2017
	PAGE 3 PARTS	7 - 10	
PART 7 - WHERE IS YOUR CHILI	D/FAMILY CURRENTLY LIVING (F	please check one below)?	
Temporary Shelter (100)	Hotel/Motel (110)	Temporarily Sharin	g a Home (120)
Temporarily Unsheltered (1	130) Foster Home (210)	Permanent Housin	g-rent or own (200)
School Dormitory (230)	Health Institution (240)		.
PART 8 - ADDITIONAL HOUSING			ur office for more help
	necked any of the <u>Temporary</u> liv	,	
	family (or your student) is curre		, , , , , , , , , , , , , , , , , , ,
		Building (or other unsuital	alo huildine\
			<u>.</u>
	e with another family due to not	currently naving a place of	or our own
PART 9 – HOUSEHOLD MEMBER	· · · · · · · · · · · · · · · · · · ·		
	school students living in the ho , please provide the information		
friends and/or other family me	, please provide the illiornation mbers):	i below regardless of situ	ation (include siblings,
Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
		TOTISE THEIR SCHOOL	Relationship
Student Local Local Name	Legal First Name		
Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
Student Legal Last Name	Legal First Name	FUHSD High School	Relationship
Do you share this home with an	nother family? NO	YES	
If YES, please provide the follow		<u> </u>	Mother):
Legal Last Name	Legal First Name	Relationship	_
		Relationship	M or F
			141 01 1
PART 10 — SIGNATURES AND D I declare under penalty of perjury u		rnia that the forestine is two	
minor student named above lives in	niger the laws of the state of Califol n my home full-time (or legal shared	rnia that the foregoing is trui d residency - 50% or more) a	e and correct and that the
older. I understand that if the stude	ent is not living full-time within the	District's boundaries or if th	e student's living
arrangements do not agree with the			
the Fremont Union HSD.			
Date		Parent/Guardian Signat	ure
PLEASE	TURN TO NEXT PAGE AN	ID COMPLETE PAGE	

ON LINE FORM ♦ NEW STUDENT REGISTRATION FORM ♦ 2016-2017

PAGE 4 ♦ EMERGENCY AND HEALTH INFORMATION SHEET

PART 1 - EMERGENCY CO	NTACT INFOR	MATION		
The individuals listed below	have authorizat	ion to pick up	my child and can be reacl	ned during the school hours at the
number listed. Two Adult				
Legal Last Name		First Name	(legal name if known)	Relationship to Student
	Gender	Daytime Pho	ne	Cell/Mobile Phone
	M or F	()		()
				1
Legal Last Name		First Name	(legal name if known)	Relationship to Student
	-	J L		
	Gender	Daytime Pho	ne	Cell/Mobile Phone
	M or F	()		()
DADTO MEASTH INCOME	AATION			
PART 2 - HEALTH INFORM				
will be responsible for all en			ill be sent to an emergen	cy medical facility. Parent(s) / guardia
Physician's Name		Physician's	Phone Number	Medical Record Number
Please mark the box if your	student has or	carries any of t	the following:	
Seizure Disorder	Diabete	es	*Epipen for	allergy
Mild/Moderate Asthma	Severe	Asthma	*Carries Inhaler	Does NOT Carry Inhaler
*Permission form to carry/ta	ake medication a	at school must	be on file in the office (C	A Education Code #49423). You may
Download the form from the				Table to the state of the state
Please list all current medic	ations and the c	ondition requi	ring the medication:	
Medication #1	Condition/Pur	•	Medication #2	Condition/Purpose
Please list/describe any oth	er Diagnosed Ho	alth Problems		
- 10000 1104 20001100 2114 0011	or pragnosca me	January 1 Tobicing		
Emergency Comments:				
PART 3 - PARENT/LEGAL	GUARDIAN SIG	NATURE (sig	nature of parent with	whom the student resides)
	in Canada and Canada and American	1	ALL STATES	1
Printed Name of Pare	·		Signature of Parent/Guar	
IF YOU WANT A	COPY FOR YOU	R RECORDS, PL	EASE MAKE ONE PRIOR	TO RETURNING THIS FORM

FOR OFFICE USE ONLY

EXHIBIT 52

SANTA CLARA UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM

			Pe	rmID	Grade
I. STUDENT INFORMATION				<u> </u>	
Legal Name: Last		First		Middle	
Name (if different than above) Last		First		Cell Phone (
☐ Female ☐ Male					Country
Birthdate / /					1 1
Ethnicity. What is the ethnicity of the Hispanic or Latino (Persons of Cuban, Mexican, Puerto Rican American, or other Spanish culture or original.)		ot Hispanic or Latir	10		
Race. What is the race of this stude The above part of the question is about et the following question by marking one of	thnicity, not race. Reg	ardless of what	you have selected	l (above), please his student to be.	continue to answer
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)	Othe Haw Gual	r Asian (299) aiian (301) manian (302) oan (303) ian (304)	Other Pacific I: Filipino (400) Black/African A White (700) (Pa	slander (399) American (600) ersons having origins in any oples of Europe, North Africa,
Residence			D4d4 !.d		4
Address			Student resides		
City State Primary Phone No. ()	Zip Code				☐ Step Parent
Mailing Address (if different from abo				ing (federally ma	
Addres	PO Box	☐ Single	amily (house, condo	, mobile home, etc)	(200)
City State	Zip Code		Transitional Housing		Doubled-Up (120)
			family/Kinship (210)		☐ Motel/Hotel (110)
		Unshelf	ered (car/campsite)(1	130) U Other _	
II. PARENT / GUARDIAN INFORMA	ATION				
Name: Last		First		Middle	
Language Spoken		Parent	Education Level	(indicate highe	st level completed)
Work Phone No. ()	-		h School Graduate	e (1) 🔲 College (Graduate (4)
Cell Phone No. ()		GED (1)			School / Post
Other ()	-	_	ool Graduate (2)	Graduate —	
Email@		☐ Some Co	•	Declined	
Relationship to Stud		<u>Ma</u>	rital Status	Ar	med Forces
☐ Mother ☐ Step Mother ☐ Legal G		☐ Married	Single	☐ Active	Duty 🔲 N/A
Father Step Father Other		☐ Divorce	ed Uidowe	ed 🔲 Nationa	al Guard
Name: Last		First		Middle	
Language Spoken		Parent	Education Level	(indicate highes	st level completed)
Work Phone No. ()	-		h School Graduate	e (1) 🚨 College (Graduate (4)
Cell Phone No. ()		☐ GED (1)			School / Post
Other ()			ool Graduate (2)	Graduate	
		☐ Some Co	-	☐ Declined	
Relationship to Stude			rital Status		med Forces
☐ Mother ☐ Step Mother ☐ Legal G		☐ Married	•		Duty 🚨 N/A
☐ Father ☐ Step Father ☐ Other		Divorce	d	d 🛚 Nationa	al Guard

SANTA CLARA UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM

(Student Name) Last		First	Permil		Grade
III.ADDITIONAL STUDI	ENT INFORMATION				
Languages					
	nild learn when he/she first bega	n to talk?			ELEF
	child most frequently speak at h				ELEF
	parents or guardians) most fre		eaking with your child?		ELEF
	en spoken by adults in the home			ther adults)	
Previous Schools / Enro	ollment History				
US School Entry Date		California	School Entry Date	1	1
			strict		
Ontrod Address		O# .	Ñ.	State	э
	Fax ()		revious school		
	nded a school in the Santa Cla				/
	lled from school?		nt ever been retained?		
·					
Special Programs					
_	s received any special servi		_		
□ ELL/Bilingual Program	☐ Gifted and Talented	☐ Migrant Educ			rce Specialist
☐ Special Day Class	☐ Speech/Language	☐ Title I	Other	1	
Other Family Members					
Names of other children in the	ne family		Birthdate	Relations	hip to Student
		/	/		<u>-</u>
		/	/	+-	
		/	/		
		/	/	-	
Non-Custodial Parent or	r Joint Custodial Parent		-		
Name: Last		First		Middle	
		 Email		@	
Work Phone No. () =	Address			
Cell Phone No.)			State Zip	Code
Other()				
Relations	hip to Student		Marita	al Status	
☐ Mother ☐ Step Mother	· 🔲 Legal Guardian	☐ Married	d 🗖 Single	☐ Divorced	☐ Widowed
☐ Father ☐ Step Father	Other				
	page document and to the bes				
i ne undersigned declare	s under penalty of perjury that	they are the parent	or legal guardian of the	e above-named s	tudent.
Parent / Guardian Signature			Date	/	/
		or School Use On	ly		
School	Date / /	PermID	Family #	Blani	C ET RC
Open Enrollment	Home School #	Teacher	Room _	Counselor	
In District Transfer	Home School #		sted / /		
Overload	Home School #	☐ Birth Certific		ficate 🔲 Baptisn	
Out of District Transfer	District #	Address Ver	rification By (initial)		·

Rev 12.6.2016 scusdRegFormV04.0.doc

EXHIBIT 53

Student Last Name Year: **Mountain Elementary School District STUDENT REGISTRATION - GRADE** ► Has your student ever attended Mountain Elementary School District before? ☐ Yes 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 First Name (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. ☐ American Indian or Alaskan Native(100) ■ Laotian (206) ☐ Tahitian (304 (Persons having origins in any of the original people ☐ Cambodian (207) ☐ Other Pacific Islander (399) of North, Central or South America) Hmong (208) ☐ Filipino/Filipino American (400) ☐ Chinese (201) ☐ Other Asian (299) ☐ African American or Black (600) ☐ Japanese (202) ☐ Hawaiian (301) ☐ White (700) (Persons having origins in ☐ Korean (203) any of the original peoples of Europe, North ☐ Guamanian (302) ☐ Vietnamese (204) Africa, or the Middle East) ☐ Samoan (303) Asian Indian (205) PARENT EDUCATION - Check the response that describes the Date student first attended school in the U.S. Permanent education level of the most educated parent. ☐ Graduate Degree or Higher (10) Month Year Day ☐ College Graduate (11) ☐ Some College or Associate's Degree (12) ₽ Date student first attended school in California ☐ High School Graduate (13) ☐ Not a High School Graduate (14) Month Day Year

BIRTHPLACE: City:	State: Country:	
U.S. Citizen: ☐ Yes ☐ No	Continued on reverse side	

HOME LANGUAGE SURVEY: Indicate only of	one language (most frequently used)	per line:
1. What language/dialect does your son/o	daughter most frequently use at home	e?
2. Which language/dialect did your son/o	daughter learn when he/she first bega	n to talk?
l .		
		opment Test)? 🗆 Yes 🚨 No 🚨 I don't know
In which language do you wish to receive w	ritten communications from the school	ol? 🗖 English 🗖 Spanish
Residence – where is your child/family curred In a single family permanent residence (has Doubled-up (sharing housing with other thardship or loss) (11)	ouse, apartment, condo, mobile home) families/individuals due to economic	☐ In a motel/hotel (09)
Parent/Guardianship Information (with wh	nom the student lives) – check all that	apply
☐ Father ☐ Mother ☐ Both ☐ Step-Father Is the above (checked) person (s) the studer of there is a legal custody agreement regard PLEASE COMPLETE INFORMATION BELOW	nt's LEGAL guardian?	No, please complete a "Caregiver Affidavit" Joint Custody ☐ Sole Custody ☐ Guardian
	•	
1. ☐ Father ☐ Step Father/Guardian (chec	k one, Full Name:	
Employer:	City:	Daytime Phone # ()
2. Mother Step Mother/Guardian (che	eck one) Full Name:	
Employer:	City:	Daytime Phone # ()
DUPLICATE MAILING – If divorced/separate Please include their name, address, and pho		ling/information to be given to other parent,
Full Name:		Phone #: ()
Mailing Address:	City:	State: Zip code:
MOST Protect College Assessment		
MOST RECENT SCHOOL ATTENDED: School	Address/City/State/Zip	Grade(s) Date(s)
5011501	Addressy City/State/Zip	Grade(s) Date(s)
Are there psychological or confidential reportant Has your child been suspended? Yes I what special services has your child received Special Education: Resource (RSP) Special Education: Resource (RSP) Remedial Math	No Has your child <u>ever</u> been expelled? (please check all boxes that apply)	d? ☐ Yes ☐ No
☐ Help to Improve Attendance/ Behavior ☐	☐ Remedial Reading ☐ Counseling	
	☐ Remedial Reading ☐ Counseling ☐ Other (Specify) ree and reduced lunch, your confident	☐ English Language Development
☐ Help to Improve Attendance/ Behavior ☐ While Mountain School does not provide fr	☐ Remedial Reading ☐ Counseling ☐ Other (Specify) ree and reduced lunch, your confident generate additional funding. Thanks	English Language Development tial response is required by the state of for your help!
While Mountain School does not provide fr California and could help Mountain School	☐ Remedial Reading ☐ Counseling ☐ Other (Specify) ree and reduced lunch, your confident generate additional funding. Thanks	English Language Development tial response is required by the state of for your help!

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 I	Jse Only
Student Number	
Bus Number	

McSWAIN UNION ESD - STUDENT REGISTRATION

G	R	A	D	Ē
~	10.00	_	_	_

► Has your child ever attended	McSwain Eleme	ntary S	chool before?	Yes 🗆 N	io	
PLEASE PRINT – STUDENT'S LEGAL NAI	VIE					
		- 1		1		
Legal Last Name	Legal First Name	Le	egal Middle Nam	ne Other Lo	egal Name (if	applicable)
☐ Male ☐ Female ☐ Birth date:	Month Day	Voor	Student Nick		West Phone	
	Month Day	Year	nome P	none	Work Phone ()	
1			Cell Pho	one	Other Phone	
Parent/Guardian Last Name	First Name		Home P	hone	(<u>)</u> Work Phone	
() ()						
1			Cell Pho	one 	Other Phone ()	
Parent/Guardian Last Name	irst Name		/		/	
		1	I	I	1	
Mailing Address (P.O Box or house # & stree	t name)	Apt#	City	State	Zip	
		[I	1	1	
Residence Address (house # & street name) (IF DIFFERENT)	Apt#	City	State	Zip	to Disco South or
MALATIC VOLID CUILDIC ETUNICITY	/pl					
WHAT IS YOUR CHILD'S ETHNICITY? Central American, or other Spanish culture or orig			ispanic or Latino lot Hispanic or La) (A person of Cuban atino	ı, Mexican, Puerl	to Rican, South or
WHAT IS YOUR CHILD'S RACE? The continue to answer the following by may select two or more races.	arking one or more l	ooxes to	**	ild's race. If your	child is mult	* * *
☐ American Indian or Alaskan Native(1) (Persons having origins in any of the original peop		-		☐ Tahitian	ı (304) acific Islande:	r (399)
of North, Central or South America)	☐ Hmong (208	3)			/Filipino Ame	
☐ Chinese (201) ☐ Japanese (202)	☐ Other Asian☐ Hawaiian (3				American or I	
☐ Korean (203)	☐ Guamanian	•		any of the ori	ginal peoples of	
☐ Vietnamese (204) ☐ Asian Indian (205)	☐ Samoan (30	3)		Africa, North	western Asia or t	the Middle East)
PARENT EDUCATION – Check the respo education level of the most educated p		е	Date you	r child first atten	ded school <u>ir</u> 	the U.S. Year
☐ Graduate Degree or Higher (10)			Month	Day		Year
☐ College Graduate (11) ☐ Some College or Associate's Degree (☐	12)		Date your	child first attend	ded school in	ll l
☐ High School Graduate (13) ☐ Not a High School Graduate (14)			•		[
(= /)			Month	Day		Year
STUDENT						
BIRTHPLACE: City:	<u> </u>	State:	Country	:		
-						

HOME LANGUAGE SURVEY: Indicat	e only one language:					
Which language did your child I	earn when he / she first	began to talk?				
2. Has your child ever been given	the CELDT Test (Calif En	glish Language	Development	Test)? 🗖 Yes	□ No □ I don	't know
In which language do you wish to re	ceive written communic	ations from the	school? 🗖 E	nglish 🛭 Span	ish	't know
Residence — where is your child/fam In a permanent residence (house, a Temporarily doubled-up (sharing ho hardship or loss) In a shelter or transitional housing	partment, condo, mobile homousing with other families/indi	ie) (20)	□ In omic □ Te	a motel/hotel mporarily unsl	• •	: npsite)
Parent/Guardianship Information (with whom the student	lives) – check a	ill that apply			
☐ Father ☐ Mother ☐ Both ☐ Ste Is the above (checked) person (s) the If there is a legal custody agreement PLEASE COMPLETE INFORMATION E	e student's LEGAL guardi regarding this student,	an? 🔲 Yes 🚨 please check or	No If No, plea ne: 🗖 Joint Cu	se complete a stody 🚨 Sole	"Caregiver Affi Custody 🗖 Gu	davit"
□ Father □ Step Father/Guardia						
Employer:					()	
2. ☐ Mother ☐ Step Mother/Guard	lian (check one) Full	Name:				
Employer:	City:		Dayt	me Phone#	()	
DUPLICATE MAILING – If divorced/so Please include their name, address, a	and phone number:			ormation to be	e given to other	į,
Full Name:				Phone #: ()	
Mailing Address:		City:		_ State:	Zip code:	.
MOST RECENT SCHOOL ATTENDED:						
School	Address/City/S	tate/Zip		Grade(s) Date(s)	
Are there psychological or confident Has your child ever been suspended What special services has your child Special Education: ☐ Resource (RSP) Other: ☐ Gifted (GATE) ☐ Remedia ☐ Help to Improve Attendance/ Beh Signature of Parent/Guardian:	P □ Yes □ No Has youreceived? (please check D □ Special Day Class (Something in Math □ Remedial Real Property of the property)	our child <u>ever</u> be a all boxes that SDC) Speech, ading Couns	een expelled? apply) /Language eling	□ Yes □ No 504 ish Language D		Cindicate
Proof of Birth: Proof of Residence:	Proof of Immunization:	Assigned	Enroll Date:	Notes:		



100	ANDERSON UNION HIGH SCHOOL
O NO	ANDERSON UNION HIGH SCHOOL STUDENT ENROLLMENT FORM

GENERAL INFORMATION Student's Last Name	First Nam	ne	Middle Name	Other Names
				1
Mailing Address Street #/PO Box		City, S	tate	[*] Zip Code
Residential Address Street #	The second secon	- City, S	tate	Zip Code
Sex Currer	nt Grade B	irth Date	Social Security	#
☐ Male ☐ Female			,	
Student Cell Phone #		City, State of Birth	Mile Confedence (Congress Congress)	: Country of Birth
Student lives with:	The second secon	F /F 40 LA	Is the parent/quardian living	with the student a <u>full-time</u> member of
☐ Father ☐ Mother ☐ Stepfather	☐ Stepmother		the military or reserves?	with the stadent a <u>ran who</u> member of
Other (please list):			Yes No	
Father's Name	Employer		Email	
音: Primary Phone	☐ Home ☐ Cel	Secondary Phone	Market Market State Control of the C	☐ Home ☐ Cell ☐ Work
Mother's Name	Employer		Email	
Primary Phone	☐ Home ☐ Cel	Secondary Phone	Manches (14) and and the (14) are 1 to 100 and 14 to 100 and 15 to 100 a	☐ Home ☐ Cell☐ Work
: Stepfather's Name	Employer		. Email	
Primary Phone	☐ Home ☐ Cel	Secondary Phone		☐ Home ☐ Cell☐ Work
Stepmother's Name	Employer		Email	
Primary Phone	☐ Home ☐ Cel	Secondary Phone	The section of the se	☐ Home ☐ Cell ☐ Work
divorced/separated and joint custody allows dup		o be given to the other	parent, please complete:	_
☐ Mother ☐ Father ☐ N/A				
ull Name	Primary Phone	ANTHO AND AN MINISTER AND AN AND AND AN	Cell Phone	/ Adams - Adam
treet #/PO Box	City, State	de Maria (1900-las II) - elikular mulak milak milak milat elikular - mer em en en	Zip Code	
Where is your child currently living? Check all that	apply. This information is federally	mandated by the No C	hild Laft Dahind act	and the second of the second o
☐ Single family permanent residence (hous ☐ With more than one family in a house or	e, apt, condo, mobile home) (1	· ·	☐ In or awaitin	ng foster care placement (14) car or campsite (12)
With friends or other family members (or In a shelter or transitional housing progra	her than parents, grandparent	s, or legal caregiver)		•
Please mark the highest level of education of either	er first generation parent:	I am at at the fact at all and a second second		and white and the continue of the continue payments of the continue payments of the continue o
		ome college/AA	College Graduate 🔲 Gra	duate School/Post Graduate
APTENDANCE VERIFICATION CONTA			Dhone Number	
Name	Relationship to Studer	T.	Phone Number	☐ Home ☐ Cell ☐ Work
Name	Relationship to Studer	nt	Phone Number	☐ Home ☐ Cell ☐ Work

EMERGENCY CONTACTS Please list names to be con Name	Relationship to Student		vilsteo en fronti. Parenta Phone Number	. 🗌 Home 📋 Cell
Okay to release student to this person? Yes No		and the state of the state of		☐ Work
Name	Relationship to Student	•	Phone Number	☐ Home ☐ Cell ☐ Work
Okay to release student to this person? Yes No Name	Relationship to Student		Phone Number	☐ Home ☐ Cell
Okay to release student to this person? Yes No	Politicachin to Chalest		Dhana Niverbay	□Work
Name Okay to release student to this person? Yes No	Relationship to Student		Phone Number	☐ Home ☐ Celi ☐ Work
	maideal are ask - ske-	rive (Plaintin 187-188) are size a	Maria and	
COURT ORDERS If you have a court order, please bring List all orders:	a copy to the office to keep on	i ide		
	10.			
FTHINICITY & HOME LANGUAGE INFORMATIO What is your student's ethnicity?	lā		Show the Police	
☐ Hispanic or Latino ☐ Non-Hispanic or Lat		answer		
What is your student's race? Choose the group the student n	•	[77]		F16 (202)
,	o/Filipino American (404)	Korean (203		Samoan (303)
	nanian (302)	Laotian (206		Tahitian (304)
	iian (301)	Other Asian (299)		☐ Vietnamese (204)
- · · ·	ese (202)	Pacific Islander (399) White (Non-Hispanic) (700)		
Chinese (201) What language did your student learn when he/she first bega	an to speak?	What language of	does your student most fr	equently use at home?
The state of the s				
What language do you most frequently speak to your studen	nt in?	What language is	s most often used by adu	Its at home?
If your student was born in a different country, please fill in the	ne dates below:			
Date of entry to United States	Year of enrollment in a U.S.	School	Year of enrollme	ent in a California school
	5		refriend	
OTHER INFORMATION		CONTRACTOR OF THE PARTY.		V IL - SST
	of probation officer:			
Has your child ever been expelled? If yes, what your Series No	ear? What school?		Feld of a Wilderstand	
Please mark any special services your student has had in the RSP SDC Speech GATE Mig		504 Plan	Behavior Plan	
IRANSLER DATE	No. of Concession,		ET SEATT	
Last School Attended				
City, State		Phone #		Fax#
In which school district does the student reside in? Shasta UHSD Gateway USD Red If within Anderson UHSD, which school? West Valley HS Anderson Union HS	Bluff UHSD (Tehama Cou	unty) 🔲 Oth	ner:	
PARENT/CUARD:AN AUTHORIZATION Print Name		100	1 401 7 3	
Parent/Guardian Signature				Date

NAME BIR	ENGLISH LANGUAGE FLUENCY: D 1 = ENGLISH ONLY	HOME LANGUAGE: 00 = ENGLISH 01 = SPANISH 09 = KHMER 01 = LAO 0	ETHNICITY: 0 1 = AMERICAN INDIAN/ALASKA NATIVE 0 6 = CHINESE 0 7 = FILIPINO 0 8 = 9 11 = JAPANESE 0 12 = KOREAN 0 16 = SAMOAN 0 17 = TAHITIAN 0	PLEASE CONTINUE TO ANSWER THE FOLLOWING BY CHECKING ONE OR MORE BOX TO INDICATE STUDENT'S RACE.	IS STUDENT HISPANIC OR LATINO? 🔋 NO, NO	PARENT EDUCATION LEVEL (PLEASE CHECK ONE):	STUDENT'S CITY & STATE OF BIRTH:	NAME(S) OF PERSON STUDENT RESIDE WITH:	MOTHER-HOME ADDITIONAL PHONE NUMBERS/CELL PHONE NUMBERS:	PARENT/GUARDIAN PHONE:	FATHER-HOME	STREET PARENT/GUARDIAN PHONE:	MAILING ADDRESS:	FATHER	PARENT/GUARDIAN NAME:	LEGAL NAME:	JUNCTION SCHOOL DISTRICT PUPIL REGISTRATION
BIRTHDATE	Ē	NISH	P # 9	BY CHECKIN	O NO, NOT HISPANIC OR LATING	□ 1 = l			NUMBERS:			CITY			FIRST		TION
BOY GIRL	1 = ENGLISH ONLY	ISH 02 = VIETNAMESE	IVE 02 = ASIAN INDIAN 8 = GUAMANIAN 09 = 1 013 = LAOTIAN 014:	IG ONE OR MORE	OR LATINO	☐ 1 = NOT A HIGH SCHOOL GRADUATE ☐ 4 = COLLEGE GRADUATE ☐ 5 = GR		NUMBER	MOTHER-WORK		FATHER-WORK	STATE	Action	MOTHER	MIDDLE		FOR O
GIRL NAME	\Box 2 = FLUENT ENGLISH PROFICIENT (FEP) \Box 4 = LIMITED ENGLISH PROFICIENT (LEP)	□ 03 = CANTONESE □ 04 = k = HMONG □ 29 = RUSSIAN	NDIAN = 3 = BLACK/AFRICAN AMERICAN = 4 = WHIT = 9 = HAWAIIAN = 10 = HMONG = 14 = OTHER ASIAN = 15 = OTHER PACIFIC ISLANDER SE	BOX TO INDICATE STUDENT'S RACE.	 YES, HISPANIC OR LATINO 	OL GRADUATE	TO AND ARTICLES	RELATIONSHIP TO STUDENT NUMBER RELATIONSHIP:	EMPLOYER		EMPLOYER	ZIP	E-MAIL ADDRESS:	(IF APPLICABLE) STEP-FATHER		STUDENT SSN BIRTHDATE:	FOR OFFICE USE ONLY: Stu. #: P
BIRTHDATE BOY	ROFICIENT (LEP)	COREAN DOS = FILIPINO D 99 = OTHER	3 4 = WHITE			NDUATE 🛛 3 = SOME COLLEGE ADUATE TRAINING		RELATIONSHIP TO STUDENT	OCCUPATION		OCCUPATION			ER STEP-MOTHER	a de la companya de l	DATE: / / SEX:	Perm ID #: GR.
GIRL			ÓDIAN			LEGE		UDENT						Z		ĭ. M F	GRADE:

COTTONWOOD UNION SCHOOL DISTRICT 2016/2017 SCHOOL YEAR **REGISTRATION FORM**

North Cottonwood \square

North Cottonwood				West Cotton	wood 🗆		
Student's Legal Name (from Birth Certificate)	Last	First		Middle		Sex:	□м □ F
Grade: SSN	ſ# :	Birthdate	/ /	Place of Birth			
If country is other than U.S., pl	lease complete the following:				City	State	Country
Arrival date in US:/_/	_ Date of initial enrollment in a US		Date of it	nitial enrollment in a	CA school:	1 1	-
Residence Address:	Street			City	Zip	Count	<u>,</u>
Mailing Address if differ	rent:				_		
Home Phone #	Street or P.O. Box Unlisted? Ye	es□ No□		City		Zip	
Student Email							
PARENT/GUARDIAN	INFORMATION W	ho does studer	nt live with?				
		lease enter one p	arent per side				
Name:			Name:				
First	Last			irst		Last	
Home Address	City	Zip	Home Addre	ess		City	Zip
Home Phone	Cell Phone		Home Phone	;		Cell Phone	
Employer	Employer Phone		Employer			Emplo	yer Phone
Email Address		/	Email Addre		-		
Social Security #		:s / No		rity#			y? Yes / No
Parent Education Level (for s ☐No Diploma	State testing purposes) ☐ High School Graduate		□No I	cation Level (for st Diploma		poses) 1001 Graduate	
☐ Some College/AA ☐ Graduate School/PhD	☐College Graduate ☐Decline to state/unknown			e College/AA luate School/PhD	□College (Graduate to state/unknov	***
		Whose is abil			престе (to states unknov	/п
	This information is federally mand		Left Behind – 1	Please check appro			
☐ In a single family permanent ☐ With more than one family in	t resident – house, apartment, condom	inium, mobile hon	ne (20)				
	members - other than parents, grand	parents, or legal car	re giver (11)	□In a motel □In a group	• •	In a care or can	upsue (12)
☐ In a shelter or transitional ho							
	is student Hispanic or Latino? nswer the following by making one of						
the line(s).		- Horo solodions t	o maicato what	you consider the sto	dent s race to	oc. wille me i	tumoer(s) on
100-American Indian/Alaskan I 201-Chinese	Native 301-Hawaiian	1 7171 * * *		nguage Survey	. ~		
201-Crimese 202-Japanese	302-Guamanian	 Which langubegan to talk? 	age did your sti	ident learn when he	or she first		
203-Korean	303-Samoan		ge does your st	ident most frequentl	y use at		
204-Vietnamese 205-Asian Indian	304-Tahitian 399-Other Pacific Islander	home?			•		
206-Loatian	400-Filipino	What langua your student?	ge do you use n	nost frequently to sp	eak to		
207-Cambodian 299-Other Asian	600-Black or African American 700-White	•	nanga was	ftan enakan be 4k -	adulte at La-		
				ften spoken by the	nuutts at nome	<u> </u>	
FOR SCHOOL USE ONLY Grade Level	EO I-FEP EL District of Residence	RFEP	Redes Date i Interdistri	f RFEP ct on file			
Date Enrolled	IS CUM	Rcv'd	S	chool ID #		Group #	
CSIS #	HmRm		Bus #		Scheduled		-

TRANSFER INFORMATION Last School Attended:							City & S	tate	-
Was student attending this school on an in District of Residence (for Inter-district tr Has the student ever gone by a different in Has the student been expelled/or in the pr Has the student ever been to the SARB Balls the student now enrolled/or has the student	ansfer str ame? ocess of l oard?	idents c	oming IN Yes D pelled fro Yes D	NTO Cottons No If yes, om any scho No If yes,	vood Unic please giv ol? reason for	e full name u Yes □No SARB&wi	strict: used: Name of School hen		
	RSP dent ever	□SDC been er	rolled in	Does the student an English I	dent have Language	an active 50- Developmen		Date of last IEP	□No
MEDIA PERMISSION I grant permission for identified school-reports and district web site postings.	lated pho		s or vide □No	o of my child	I to be inc	luded in pub	licity information such	as news releases, videos,	newsletters,
OTHER CHILDREN IN THE FAR First and Last Name	MILY Gende	er	Date of 1	Birth	Lives @	Home	School Attendin	g/Grade (if graduated, N/	(A)
	□м	$\Box F$			□Yes	□No			
	□м	$\Box \mathbf{F}$			□Yes	□No			
	□м	□F			□Ýes	□No			
	□м	□F		2	□Yes	□No			
OTHER PARENT OR LEGAL GUAR Check one None□ Father□		FORM		not previous Mother□	-	f applicable. p-Mother□	Guardian □	Other 🗆	
Name_						.			
First Home Address			Last						
Street Address Work Phone		Ce	all Phone				City Pager	State	Zip
Email Address							Extra Mailings?□	Grades Only?	_
If Foster or Group Home, name of organiz	zation:								
Phone Number:		_				Name of Cas	e Worker:		
Is there a custody court order regarding th	is studen	t?	□Yes	□No If	Yes, plea	se provide a	copy of the court order	to the school.	
Check one None□ Father□	Ste	p-Fathe	r 🗆	Mother□	Ste	p-Mother□	Guardian□	Other 🗆	
Name							Home Phone	=	
First Home Address			Last						
Street Address Work Phone		Ce	ll Phone				City Pager	State	Zip –
							Extra Mailings?□	Grades Only? □	
Email Address							_		
	zation:								
Email Address If Foster or Group Home, name of organiz Phone Number:					1	Name of Cas	e Worker:		

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List two local contacts to who the student may be released in the case of illness of	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 statement and available, my statement and available, my statement are not a	
Student's Dentist Dentist's Name Street Add	dress City Phone Number
Hospital Preference	
Do you have Health Insurance? □Yes □No If yes, Name of Insurance	ee Co Policy #
Do you have a religious or other objection to your child receiving emergency me	dical care?
Current Medication(s)	
State law requires written doctor and parent permission for taking any med If yes, Name of Medication(s) Dosage Is there a special health problem or physical disability that should be brought to the special health problem.	Time Taken Purpose the attention of the school nurse or teacher? Yes No
	receive vision, hearing and dental screening. You have the right to in writing, your child will be screened at no expense to you. My 7 th is screening:

EMERGENCY CONTACTS

Discussed ADD or ADUD	Epilepsy	Wears Glass	ses	For close work □	
Diagnosed ADD or ADHD	Eye Injury		stance only	At all times□	
Bladder Problems	Hypoglycemia		ring Loss 🏻	Right□ Left□	
Bleeding Disorder	Frequent Nosebleeds		ion Loss	Right□ Left□	
Color Vision Deficiency	Scoliosis		ing Aide	Right Ear□ Left Ear□	
Diabetes	Seizure Disorder				
Eczema/Skin Trouble	Wears Contact Lens				
History of Ear Problem	Describe				
Heart Problem					
Head Injury	Describe				
History of Fracture	Describe				
History of Hospitalization					
History of Surgery	Describe			-	
Physical Limitations	D7				
Other or further details of above					
Allergies Check all that apply:					
None□ Animals□	List specific item(s) student	is allergic to:			
Food ☐ Insects ☐	Describe allergic reaction or	r treatment:	-		
Drugs□ Bee Sting□					
Plants□ Other□					
EMERGENCY MEDICAL AUTHORIZ. I understand that the Cottonwood School Dinsurance. Information about this option is Optional Emergency Treatment Authoriz	istrict does not provide medical or a available from the Health Clerk.				
expense when necessary in accordance with To Physician or Emergency Personnel: I	information on this form.			gency medical help for our child a	
expense when necessary in accordance with To Physician or Emergency Personnel: I	information on this form.		, Californi		
To Physician or Emergency Personnel: I	information on this form. give permission for emergency tre				
On Date	information on this form. give permission for emergency tre	atment if I am not available.			
To Physician or Emergency Personnel: I	information on this form. give permission for emergency tre	atment if I am not available. City	, Californi	3.	
On	information on this form. give permission for emergency treat and to the best of my/our knowleds	City ge the information contained	, Californi	a. complete.	
On	and to the best of my/our knowleds	City ge the information contained egal guardians of the above na	, Californi herein is true and o	a. complete. grant the above authorizations.	
On	and to the best of my/our knowleds	City ge the information contained	, Californi herein is true and camed student and	a. complete. grant the above authorizations.	
On	and to the best of my/our knowleds	City ge the information contained egal guardians of the above na	, Californi herein is true and camed student and	a. complete. grant the above authorizations.	
On	and to the best of my/our knowleds	City ge the information contained egal guardians of the above no PRIMARY PARENT	, Californi herein is true and camed student and	a. complete. grant the above authorizations.	
On	and to the best of my/our knowleds	city ge the information contained regal guardians of the above no PRIMARY PARENT Please print full name Signature Phone	, Californi herein is true and o amed student and o	a. complete. grant the above authorizations.	

Enterprise Elementary School District 1155 Mistletoe Ln, Redding, CA 96002 Phone: 530-224-4100 Fax: 530-224-4101 Registration Form OAlta Mesa O Boulder Creek O Lassen View O Mistletoe O PACE Academy O Parsons O Redding Collegiate Academy O Rother O Shasta Meadows Student's LEGAL Name Date of Birth (from birth certificate) Last Name First Name Middle Name Month/Day/Year Grade Level: SELECT ONE Social Security # Home Phone: Residence Address_ State Mailing Address_ Address (If different from above) State Mother/Guardian Father/Guardian Last Name First Name Last School Attended: Address Fax Student's Birthplace: If not born in the U.S., what month/year did your child enter U.S.? City/State/County What month and year did your child first enroll in a U.S. school? In a California school? Month/Year **HOME LANGUAGE:** RACE: (Please check up to five racial categories) ETHNICITY with which the PARENT EDUCATION LEVEL: The previous question pertains to ethnicity, not student most closely identifies: Check the response that describes the highest education race. No matter what you selected there, please OHispanic/Latino - A level of the parent/guardian(s): answer the following by marking one or more person of Cuban, Are any family members O Not a High School Graduate boxes to indicate what you consider your race to Mexican, Puerto Rican, BILINGUAL? OYES ONO O Some College (includes AA) South or Central O Graduate School/Post Grad □ American Indian of Alaskan Native (100) American, or other IF YES, what language and Training (Person having origins in any of the original Spanish culture or origin, what family members? O High School Graduate people of North, South, or Central America) regardless of race ☐ Chinese (201) O College Graduate O Declined to State ☐ Japanese (202) ONot Hispanic or Latino ☐ Vietnamese (204) Asian Indian (205) SPECIAL SERVICES: What special services has your child received? (Please check all boxes that apply) ☐ Laotian (206) Special Education: ☐Resource (RSP) ☐Special Day Class (SDC) ☐Speech/Language Cambodian (207) □504 Accommodation Plan ☐ Hmong (208) Other: ☐Gifted (GATE) ☐Remedial Reading ☐Remedial Math ☐ Counseling Other Asian (299) English Language Development Attended EESD Preschool (site) ☐ Hawaiian (301) Guamanian (302) ☐ Samoan (303) LEGAL ALERT: Do you have a restraining order which prevents someone from picking up your child? ONO Tahitian (304) OYES Other Pacific Islander (399) If YES, provide a copy of the restraining order and list the name here: African American or Black (600) ☐ White (700) (Person having origins in any of the Relationship original people of Europe, North Africa, or the Name Legal Document Middle East) 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 FORM CONTINUES ON NEXT PAGE

ORM CONTINUES ON NEXT PAGE

Office Use Only Date Entered ______ Teacher ______ Grade _____ Bus Stop AM ______ Bus Stop PM ______

Birth Verification: Birth Cert/Other _____ Shots Confirmed O'Yes O'No Kinder Dental O'Yes O'No 1st Grade Physical O'Yes O'No Home School O'Yes O'No INTRADISTRICT O'Yes O'No School ______ ID#______

Home l	Languag		s indicated in Questions 1,	, 2, 3 or 4, your cl	nild must be tested for English I	Proficiency.)	LIST Code 56 11	ING OF LA Language Albanian Arabic
Student's	Last Name		Student's First Name		Student's Middle Name	Grade Age	12	Armenian
Dleace	rafar ta I	ISTING OF LANGUAGES (a	t right)				42	Assyrian
			ghter learn when he or sh	e first began to ta	lk?		61	Bengali Burmese
2. W	/hat langu	age does your son or da	ughter most frequently us	e at home?			03	Cantonese
			quently to speak to your s	on or daughter?			36	Cebuano
4. N	lame the	anguage most often spol	en by the adults at home.				54	(Visayan) Chaldean
n			Cimakan d Daniel					Chamorro
Date: _		·	_ Signature of Paren	/Guardian			20	(Guaniania
Pleace	complet	e the following items to	assist us in the assessr	nent of your child	4		30	Chaozhou
1 10000	complet	o are renowing rems to		naror your am	4		15	(Chruchow) Dutch
5. If	a langua	ge <i>OTHER THAN ENGLISH</i>	is indicated on any line a	bove, does vour d	child (choose all that apply):		16	Farsi (Pers
a) <u>Unders</u>	tand OYes O No	b) <i>Speak</i> 🔿 Yes (○ No	Read O Yes O No	d) Write OYes O!	No ₀₅	Filipino (Pil
		, -		_				or Tagalog
6. H	low many	years of <i>INSTRUCTION</i> h	as you child had in a <i>lang</i> i	uage other than E	nglish ?		17	French
7. D	id your cl	nild attend school in anoti	ner country? OYes O	No IF YES, please	provide us with the name and	address of the school:	18	German
ς	chool			Address				Const
-				/ taul C55		•	— 19 43	Greek Gujarati
8. If	your chil	d was born in another cou	intry, what MONTH/DAY/YI	EAR did your famil	y move to the United States?		21	Hebrew
			•				22	Hindi
9. 0	n what da	ite did your child first enr	oll in a United States scho	ol?	Grade level first e	enrolled:		Hinong
							24 25	Hungarian Ilorano
OFFICE I	ner. Æ. u		n gained by calling prior sch	!\ D=+='	an andreas and and	ا ماها ما	20	Indonesian
OFFICE (USE: (10 t	e completed with information	n gained by calling prior sch	ooi.) Date pri	or school called	Initial	27	ltalian
CELDT S	cores fron	prior school: Listening Le	el Speaking Level	Reading Level	Writing Level Overall Le	vel Testing Date	80	labanese
					-	_	65	Kannada Kamer
Level of	service re	ceived (check all that apply)	: LEL AideCLAD/SD	AIE teacher Lex	ited EL/Date		09	(Cambodiai
	_			1	Ta I		50	Khmu
For Re	financ	Alien No. (194):		For Immigrants	Date of Entry in to US:			
Only:	ingees	Date of Entry into US:		Only:	Country of Origin:		01	Korean
211171		Country of Origin:]','				Kurdish (Ku
		<u> </u>					51	Kurmanji

Revised 6/11

FORM CONTINUES ON NEXT PAGE.

Code	Language	Code	Language
56	Albanian	47	Lahu
11	Arabic	10	Lao
12	Armenian	07	Mandarin (Putonghua)
42	Assyrian	b-:	Maraihi
61	Bengali	48	Marshallese
13	Burmese	44	Mien (Yao)
03	Cantonese	:9	Mixteco
36	Cebuano (Visayan)	40	Pashto
54	Chaldean	41	Polish
	Сћатого		
20	(Guanianian)	05	Portuguese
39	Chaozhou (Chiuchow)	28	Punjabi
15	Dutch	45	Rumanian
16	Farsi (Persian)	29	Russian
05	Filipino (Pilipino o: Tagalog)	30	Samoan
17	French		Serbo-
	,		Croatian
		52	/Bosnian.
18	German		Croauan
			Serbian)
19	Greek	60	Somalı
43	Gujarati	01	Spanish
21	Hebrew	46	Taiwanese
22	Hindi	63	Tamil
23	Hinong	62	Telugu
24	Hungarian	32	Thai
25	llogaño	57	Tigrinya
26	Indonesian	53	Toishanese
27	lialian	34	Tongan
08	lapanese	33	Turkish
65	Kannada	38	Ukrainian
00	Khmer	25	
09	(Cambudian)	35	Urdu
50	Khmu	05	Vietnamese All other non
04	Korean	99	English

will be screened at no expense to you.

language screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child



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				MALE	FEMALE	DATE OF BIRTH		AGF
	Last Name	First Name		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>		. 1102
PARENT(S) / LEGAL GUARDIAN(S)	NAME				 -		
STREET AD	DRESS		ату	STATE	ZIP	PHONE (HOME)	(CELL)	
Where is	the student living now? (s	elect one)	SELECT C	NE				
	If you check the box mar Please sian below and re						is form.	
Does the	living arrangement you se	elected above	e result from a loss	of housing o	r econom	ic hardship? \O Yes		Unsure
The stude	ent lives with SELEC	ΓONE						
PARENT/	LEGAL GUARDIAN SIGNATU	JRE				DATE		
◆ Please	e return this form to your s	school office.	. Thank youl					
	CHOOL USE ONLY							
l l	RECEIVED tudent not covered by McKin	 Inev-Vento Ac	+					
1	tudent not covered by McKinney	•						
□F	ollow-up required							

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 g	<u>California</u>		
Month	Day	Year		

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

Verified by:

Verified by:

EXHIBIT 60

2016-2017 BIG SPRINGS UNION SCHOOL DISTRICT - STUDENT REGISTRATION

For Office U	Jse Only	ENTRY	DATE:		LOCA	L ID #:	GRADE LEVEL	:
		•			1		1	•
PRINT STUDE	ENT'S <u>Legal First Name</u>	Legal Milddle	Name	***	Legal L	ast Name	Other Names Use	d (if applicable)
							1	
☐ Male	□ Female	Birth date:	Mo.	Da.	Yr,	Social Security #	المث راشد	
					10)		1()	
Parent/Guar	dian First Name	Last Name			Home F	Phone	Work and/or Cell	Phone
		Ť.			fr v		le v	
Parent/Guar	dian First Name	Last Name			Home F	Phone	Work and/or Cell	Phone
					4			
	do do no.							
Walling Addi	ress (P.O Box or house # 8	k street name)			Apt#	City	State Zip	
					1	1	1 1	
Residence A	ddress (house # & street	name) (IF DIFFER	ENT)		Apt#	City	State Zip	
PARENT'S EN	MAIL ADDRESS:							
	Contact <u>in the event that y</u>	ou cannot be rea	<u>iched.</u>					
Name/Rela	-							
Home / Wol	rk/Cell Numbers:							
Please m	ark here if your child	's information	has no	t changed fr	om the n	revious registration	vear and stop he	<u></u>
	child's information h			r ciidiiBea ii	om the p	revious registration	i year and stop ne	6.
		as the endinge	-					
WHATISY	OUR CHILD'S ETHNIC	TITV2 (Please of	neck one	e): 🗆 Hispa	nic or Lat	ino (A person of Cuban, N	Aguinea Duarte Diago Co	with an Control
1	other Spanish culture or origin	•			lispanic o		vexican, Puerto Rican, So	uth or Central
	OUR CHILD'S RACE?						:	
	is question is about eth	-	-	_	-	rhovo <i>uloggo santin</i> v	a ta manantha fall	andra a bar
	is question is about etil e or more boxes to indi					above, piease continu	e to answer the joil	owing by
				_				
	n Indian or Alaskan Natl ng origins in any of the origina		ontral	☐ Laotian (2☐ Cambodia			Other Pacific Isl	
or South Amer	_ · ·	r people of North, c	CHUBI	☐ Hmong (2			☐ Filipino/Filipino (400)	American
Chinese ((201)			Other Asia			☐ African America	n or Black
Japanese	•			☐ Hawaiian			(600)	II OI DIACK
Korean (2	-			☐ Guamania			☐ White (700) (Pe	rsons having
☐ Vietname				☐ Samoan (origins in any of the ori	ginal peoples of
☐ Asian Ind	11an (205)			☐ Tahitian (304)		Europe, North Africa, o	r the Middle East)
	UCATION – Check the r	esponse that de	escribes	the education	level	Date child first atte	nded school <u>in the l</u>	J.S.
of the most	educated parent.							1
☐ Graduate	e Degree or Higher (5)					Month	Day	Year
☐ College G	Graduate (4)					`		•
	llege or Associate's Deg	ree (3)				Date child first atte	nded school in <u>Calif</u>	<u>ornia</u>
	ool Graduate (2)							
■ Not a Hig	gh School Graduate (1)					Month	Day	Year
	.							
BIRTHPLAC	E OF CHILD: City:				State:	Country:	U.S. Citizon	□ Yes □ No

HOME LANGUAGE SURVEY: Indicate only one language (most frequently use	
What language/dialect does your son/daughter most frequently use at ho	•
2. Which language/dialect did your son/daughter learn when he/she first be	· · · · · · · · · · · · · · · · · · ·
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 De	
5. Has your child ever been given the CELDT Test (Calif. English Language De	evelopment (est)? a res a no a raon t know
Residence — where is your child/family currently living? (federally mandated by ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ Doubled-up (sharing housing with other families/individuals due to econom hardship or loss) (11) ☐ In a shelter or transitional housing program (10)	☐ In a motel/hotel (09)
Parent/Guardianship Information (with whom the student lives) — check all t	hat apply
☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If there is a legal custody agreement regarding this student, please check one: *Note* You must provide legal documentation	If No, please complete a "Caregiver Affidavit" ☐ Joint Custody ☐ Sole Custody ☐ Guardian
PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH	
Employer: City:	
2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name:	
Employer: City:	Daytime Phone # ()
	A SA
Please List Any Siblings (Include Names and Birth Dates) 1. 3.	
2. 4.	
DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate Please include their name, address, and phone number:	mailing/information to be given to other parent,
Full Name:	Phone #: ()
Mailing Address:Crty:	State: Zip code:
MOST RECENT SCHOOL ATTENDED:	
School Address/City/State/Zip	Grade(s) Date(s)
	Applica Advision
Are there psychological or confidential reports available from your child's form Has your child been suspended? Yes No Has your child ever been exp What special services has your child received? (please check all boxes that ap Special Education: Resource (RSP) Special Day Class (SDC) Speech/La Other: Gifted (GATE) Remedial Math Remedial Reading Counseling Help to Improve Attendance/ Behavior Other (Specify)	pelled?
Does your child take any medication or have any health condition which could Please explain	
Signature of Parent/Guardian:	Date:

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:	s
1. Do you and your student live in a fixed, regular, adequate nig (If you circled "Yes", stop here. You must provide a gas or elect of residence. If you circled "NO", please continue with this form.	tric bill in your name as	
2. Do you and the student live in: □ shelter □ motel/hotel □ temporarily with another family in a house, mobile house 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 studen □ a qualified adult relative of the above-named student (Relationship:)
I declare under penalty of perjury under the laws of this statrue and correct and of my own personal knowledge.	ate that the information	on provided here is
Signature:	Date:	
Print Your Name:		
Residence: Street	City	Zip
Mailing Address:		
Street	City	Zip
Telephone: () Cell Phone: (

California Department of Education 1/9/2012

MOUNT SHASTA UNION SCHOOL DISTRICT STUDENT REGISTRATION EMERGENCY CONTACT CARD

For Office Use Only	ENTRY C	DATE:		LOCALI	D#:	• •	GRADE	EVEL:
PRINT STUDENT'S Legal First Name	Legal Middle Nam	ie .		Legal Last	Name		Other Nam	es Used (if
	_			-			applicable)	
	Lessana Lea		1 n-	I		l =e.e.e	*- **	
□ Male □ Female	Birth date: M	o.	Da.	Yr.		Social Sec	urity#	
	<u> </u>			(_)			1()	
Parent/Guardian First Name	Last Name			Home Pho	one		Work and/	or Cell Phone
	1			1()			lt i	
Parent/Guardian First Name	Last Name			Home Pho	one		Work and/o	or Cell Phone
				(a)	1		1	
Mailing Address (P.O Box or house # 8	& street name)			Apt#	City		State	Zip
Maining Address (F.O DOX OF 110436 # C	x succe name,			Apen	Lity		State	۲ib
								1
lesidence Address (house # & street	name) (IF DIFFEREN	τ)		Apt #	City		State	Zip
PARENT'S EMAIL ADDRESS:								
mergency Contacts: WHEN YOU CAN	NOT BE REACHED.							
and the state of t								
i. Name/Relationship: Home /Work/Cell Numbers:		2. 1	Name/Rela	tionship:			3. Name/Relation	onship:
Total of the state		Hon	ne /Work/	Cell Numbers:			Home /Work/Ce	ll Numbers:
rhysician's Name/Phone: nsurance Carrier:								
Full Name:						one: ()	
Mailing Address:								de:
WHAT IS YOUR CHILD'S ETHNIC		k one):				ion of Cuban,	Mexican, Puerto Ric	an, South or Central
merican, or other Spanish culture or origin				Hispanic or La	atino	 		
WHAT IS YOUR CHILD'S RACE?	-			-				
he previous question is about eth					ove, ple	ase contin	ue to answer th	e following by
narking one or more boxes to indi	icate what you cor		· ·	•				
American Indian or Alaskan Nati			Laotian (2	•				ific Islander (399)
Persons having origins in any of the original r South America)	i people of North, Lent		Cambodia					lipino American
☐ Chinese (201)			Hmong (2 Other Asia				(400)	
Japanese (202)			Hawaiian	- ,			(600)	nerican or Black
☑ Korean (203)			Guamania					301 to
☐ Vietnamese (204)			Samoan (3	• •	100		Origins in any of	00) (Persons having the original peoples o
Asian Indian (205)			Tahitian (•			Europe, North	Africa, or the Middle
<u> </u>	 		raminan (-				East)	
nampim pajainiai	and man	RIDTL	PLACE O	E CHII D.				
PARENT EDUCATION - Most educa	ted parent:							
Graduate Degree or Higher (5)		U.S. C	itizen: 📙	Yes 🗆 No	•			
College Graduate (4)Some College or Associate's Deg	ree (3)	City:_			St	ate:	Country:	
High School Graduate (2)	1-1	1						
		Data -	عددتك لمازجل		haal!	a tha II C		-1:5
☐ Not a High School Graduate (1)		Date o	child first		chool ii	n the U.S.:	In C	alifornia:(mm/dd/yy

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) pr	er 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	
What language do you prefer school correspondence?	
4. Has your child ever been given the CELDT Test (Calif. English Language Develo	
Residence — where is your child/family currently living? (federally mandated) — Plea 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) (11) In a shelter or transitional housing program (10)	ase check appropriate box: ☐ In a motel/hotel (09) ☐ Unsheltered (car/campsite) (12) ☐ Other (15) (please specify)
Parent/Guardianship Information (with whom the student lives) — check all that a ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Fost Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If N If there is a legal custody agreement regarding this student, please check one: ☐ Je**Note* You must provide legal documentation	er/Group Home Other o. please complete a "Caregiver Affidavit"
PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHO	OM THE STUDENT LIVES:
1. 🗆 Father 🗅 Step Father/Guardian (check one) Full Name:	
Employer: City:	
2. Mother Step Mother/Guardian (check one) Full Name: Employer: City:	
	Daytime Phone # ()
Please List Any Siblings (Include Names and Birth Dates)	
Please List Any Siblings (Include Names and Birth Dates) 1. 3.	
•	
1. 3. 2. 4.	
1. 3. 2. 4. MOST RECENT SCHOOL ATTENDED:	Grade(s) Date(s)
1. 3. 2. 4. MOST RECENT SCHOOL ATTENDED:	Grade(s) Date(s)
1. 3. 2. 4. MOST RECENT SCHOOL ATTENDED:	uage □ 504 g □ English Language Development
1. 3. 2. 4. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: Resource (RSP) Special Day Class (SDC) Speech/Langue Other: Gifted (GATE) Remedial Math Remedial Reading Counseling Help to Improve Attendance/ Behavior Other (Specify)	uage
1. 3. 2. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: Resource (RSP) Special Day Class (SDC) Speech/Langu Other: Gifted (GATE) Remedial Math Remedial Reading Counseling Help to Improve Attendance/ Behavior Other (Specify) Are there psychological or confidential reports available from your child's form	uage
1. 3. 4. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: Resource (RSP) Special Day Class (SDC) Speech/Langu Other: Gifted (GATE) Remedial Math Remedial Reading Counseling Help to Improve Attendance/ Behavior Other (Specify) Are there psychological or confidential reports available from your child's form Has your child been suspended? Yes No Has your child ever been expelled Do you give permission for your child's written work, art work, picture and first nar 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 resu	lage
1. 3. 2. 4. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: Resource (RSP) Special Day Class (SDC) Speech/Langu Other: Gifted (GATE) Remedial Math Remedial Reading Counseling Help to Improve Attendance/ Behavior Other (Specify) Are there psychological or confidential reports available from your child's form Has your child been suspended? Yes No Has your child ever been expelled Do you give permission for your child's written work, art work, picture and first nar released to the public relating only to assignments and awards? Yes No	lage □ 504 Ig □ English Language Development er school? □ Yes □ No I? □ Yes □ No ne to appear on the class/school webpage and/or be It in an emergency? □ Yes □ No by a duly licensed physician (M.D.) for my child as
1. 2. 4. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: Resource (RSP) Special Day Class (SDC) Speech/Langu Other: Gifted (GATE) Remedial Math Remedial Reading Counselin Help to Improve Attendance/ Behavior Other (Specify) Are there psychological or confidential reports available from your child's form Has your child been suspended? Yes No Has your child ever been expelled Do you give permission for your child's written work, art work, picture and first nar 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 resure Please explain • My signature authorizes and gives consent for all medical care prescribed his/her parent/guardian. This care may be given under whatever condition	Jage 504 Jerglish Language Development Jer school? Yes No Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No Jer School webpage and/or be lit in an emergency? Yes No
1. 2. 4. MOST RECENT SCHOOL ATTENDED: School Address/City/State/Zip Special Education: □ Resource (RSP) □ Special Day Class (SDC) □ Speech/Langue Other: □ Gifted (GATE) □ Remedial Math □ Remedial Reading □ Counseline □ Help to Improve Attendance/ Behavior □ Other (Specify) Are there psychological or confidential reports available from your child's form Has your child been suspended? □ Yes □ No Has your child ever been expelled Do you give permission for your child's written work, art work, picture and first nar 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 resure Please explain □ • My signature authorizes and gives consent for all medical care prescribed his/her parent/guardian. This care may be given under whatever condition of my child. • My signature authorizes and gives permission for my child to attend varior.	lage □ 504 Ig □ English Language Development er school? □ Yes □ No If □ Yes □ No me to appear on the class/school webpage and/or be lit in an emergency? □ Yes □ No by a duly licensed physician (M.D.) for my child as ms necessary to preserve the life, limb or well-being us field trips or other activities scheduled by the o attend a scheduled trip.

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.

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.

WEED UNION SCHOOL DISTRICT STUDENT REGISTRATION

EMERGENCY CONTACT CARD

For Office Use Only	ENTRY DA	TE:	LOC	ALID#:	GRADE	LEVEL			
\$ 100 mm and a 100			non married exercises		[4 A 1 A 5 400	#40 721 F		
						and the second of the second o			
PRINT STUDENT'S Legal First Name	Legal Middle Name		Legal Lasi	t Name	Other Names Us	sed (if applicable	:)		
☐ Male ☐ Female	Birth date: Mo.	Da.	4.a.						
Name of the state									
			1 1		11 1				
Mother/Guardian First Name	Last Name		Primary P	hone	Cell Phone				
	1		()						
Father/Guardian First Name	Last Name		Home Ph	one	Cell Phone				
Mailing Address (P.O Box or house #	& street name)		Apt#	City		State	Zip		
		ļ		1.					
Residence Address (house # & street			Apt#	City		State	Zip		
Parent/Guardianship Informatio	n (with whom the st	udent lives) – o	check all t	hat apply	n Home 🏻 Other				
☐ Father ☐ Mother ☐ Both ☐ Is the above (checked) person (s)	Step-Father U Step- the student's LEGAL	-Mother 🗀 Gui guardian? 🗀 1	ardian 🗀 (es 🖸 No	If No. please	e complete a "Car	egiver Affidavit	<i>"</i>		
If there is a legal custody agreem	ent regarding this stu	udent, please cl	heck one:	☐ Joint Cust	tody 🗖 Sole Custo	ody 🗆 Guardia	n		
Note You must provide legal									
PLEASE COMPLETE INFORMATION	BELOW FOR PAREN	IT(S)/GUARDIA	N WITH V	VHOM THE S	TUDENT LIVES:				
☐ Mother ☐ Step Mother/Guardi						}			
☐ Father ☐ Step Father/Guardia					_ Work Phone:(_)			
PARENT'S EMAIL ADDRESS:									
Emergency Contacts: WHEN YOU CAI	NNOT BE REACHED.	2 Names			Physician's M	lame:			
1. Name:		2. Name:			·				
Relationship:		Relations	hip:		Physician's Phone:				
Home/Work/Cell Numbers:		Home /W	ork/Cell Nu	ımbers:	Insurance Ca	urance Carrier:			
DUPLICATE MAILING - If divorce	d/separated & ioint o	rustody allows i	duolicate i	mailing/infor	mation to be give	n to other pare	ent.		
Please include their name, addre									
Full Name:				Pho	one: ()				
			ity:		State:	Zip Code:			
Please List Any Siblings (Include I									
1.		•	3.						
2.			4.						
		DTUD! ACC OC	CIUI D.						
PARENT EDUCATION - Most education Graduate Degree or Higher (5)		RTHPLACE OF		Chat-		intra <i>e</i>			
☐ College Graduate (4)					:Cou				
Some College or Associate's De	gree (3) Da	ite child first a	ittended	school in th	e U.S.:		(mm/dd/yyyy)		
☐ High School Graduate (2)	111	S. Citizen: 🗆 '	Yes □ N	o	(mm/dd/yyyy	n	(www.aa/yyyy)		
☐ Not a High School Graduate (1)	, O	J. C.(.)_C.	۱۱ سب دیا،	-					

HOME LANGUAGE SURVEY: Indicate only or					
1. What language/dialect does your son/da					
2. Which language/dialect did your son/da	ughter learn v	vhen he/she first began t	o talk?	***************************************	
3, What language do you prefer school cor					
4. Has your child ever been given the CELC	OT Test (Calif. I	English Language Develo	pment Test)?	☐ Yes ☐ No	o 🗖 I don't know
Residence – where is your child/family curren	athy living 2 (fo	docally mandated) - Plea	se sheek ann	ropriate hov	•
☐ In a single family permanent residence (ho			In a mote		•
Doubled-up (sharing housing with other fa			☐ Unshelte		psite) (12)
hardship or loss) (11)	•		☐ Other (1	5) (please sp	ecify)
☐ In a shelter or transitional housing program	n (10)				
44,44,44,44		- No. Manager			
WHAT IS YOUR CHILD'S ETHNICITY? (PI Central American, or other Spanish culture or origin, re				of Cuban, Mexic	an, Puerto Rican, South or
WHAT IS YOUR CHILD'S RACE? (Please				uestion is ab	out ethnicity, not race.
No matter what you selected above, please consider your race to be.	e continue to	answer the following by	marking one	or more box	es to indicate what you
☐ American Indian or Alaskan Native(100)		☐ Laotian (206)		Other Pacifi	c Islander (399)
(Persons having origins in any of the original people of	North, Central	☐ Cambodian (207)		Filipino/Filip	oino American (400)
or South America)		☐ Hmong (208)			erican or Black (600)
☐ Chinese (201)		Other Asian (299)			(Persons having origins in any
☐ Japanese (202)		☐ Hawaiian (301)		the original peo e Middle East)	ples of Europe, North Africa, or
☐ Korean (203)		Guamanian (302)	Lyn	e madre edacj	
☐ Vietnamese (204)		☐ Samoan (303)			
☐ Asîan Indian (205)		☐ Tahitian (304)			
MOST RECENT SCHOOL ATTENDED:	A 1 1 (CC)	Ir to be 19th		Grade(s)	Date(s)
School	Address/City	/State/Zip		Grane(s)	Date(s)
			<u> </u>		
Special Education: ☐ Resource (RSP) ☐ Sp Other: ☐ Gifted (GATE) ☐ Remedial I ☐ Help to Improve Attendance/ Behavior Are there psychological or confidential re	Math ☐ Rer r ☐ Other (5	medial Reading	nseling Q E		age Development
Has your child been suspended? ☐ Yes ☐ N	o Has vour	child ever been expelled	? 🔲 Yes 🗀 N	lo	
Do you give permission for your child's writte					school webpage and/or be
released to the public relating only to assign	nents and awa	ards? O Yes O No	ic to appear i	Sil the elassi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Does your child take any medication or have Please explain	any health co	ndition which could resul		gency? 🛭 Yo	es 🖸 No
				end abveicia	o (M.D.) for my child as
 My signature authorizes and gives continuous his/her parent/guardian. This care roof my child. 	nay be given u	inder whatever condition	ns necessary (o preserve t	he life, limb or well-being
 My signature authorizes and gives poschool. I also agree that I will inform 	ermission for 1 the school if	my child to attend variou I do not want my child to	is field trips o attend a sch	r other activi eduled trip.	ties scheduled by the
 My signature authorizes and gives per 	ermission for	my child to use supervise	ed internet ut	ilizing the co	unty filter.
 My signature acknowledges that I had acknowledge the rights of my child a 	ave been infor as a student,	med and understand my	rights as a pa	arent/legal gu	uardian and that I also
Signature of Parent/Guardian,			Dat	:e:	angan da ni jama mana kan panamananananan dalahahahahahamanan

BENICIA UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT

	•		tudent ever atter PLEASE PRINT – STU Please		E (fron	n Birth Certif		□ N	0	Grade:
Last Name		First Name		Middle Name		Other Name	e (If applicable)		
Gender □ Male □ Female	Birth date: (m	m/dd/yyyy)	Home Phone		Parer (nts Cell)			Work Phone	
Residence Address (house number & street name Apt#)				City			State	Zip		
Mailing Address (IF DIFFERENT)				City	·		State	Zip		
STUDENT BIRTHPLACE:	City:	Is	tate: Co	untry:						
U.S. Citizen: Yes :										
WHAT IS YOUR CHILD'S	ETHNICITY? (PI	ease check on	e): 🔲 Hispanic or	Latino 🔲 Not H	Ispanic	or Latino				
WHAT IS YOUR CHILD'S RA	CE? (Please ched	k up to five raci								lected above, what you consider your race to be.
American Indian or Al	askan Native(10	00)	☐ Laotian (206)							
Chinese (201)			Cambodian (207	· · ·						
☐ Japanese (202)			☐ Hmong (208)							
☐ Korean (203)			Other Asian (299							
☐ Vietnamese (204)			☐ Hawaiian (301)							
Asian Indian (205)			Guamanian (302	:)		U Wnite	(700)			
Residence: Where is you			• •	• •		•••				
In a single family per In a shelter or transit			irtment, condo, mod	ille nome)	_	In a mote			••	
Doubled-up (sharing	• •		مه میاه مادیاه دادی	aaaala baadabia aa l			red (car/camps		2)	
		ther fairinies/ii			033) - =	- Other (12		iy)		
LAST SCHOOL ATTENDE	D (NAME)		Address/City/Sta	rte/Zip			Grade(s)	Date	(s)	
			1							
Date first attended scho	ol <u>in the U.S.</u> (ı	mm/dd/yyyy)	Date first attend	ed school <u>in Californ</u>	<u>ia (</u> mn	n/dd/yyyy}				
Are there psychological or confidential reports available from your child's former school?										

Mother/Step Mother/ Legal Guardian Please select one	Last Name:		First Name		Home Phone		
Employer:	<u></u>		City:		Work Phone: ()		
		I a. a	<u> </u>				
Email address:			Student resides with: Cell Phone YES NO ()		20000-00-00-00-00-00-00-00-00-00-00-00-0		
Father/Step Father/Legal Guardian	Last Name		First Name		Home Phone		
Please select one							
Employer:			City:		Work Phone: ()		
Residence Address (house number & street name Apt	City		State	Zip			
Email address:	Student reside:	s with:	Cell Phone				
		□ YES □	NO	()			
Mother/Step Mother/ Legal Guardian Please select one	Last Name:		First Name		Home Phone		
Employer:		-	City:		Wark Phone: ()		
Email address:		Student reside:		Cell Phone			
Father/Step Father/Legal Guardian Please select one			First Name		Home Phone		
Employer:			City:		Work Phone: ()		
Residence Address (house number & street name Apt	#)	City	State		Zip		
Email address:		44-4	tudent resides with: Ceil Phone		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
		1 - 120					
PARENT EDUCATION — Check the response that d	escribes the education le	vel of the most	educated parent.				
☐ Graduate Degree or Post Graduate Training (10)	Some College or	Associate's Degre	ee (12)	ot a High School Gradu	uate (14)		
College Graduate (11)	☐ High School Grad						
HOME LANGUAGE SURVEY: Indicate only one lar	guage (most frequently	used) per line					
What language/dialect does your son/daughter m	ost frequently use at hon	ne?					
Which language/dialect did your son/daughter lea	arn when he/she first beg	an to talk?					
What language/dialect do you most frequently sp	eak to your child?						
Has your child ever been given the CELDT Test (Ca	ilif. English Language Dev	elopment Test)	? 🖸 Yes 🚨 No 🚨 I d	lon't know			
If YES, please specify test date (mm/dd/yyyy):							
	I verify that to t	the best of my	knowledge this in	formation is corre	ect		
Parent/Guardian (please print)			· ·				
Signature of Parent/Guardian:	<u>-</u>		Date:				

Version 1,0 June 10, 2009



Student Application Form 2016-2017

Last Name:	,, ,, , , , , , , , , , , , , , , , , 	First Name:			Middle Name:		
Gender: □ M □ F	Grade in	<u>2016-2017:</u>		Birthdate:			
<u> </u>					-,·		
Parent/Guardian Informa	4						
Parent/Guardian 1	IION		Por	ent/Guardian 2	1.		
Name:			Na				
i taille.			1140	1110.			
Relationship to student:			Rek	ationship to studen	ıt:		
Street Address*:□Same a	s student		Stre	et Address*:□Sar	me as student		
City:			City	:			
State:	Zip:		Stal	e:	Zip:		
*Note: If physical address do physical address represents:	pes not represent pen	manent housing	, please b	riefly describe what	type of temporary housing the		
School District of Residence	œ:		Sch	ool District of Resi	dence:		
Mailing Address:			Mai	ling Address:			
City:			City	79 .			
State:	Zip:		Stat	e:	Zip:		
Phone #1:	Phone #2:		Pho	ne #1:	Phone #2		
Phone #3:	Email:		Phone #3:		Email:		
Lives with Student	Send studer	nt mailings?	Lives with Student		Send student mailings?		
□Yes □No	□Yes □No		□Y	es □No	□Yes □No		
			•				
Parent/Guardian 1 Highe one)	st Level of Educatio	on (check	Parent/	Guardian 2 Highe	est Level of Education (check one)		
☐ Graduate Degree - Ho	ds MA, MS, PhD o	or EdD (5)	☐ Grad	uate Degree - Ho	lds MA, MS, PhD or EdD (5)		
☐ College Graduate – Ho	lds BA or BS (4)		☐ Colle	ge Graduate – Ho	olds BA or BS (4)		
☐ Some College- Holds A	A or completed 2 f	ull years at a	☐ Some	College- Holds A	A or completed 2 full years at a		
4 year university (3)				university (3)			
☐ High School Graduate	– Holds a diploma	or GED (2)	☐ High	School Graduate	- Holds a diploma or GED (2)		
□ Not a High School Gra	duate (1)		□ Not o	a High School Gro	iduate (1)		
☐ Decline to state (6)			☐ Decli	ne to state (6)			
,							
Home Language Survey							
What language did the st							
What language does the s							
What language does the p				the student?			
What language is most of				·			
Is the student fluent in Eng	lish? 🛘 Yes 🗘 No						

Ethnicity New federal ethnicity and ro ethnicity from the 2 choices below:	ce data collection/re	portir	ng requirements beginning	g in 2009	-2010	require all students to ident	ify their		
Is the student Hispanic or Latino?	□ No, not Hisp	anic	or Latino 🛚 Yes, H	lispanic	or Lat	tino			
Race in addition to ethnicity, at le		st also							
☐ American Indian or Alaskan N		.	☐ Black or African			☐ White ☐ Middle			
A person having origins in any of the or and South America (including Central A	iginal people of Nort	th	A person having origins black racial groups of Al	in any of	the	A person having origins i			
maintains tribal affiliation or community		1	black racial groups of A	пка		the original peoples of Eu Middle East, or North Am			
Asian					* + + +	ic Islander			
☐ Asian Indian ☐ Cambodia	☐ Korean					vamanian 			
☐ Cambodia ☐ Chinese	☐ Laotian				☐ Hawaiian ☐ Samoan				
☐ Filipino		☐ Vietnamese				imoan hitian			
	Li Other Asi	☐ Other Asian				nman ther Pacific Islander			
□ Japanese		·····			<u> </u>	mer racific islander			
	1 1 4								
Additional Information (if applica	ble):								
Student Alias Last Name:			Student Alias First I	Name o	Stud	lent Nick Name:			
Birth Information:					*				
Birth City:	Birth State:			Birth Co	untry)			
	Biriii Oldic.			Diam Co	ormry.	,			
Previous School/Enrollment Detail			· · · · · · · · · · · · · · · · · · ·						
Name of Previous School:	15		LAII. (D.	c l .					
indime of Previous School:			Address of Previou	s ocnooi	:				
Desires Calandaria (alamana)	-t - :- \.								
Previous School Type (please sele	ct one):								
	E : I:tt .				1 . 1	1.1 . 1			
Din a different district same state	in a different	STOTE	LI Charter School	□ comb	peted	highest grade level of	rered		
Private, non-religiously-affiliate	al anha ala								
			I:ff		1	c.L. P. r. d			
☐ in the same district ☐ in a diff		ne sto	in a different s	state Li	tome	Schooling Family	<u></u>		
Private, religiously-affiliated sc			1:00						
☐ in the same district ☐ in a diff	erent district, san	ne sto	are Li in a different s	state					
Other:		,		-i-, t			<u>.</u>		
□ school outside of the United St	noriuitani 🗀 seix	lexc	imple: correctional to	cility)		<u> </u>			
Original Entry into US school:									
🗆 enrolling in school for the first									
☐ from a foreign country without	_		1						
from a foreign country with sch			- fa - 34 1	1					
	st enrolled in		te first enrolled in	Date f	irst er	nrolled in this school:			
the US: Ca:		Dis	hrict						
Grade first enrolled in the District		· · · ·			24	T • .1			
☐ Check here if student was born				hip at tin	ne of	birth			
☐ Check here if foreign student to				1					
☐ Check here if student is foreign	porn and has be	en e	nrolled less than 3 co	umulativ	e yea	rs in the U.S.			

All siblings in family							<u></u>	
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:
		****			<u> </u>			··-···
Special Programs: T	his informatic	n will be used f	or staff purpa	ses only, and	will not be used as admiss	ion criteria		
Has the applicant ever re	eceived schoo	or private serv	rices in any o	f the following	programs?		□Yes	□No
Please check all that app	dy.							
☐ Title I-reading	☐ Speec		□ 504 Pla	n	☐ Counseling	☐ English	as a Sec	cond
	Language			1 :- :		Language		· · · · · · · · · · · · · · · · · · ·
☐ Adaptive Physical		Special Day C	lass	☐ Resource	e Specialist Class	□ Оссира	tional Th	erapy
Therapy Gifted and Talentee	J = J		······································			<u> </u>		
Has the applicant ever he		li :		2			1 >	
rius ine applicanti ever il	aa an ier (inc	JIVIGUQIIZEG EGC	ocalion Frogra	31114			Li Te	s 🗆 No
	. // /	[+ [+						
Enrollment Enhancer								
	n employed	in one or more	e agricultura	ıl or tishing	activities on a seasonal o	or .	☐ Ye	s □ No
temporary basis?		-			<u></u>			
Parent/Guardian Re								
Student is allowed to	use comp	uters at schoo	<u>ol</u>				s □ No	
Student is allowed to							□ No	
Grant permission to							; □ No	
Grant permission to							□ No	
Grant permission to						☐ Yes	□ No	
Grant permission to	use studen	t work produ	ced by this	student for	school purposes	☐ Yes	□ No	•
Special Program Aff								
		lent has never r	eceived Speci	ial Education	services of any kind. I furt	ner certify that	my stude	nt
does not have a 504 Plan	n.							
¥					Date			
If Yes sign here and n	mvide a co	ov of the IEP i	ncheding an	evit IFP Luc	nderstand I must submit all :	Special Educat		
documentation, and/or 5	504 Plan with	my child's enro	aliment paper	work, and the	it without it my child cannot	be enrolled in	this scho	ol.
I certify that all statement								
					_			
X		 			Date	······································		
A le de Affe i	<u> </u>							
Application Affidavit		1 4 1	(C lif	1 1	» (° ,	J ;		
					information provided in			
or false information ma					ew of the cumulative rec	oras and that	INDCCUR	ure !
or rate intermental fig	ay souled in	y request to a		ACCION.				
Parent/Guardian Sign	ature			D)ate			
Print Name of Parent/	Guardian			D	aytime Phone			1

	Office Use Only: Pre-Enrollment Information
Status: 🗆 In District 🗆 F	amily 🛘 Special Education (🗘 full IEP attached)
Special Ed Services Appro	wal:
Priority: Employee	Sibling
School: Charter School	□ Elementary □ Charter Middle School
Missing Information:	☐ Previous year report card
	☐ Current year report card
	☐ STAR scores (Spring 2013)
	☐ Birth Certificate
	□ Immunization records (with Tdap booster if 7th/8th grade
	□ Proof of residency (in-district only)
	Property tax bill, lease agreement with utility bill, Affidavit with property tax bill)
	□ Full IEP, if applicable
	□ Other:
Date Notified:	Parent Signature:



Name: __

Mailing Address: _____

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 **FOR OFFICE USE** Lives in District] In-District Childcare Child's LEGAL Name (as listed on Birth Certificate):] In-District Employment Last Name First Name] Sibling [] Lottery Waiting List Grade Entering: Male Female Date of Birth: Month: Year Home Address State Proof of Residency] Utility/Telephone Bill Mailing Address (IF DIFFERENT) I Rent/Lease Agreement State] Affidavit of Residency] Tax Documents Mother's/Guardian's Name Home Phone Cell Phone] Proof In-District Employment Mother's/Guardian's Email: ____ Proof In-District Childcare _Mother's Occupation_ **CSIS Number** Mother's Birthplace Mother's Citizenship Mother's Maiden Name Mother's Work Phone **Emergency Form** Immunization Record Cell Phone Father's/Guardian's Name Home Phone **Proof of Residency** Father's/Guardian's Email: ____ _Father's Occupation: ___ Father's Birthplace Father's Citizenship Father's Work Phone Last School Attended: Name of School Clty/State Phone Number Student's Birthplace: ___ If your child was not born in the United States, when did he/she enter the U.S.? ____/____ Month / Year City/State /Country When did your child first enroll in a U.S. school? ____ _ In a *California* school? ____/_ Month / Year 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:

_____ Phone Number: _____

_____ City: ______ State: ___ Zip:

ETHNICITY: Mark ethnicity with which the student most closely iden Federal/State Reports)	ntifies: (only one) (Confidential Information needed for
Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Cer	ntral 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 needed for Federal/State Reports)	what you consider your child's race to be. (Confidential Information
American Indian or Alaskan Native (100) (Person having origins in any of the original people of North and South America (including Central America) Chinese (201) Hmong (208) Korean (203) Vietnamese (204) Asian Indian (205) Laotian (206) Cambodian (207) Japanese (202)	Hawaiian (301)
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 need) Not a high school graduate High school graduate College graduate	Graduate school/post graduate training
· · · · · · · · · · · · · · · · · · ·	
WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check	all boxes that apply
WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan ed from any school? Yes No Date:
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled fryes: Name of school:	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan ed from any school? Yes No Date: Date: mandated by NCLB: Please check all that apply) e home) in a motel/hotel
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobiled) Doubled-up (sharing housing with other families/individuals due to econ hardship, loss, or other reasons)	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan ed from any school? Yes No Date: Date: mandated by NCLB: Please check all that apply e home) In a motel/hotel omic Unsheltered (car/campsite)
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobil) Doubled-up (sharing housing with other families/individuals due to econ hardship, loss, or other reasons) In a sheltered or transitional housing program	Speech/Language 504 Accommodation Plan Remedial Reading Counseling Medical Health Plan ed from any school? Yes No Date: Date: mandated by NCLB: Please check all that apply e home) In a motel/hotel omic Unsheltered (car/campsite)
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobiled Doubled-up (sharing housing with other families/individuals due to econdardship, loss, or other reasons) In a sheltered or transitional housing program OTHER CHILDREN IN THE FAMILY First and Last Name Relationship Lives at Home Yes No	Speech/Language
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobile) Doubled-up (sharing housing with other families/individuals due to econdardship, loss, or other reasons) In a sheltered or transitional housing program OTHER CHILDREN IN THE FAMILY First and Last Name Relationship Lives at Home Yes No Yes No	Speech/Language
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobiled Doubled-up (sharing housing with other families/individuals due to econdardship, loss, or other reasons) In a sheltered or transitional housing program OTHER CHILDREN IN THE FAMILY First and Last Name Relationship Lives at Home Yes No Yes No Yes No	Speech/Language
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally II) In a single family permanent residence (house, apartment, condo, mobiled) Doubled-up (sharing housing with other families/individuals due to econd hardship, loss, or other reasons) In a sheltered or transitional housing program OTHER CHILDREN IN THE FAMILY: First and Last Name Relationship Lives at Home Yes No Yes No Yes No Yes No	Speech/Language
Special Education: Resource (RSP) Special Day Class (SDC) Other: Gifted (GATE) Remedial Math English Language Development Has the student been expelled or is the student in the process of being expelled if yes: Name of school: RESIDENCE — where is your child/family currently living? (Federally III) In a single family permanent residence (house, apartment, condo, mobiled Doubled-up (sharing housing with other families/individuals due to econdardship, loss, or other reasons) In a sheltered or transitional housing program OTHER CHILDREN IN THE FAMILY First and Last Name Relationship Lives at Home Yes No Yes No Yes No	Speech/Language

HEALTH PROBLEMS (Check all that apply)
Diagnosed ADD or ADHD
Asthma
Bladder Problems
Bleeding Disorder
Diabetes
Eczema/Skin Trouble
History of Ear Problem Describe
Heart Problem Describe
Head Injury Describe
History of Fractures Describe
History of Hospitalization Describe
History of Surgery Describe
Known Hearing Loss Right Left Left
Known Vision Loss
Physical Limitations Describe
Wears Contact Lens
Wears Glasses For close work For distance only At all times
Other or further details of above
ALLERGIES (Check all that apply) none:
Animals Drugs List specific item(s) student is allergic to:
Insects Food
Bee Stings Plants Describe allergic reaction and/or treatment:
Other Explain:
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
by the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on earnous feed in the principal of designed to be on the principal of th
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:

Revised: 7/1/2016



GRADE

Student Last Name HEALDSBURG UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION □ No ► Has your student ever attended California public schools before?

Yes District: □ No ▶ Has your student ever attended Healdsburg schools before? ☐ Yes Year PLEASE PRINT - STUDENT'S LEGAL NAME **Legal Last Name Legal First Name** Legal Middle Name Other Legal Name (if applicable) Birth date: **□**Female ■ Male Month Day Year **Home Phone Work Phone** Parent/Guardian First Name Last Name **Work Phone** Parent/Guardian First Name **Last Name Home Phone Mailing Address** Apt# City State Zip Residence Address (house # & street name) (IF DIFFERENT) Apt# City State Zip **First Name 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. ☐ American Indian or Alaskan Native(100) ☐ Laotian (206) ☐ Tahitian (304) (Persons having origins in any of the original people ☐ Cambodian (207) ☐ Other Pacific Islander (399) of North, Central or South America) ☐ Hmong (208) ☐ Filipino/Filipino American (400) □ Chinese (201) ☐ Other Asian (299) ☐ African American or Black (600) ☐ Japanese (202) ☐ Hawaiian (301) ☐ White (700) (Persons having origins in ☐ Korean (203) any of the original peoples of Europe, North ☐ Guamanian (302) ☐ Vietnamese (204) Africa, or the Middle East) ■ Samoan (303) ☐ Asian Indian (205) PARENT EDUCATION - Check the response that describes the Date first attended school in the U.S. D education level of the most educated parent. ■ Not a High School Graduate (14) Day Year Month ☐ High School Graduate (13) ☐ Some College or Associate's Degree (12) Date first attended school in California ☐ College Graduate (11) ☐ Graduate Degree or Higher (10) Month Day Year STUDENT'S BIRTHPLACE: ___ State:____ Country: _ City: _ U.S. Citizen: ☐ Yes ☐ No U.S. Enter Date:

المالية الما	AGE SURVEY: Indic	ate only one lang	uage (most fre	quently used) p	er line:			Stu
1	uage/dialect does							de
	guage/dialect did y			-	-			ਜ਼ੋ
	guage/dialect do yo							st
4. Has your	child ever been giv	en the CELDT Test	(Calif. English L	anguage Develo	opment Test)? [] Yes □	No 🗖 I don'	Student Last Name
In which langua	age do you wish to	receive written co	mmunications	from the school	? 🔲 English 🗆	Spanish		
☐ In a single fa☐ Doubled-up hardship or	here is your child/f mily permanent re (sharing housing w loss) (120) or transitional hous	sidence (house, apar ith other families,	tment, condo, mot l'individuals due	oile home) (200)	CLB) – Please ch In a motel/l Unsheltered	notel (11	.0)	
Parent/Guardia	anship Information	ı (with whom the	student lives) -	- check all that	apply			
	other 🗆 Both 🗀 🤉	-	•		•			
	necked) person (s) t al custody agreeme							
PLEASE COMPL	ETE INFORMATIO	N BELOW FOR PAI	RENT(S)/GUARI	DIAN WITH WH	OM THE STUDE	NT LIVES	:	
1. 🗆 Father 🗖	Step Father/Guard	dian (check one)	Full Name:					
Employer: _		Cit	y:		Daytime Phor	ne# (_	}	First Name
2. Mother D	☐ Step Mother/Gua	ardian (check one)	Full Name:					lame
Employer: _		Cit	<i>y</i> :		Daytime Phon	ne# ()	
Employer: _	· · · · · · · · · · · · · · · · · · ·	City	ł:		Daytime Phon	ne# ()	
					Daytime Phon	ne# ()	
Active Armed	Forces Family Men	nber:No	_Yes			ne# ()	
Active Armed		nber:No	_Yes			e# ()	
Active Armed	Forces Family Men	nber:No	_Yes			e# ()	
Active Armed Circle one: 101 SCHOOLS ATTE	Forces Family Men	nber:No or 101(d)(1) Active	_Yes Duty or 101(d)	(5) Full-Time Na	ational Guard			
Active Armed	Forces Family Men	nber:No or 101(d)(1) Active	_Yes Duty or 101(d)	(5) Full-Time Na	ational Guard	ne # ()	
Active Armed Circle one: 101 SCHOOLS ATTE	Forces Family Men	nber:No or 101(d)(1) Active	_Yes Duty or 101(d)	(5) Full-Time Na	ational Guard			
Active Armed Circle one: 101 SCHOOLS ATTE	Forces Family Men	nber:No or 101(d)(1) Active	_Yes Duty or 101(d)	(5) Full-Time Na	ational Guard		Date(s)	
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to	Forces Family Men (a) Armed Forces of NDED: (Use separate	nber:No or 101(d)(1) Active te sheet if necessary Addrese	_Yes Duty or 101(d) /. Most recent fires/City/State/Zies able from your est your child even	(5) Full-Time Na st) p child's former ser been expelled	itional Guard G chool? □ Yes [rade(s)	Date(s)	SSID:
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child b What special se	Forces Family Men (a) Armed Forces of NDED: (Use separate nological or confide peen suspended? (in the confidence) in the confidence of th	nber:No or 101(d)(1) Active te sheet if necessary Addrese	_Yes Duty or 101(d) y. Most recent firess/City/State/Zies able from your est your child evenue check all bo	(5) Full-Time Na st) p child's former seer been expelled xes that apply)	chool?	rade(s)	Date(s)	
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to What special se Special Educati	Forces Family Men (a) Armed Forces of NDED: (Use separate	nber:No or 101(d)(1) Active te sheet if necessary Addres antial reports availa I Yes □ No Ha Id received? (pleas SP) □ Special Da	_Yes Duty or 101(d) y. Most recent firess/City/State/Ziese from your as your child even y Class (SDC)	(5) Full-Time Na st) p child's former seer been expelled xes that apply) I Speech/Langue	chool? Yes No	rade(s)	Date(s)	
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to What special se Special Educati Other: Giftee	Forces Family Men (a) Armed Forces of NDED: (Use separate nological or confide peen suspended? (rvices has your chi on: Resource (R	nber:No or 101(d)(1) Active te sheet if necessary Addres ential reports avail Yes □ No Ha Id received? (plea SP) □ Special Da dial Math □ Rem	_Yes Duty or 101(d) /. Most recent fires/City/State/Zi	(5) Full-Time Na st) p child's former ser been expelled xes that apply) I Speech/Langue Counseling	chool?	rade(s)	Date(s)	
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to What special se Special Educati Other: Gifted Help to Impress	Forces Family Men (a) Armed Forces of NDED: (Use separate nological or confide peen suspended? (ervices has your chi on: Resource (R d (GATE)	nber:No or 101(d)(1) Active te sheet if necessary Addres antial reports avail. Yes □ No Ha Id received? (plea SP) □ Special Dav dial Math □ Rem ehavior □ Other	_Yes Duty or 101(d) y. Most recent fires/City/State/Zi	(5) Full-Time Na st) p child's former ser been expelled xes that apply) I Speech/Langu	chool?	rade(s) No lage Dev	Date(s)	SSID:
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to What special se Special Educati Other: Gifted Help to Impress	Forces Family Men (a) Armed Forces of NDED: (Use separate nological or confide peen suspended? (ervices has your chi on: Resource (R d (GATE) Remedove Attendance/ B	nber:No or 101(d)(1) Active te sheet if necessary Addres antial reports avail. Yes □ No Ha Id received? (plea SP) □ Special Dav dial Math □ Rem ehavior □ Other	_Yes Duty or 101(d) y. Most recent fires/City/State/Zi	(5) Full-Time Na st) p child's former ser been expelled xes that apply) I Speech/Langue Counseling	chool?	rade(s) No lage Dev	Date(s)	SSID:
Active Armed Circle one: 101 SCHOOLS ATTE School Are there psych Has your child to What special se Special Educati Other: Gifted Help to Impress	Forces Family Men (a) Armed Forces of NDED: (Use separate nological or confide peen suspended? (ervices has your chi on: Resource (R d (GATE) Remedove Attendance/ B	nber:No or 101(d)(1) Active te sheet if necessary Addres antial reports avail. Yes □ No Ha Id received? (plea SP) □ Special Dav dial Math □ Rem ehavior □ Other	_Yes _Duty or 101(d) y. Most recent firss/City/State/Zi able from your as your child evenue check all book y Class (SDC) edial Reading (Specify)	(5) Full-Time Na st) p child's former ser been expelled xes that apply) I Speech/Langu	chool?	rade(s) No lage Dev	Date(s)	SSID:

Mark West Union School District For Office Use Only 305 Mark West Springs Road, Santa Rosa, CA 95404 Priority (707) 524-2970 FAX (707) 524-2976 D-TUO IN-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 ____ Middle Applying for: ____ grade in the _____ school year. Date of Birth: / / Gender: M F _____ City ____ State ___ Zip Street Address: _____ City ____ State ___ Zip ___ Mailing Address: Student Resides With: ___ (Name & relationship) Office Use Only: SM MW R MWCS Student's District of Residence 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: 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 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 □ Occupational Therapy (OT) ☐ Resource Specialist Program (RSP) ☐ Gifted and Talented Education (GATE) Yes D No D Exit Date _____ Has your child ever had an IEP (Individual Education Program)? 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: **HEALTH INFORMATION** — (check all that apply) ☐ Asthma □ Diabetes □ Seizures ☐ Bee sting sensitivity ☐ Hearing problem ■ Wears contacts or glasses ☐ Takes medication regularly (explain type and when taken): Other health or personal problems: Phone: Family Physician: Health Insurance provider: LD. #: FOR OFFICE USE ONLY: Date Completed Application Received: Behavioral Agreement Received: Approved-Conditions/Comments: Denied Signature-Reason:

Please also complete the following information:

□ RE □ MW

Student last name:	F	irst nam	e:		_			
Teacher:			Start Date:_					
Grade:								
(Parent/Guardian's)			(Parent/Guardi	an's)				
First Name :			First Name:					
Last Name:			Last Name:					
Parent/Guardian e-mail:			Parent/Guardian e-mail:					
	Cell #: Wk#:							
nome #: Ceij #: VVK #:			Home #:	Cen #;	VVK #:			
Mailing Address (P.O. Box or house # and street name) Apt.	te, Zlp	Mailing Addre	ss (P.O. Box or house # and	street name) Apt.#, City, State, Zip				
Residence Address, IF DIFFERENT				Residence Address,				
(P.O. Box or house # & street name) Apt. #, City St	tate, Zip		(P.O.	Box or nouse # & street n	ame) Apt. #, City State, Zip			
Child's Birthplace:								
U.S. Citizen Yes No		(City)		(State)	(County)			
Date first attended school in U.S.: Month D	av Y	'ear						
If your child attended school outside of California Years of Attendance	s, date fi	rst atten	aea in Californi	a: MonthDa	yYear			
Per NCLB (No Child Left Behind) Federal requirements	state that	we musi	ask the followin	P:				
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)								
WHAT IS YOUR CHILD'S RACE? (Please check up to five				inspanie or macine				
The first question is about ethnicity, not race. No matt			ed for the first au	estion please continue	to encuer the following by			
marking one or more boxes to indicate what you consider				estion, pieuse continue	to unswer the johowing by			
☐ American Indian or Alaskan Native (100) *	☐ Laotia							
☐ Chinese (201)		odian (20	07)	☐ Tahitian (3				
☐ Japanese (202)	☐ Hmoi				fic Islander (399)			
☐ Korean (203)	☐ Other	r Asian (2	99)	☐ Fllipino/Fili	ipino American (400)			
☐ Vietnamese (204)	☐ Hawa	ilan (301))	☐ African Am	erican or Black (600)			
☐ Asian Indian (205)	☐ Guan	nanian (30	02)	☐ White (700))			
* To help you choose correctly, the State of California de peoples of North and South America (including Central A person having origins in any of the original peoples of Ed	America), urope, the	and who Middle I	maintains a tribal East, or North Afri	affiliation or communit ca.	y attachment; and White as a			
RESIDENCE – Where is your child/family currently living	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ase check appropriate b	oox:			
☐ In a single family permanent residence (house, apart								
Doubled-up (sharing housing with other families/ind	ividuals d	ue to eco	nomic hardship o	r loss) (11)				
☐ Unsheltered (car/campsite) (12)								
☐ In a motel/hotel (09)								
☐ In a shelter or transitional housing program (10)								
Other (15) (please specify)			**					
		_						
PARENT EDUCATION —Check the response that describe	25	\dashv						
The education level of the most educated parent.								
☐ Not a High School Graduate ☐ High School Graduate		\blacksquare						
☐ Some College or Associate's Degree								
☐ College Graduate		_						
☐ Graduate Degree or Higher								

☐ Father ☐ Mother ☐ Both ☐ Step-Father		neck all that apply:	
	r ☐ Step-Mother ☐ Guard	dian D Foster/Group Home D Other_	
Is the above (checked) person(s) the student's Li	EGAL guardian? 🛭 Yes 🗖 1	No If no, please complete a "Caregiver Af	fidavit"
If there is a legal custody agreement regarding t	his student, please check one	e: 🛘 Joint Custody 🗘 Sole Custody 🗘 🤇	Guardian
1. □ Father □ Step Father/Guardian (che Employer:		w	
2. Mother Step Mother/Guardian (c	check one) Full Name:		
Employer:			
Work Phone Number: ()		-	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3. OTHER CHILDREN IN FAMILY:		Rirth date:	
Name:			
Name:			
			ovided above is true llative record and that
inaccurate or false information may my student (if residence is out of di Agreement".	y subject my request t	to denial or revocation. I under	lative record and that stand that placement of
my student (if residence is out of di	y subject my request t istrict) is contingent u	to denial or revocation. I under pon following the "Parent & St	lative record and that stand that placement of
my student (if residence is out of di Agreement".	y subject my request to istrict) is contingent up	to denial or revocation. I under pon following the "Parent & St	lative record and that stand that placement of
my student (if residence is out of di Agreement". Parent Signature:	y subject my request to istrict) is contingent up	to denial or revocation. I under pon following the "Parent & St	lative record and that stand that placement of

OLD ADOBE UNION SCHOOL DISTRICT - STUDENT REGISTRATION FORM SCHOOL USE ONLY: Resident School or School Desired if Inter District Transfer Student, check one: INTER____ 🗖 Old Adobe 🖺 Loma Vista 🚨 La Tercera 🗊 Miwok Valley 🗇 Sonoma Mountain INTRA_ Intra District Transfer request to which school in OAUSD:____ STUDENT BIRTHDATE: Student's Legal Name: ☐ Male ☐ Female Transitional Kindergarten Month Day Year Middle STUDENT BIRTHPLACE: Address: Home Telephone:____ _____ Cell Phone_____ Previous School Attended (K-6th grades)_____ Country____ Address: _____Grades:_____Dates:____ Has student previously attended an OAUSD school? Yes _____No ____ When____ State STUDENT RESIDENTIAL STATUS CUSTODY OF STUDENT STUDENT ETHNICITY STUDENT RACE PARENT EDUCATION LEVEL Student Last Name: □ Father ☐ Mother Please indicate below. Joint Custody ☐ Hispanic □White □Asian OStepfather OStepmother 1. Grad School/Post Grad Indian 🗆 Korean ☐ Sole Custody Non-Hispanic ☐ Guardian ☐ Foster Care 2. College Graduate ☐ Black Other ☐ Permanent Housing U.S. Citizen? 3. Some College (AA included) ☐ Guardianship Asian OJapanese ☐ Migrant 4. High School Graduate Yes ___ No ___ ☐ Homeless/Temporary Shelter □ Vietnamese □ Filipino 5. Not a High School Graduate Date student first If there is a Legal Custody 6. Declined or Unknown attended school in the C) Chinese () Laotian Agreement regarding this A Caregiver Affidavit form must United States: ☐ Native American be filled out for students living student please provide a Mother/Guardian____ Other Pacific Islander with a Legal Guardian other than copy to the School Office In California: Other____ parent, and check one of the above. Father /Guardian Contentionally Left Blank STUDENT SPECIAL PROGRAMS PARENT/LEGAL GUARDIAN: Relation to Student:____ □RSP □SDC □SPEECH ☐GATE ☐ Active IEP/504 Other____ Employer:______ Occupation PARENT / GUARDIAN SIGNATURE: U.S. Military Service: Branch _____ Dates of Service DATE PRIMARY EMAIL ADDRESS: SCHOOL USE ONLY Birth Verification: Initial PARENT/LEGAL GUARDIAN: Relation to Student: Check when received: Birth Verification Employer:_ ☐ Immunization Records Occupation Work Phone Oral Assessment Form U.S. Military Service: Branch____ Proof of Residence PRIMARY EMAIL ADDRESS: Student Health History Inter/Intra District Transfer Form Other Children In Family: Court Order Date Exp: Caregiver Affidavit Last

М

YELLOW = Student Services

Birth date

Birth date

Birth date

Cum Requested Date:

EMPLOYEE SIGNATURE:

DATE COMPLETE:

Elect

Lask

Last

WHITE = Cum Folder

GRADE	RADE	
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ROSELAND SCHOOL DISTRICT STUDENT REGISTRATION

► Has your student ever attende	STUDENT'S LEGAL				<u> </u>	
		1				
Legal First Name Legal Mi	ddie Name	Legal L	ast Name	Other Leg	gal Name (if applicable	
☐ Male ☐ Female Birth date:			1			
	Month Day	Year	_			
			()	()	
Parent/Guardian First Name La	st Name	,	Home Phor	re V	ork Phone	
			()	10)	
Parent/Guardian First Name La	st Name		Home Phon	ie W	ork Phone	
		<u></u>				
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?	(Olopeo chook ana)					
	•				Mexican, Puerto Rican, So	uth or
	•		ispanic or Latino (A ot Hispanic or Latin		Mexican, Puerto Rican, So	uth or
Central American, or other Spanish culture or origin	, regardless of race)		ot Hispanic or Latin		Mexican, Puerto Rican, So	uth or
Central American, or other Spanish culture or origin WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of	e check up to five r	acial cat	ot Hispanic or Latin egories) er what you selecte	ed above, pleas		uth or
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes American Indian or Alaskan Native(100)	e check up to five rethnicity, not race. to indicate what y	racial cat No matt	ot Hispanic or Latin egories) er what you selecte	ed above, pleas	e continue to answe	uth or
WHAT IS YOUR CHILD'S RACE? (Pleas following by marking one or more boxes American Indian or Alaskan Native(100) (Persons having origins in any of the original people	e check up to five rethnicity, not race. to indicate what y Laotian (206	racial cat No matt nou consi	ot Hispanic or Latin egories) er what you selecte	ed above, pleas Tahitian (e continue to answe 304 cific Islander (399)	er the
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes American Indian or Alaskan Native(100 Persons having origins In any of the original people of North, Central or South America)	e check up to five rethnicity, not race. to indicate what y	racial cat No matt ou const 5) (207)	ot Hispanic or Latin egories) er what you selecte	ad above, pleas Tahitian (Other Pac	e continue to answe 304 cific Islander (399) ilipino American (40	er the
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WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (3	acial cat No matt No consi (207) (299) (299) (302)	ot Hispanic or Latin egories) er what you selecte	Tahitian (Control of the results of	e continue to answer 304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No	er the
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (3	acial cat No matt No consi (207) (299) (299) (302)	ot Hispanic or Latin egories) er what you selecte	Tahitian (Control of the read of the read of the read of the read of the original original or original	e continue to answer 304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No	o) o) orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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)	e check up to five rethnicity, not race. to indicate what y Laotian (208 Cambodian Hmong (208 Other Asian Hawaiian (3) Guamanian Samoan (30)	acial cat No matt No consi (207) (302) (302)	ot Hispanic or Latin egories) er what you selecte der your race to be.	Tahitian (Control Tahitian (Tah	e continue to answer 304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No	o) o) orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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) PARENT EDUCATION — Check the response ducation level of the most educated pair	e check up to five rethnicity, not race. to indicate what y Laotian (208 Cambodian Hmong (208 Other Asian Hawaiian (3) Guamanian Samoan (30)	acial cat No matt No consi (207) (302) (302)	ot Hispanic or Latin egories) er what you selecte der your race to be.	Tahitian (Control Tahitian (Tah	se continue to answer 304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having origi nal peoples of Europe, No liddle East)	o) o) orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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) PARENT EDUCATION — Check the responseducation level of the most educated pareducated pareducated Degree or Higher (10) College Graduate (11) Some College or Associate's Degree (12) High School Graduate (13)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (3) Guamanian Samoan (30)	acial cat No matt No consi (207) (302) (302)	ot Hispanic or Lating legories) ler what you selected der your race to be.	Tahitian (Cother Pace African Arican Arica, or the Market African Arican Arican Arica, or the Market Africa Arica, or the Market Africa Arica	304 cific Islander (399) ilipino American (40) merican or Black (60 00) (Persons having original peoples of Europe, No	er the O) O) os in orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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) PARENT EDUCATION — Check the responseducation level of the most educated parallel Graduate Degree or Higher (10) College Graduate (11) Some College or Associate's Degree (12)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (3) Guamanian Samoan (30)	acial cat No matt No consi (207) (302) (302)	ot Hispanic or Lating legories) ler what you selected der your race to be.	Tahitian (Cother Pace African Arican Arica, or the Market African Arican Arican Arica, or the Market Africa Arica, or the Market Africa Arica	304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No liddle East) d school In the U.S.	er the O) O) os in orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about of following by marking one or more boxes 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) PARENT EDUCATION — Check the responseducation level of the most educated pareducated pareducated College Graduate (11) Some College or Associate's Degree (12) High School Graduate (13)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (3) Guamanian Samoan (30)	acial cat No matt No consi (207) (302) (302)	per value of Lating segories) The results of the segories of	Tahitian (Tahitian (Other Pactor African Arrican Arrica, or the Marrican Arrican A	304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No liddle East) d school in the U.S. Year	er the O) O) os in orth
WHAT IS YOUR CHILD'S RACE? (Pleas The above part of the question is about a Tollowing by marking one or more boxes 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) PARENT EDUCATION — Check the responseducation level of the most educated pare Graduate Degree or Higher (10) College Graduate (11) Some College or Associate's Degree (13)	e check up to five rethnicity, not race. to indicate what y Laotian (206 Cambodian Hmong (208 Other Asian Hawaiian (30 Samoan (30)	acial cat No matt No consi (207) (299) (1) (302)	Date studen Month Month	Tahitian (Cother Pace Filipino/F African Arican Arica, or the Martina Arica attended Day Takitian (Cother Pace Filipino/F Cother Filipino/F Cothe	304 cific Islander (399) ilipino American (40 merican or Black (60 00) (Persons having original peoples of Europe, No liddle East) d school in the U.S. Year	o) o) orth

i .		nly one language (mo	• -								
1. What langua	age/dialect does your s	on/daughter most fre	equently use at h	nome?			a				
2. Which lange	uage/dialect did your s	on/daughter learn wh	nen he/she first l	began to talk	?		=				
3. What langu	age/dialect do you mo	st frequently speak to	your child?				💆				
4. Has your ch	ild ever been given the	CELDT Test (Calif En	glish Language D	evelopment	Test)? 🗖 Yes	□ No □ I don'	t know				
In which language do you wish to receive written communications from the school? English Spanish											
☐ In a single fam ☐ Doubled-up (s hardship or lo	re is your child/family ily permanent resident haring housing with ot ess) (11) transitional housing pr	ce (house, apartment, con her families/individua	do, mobile home)	☐ In a mic ☐ Uns	motel/hotel sheltered (car						
Parent/Guardian	ship Information (wit	h whom the student!	lives) – check all	that apply							
	ther Both Step-F				un Home 🗆 C)ther					
Is the above (che	cked) person (s) the st custody agreement re	udent's LEGAL guardi	an? 🗆 Yes 🗅 N	o If No, pleas	se complete a	"Caregiver Affic	davit"				
PLEASE COMPLE	TE INFORMATION BEL	OW FOR PARENT(S)/	GUARDIAN WITH	H WHOM THI	STUDENT LI	VES:					
1. 🗖 Father 🗖 S	tep Father/Guardian (d	check one) Full M	Name:			<u> </u>					
Employer:		City:	Employer: City: Daytime Phone # ()								
2. Mother Step Mother/Guardian (check one) Full Name:											
2. Mother 🗆	Step Mother/Guardian	n (check one) Full f	Name:								
	Step Mother/Guardian		lame:			()	- Instrument				
Employer:		City:		Dayti	me Phone #	()	`				
Employer: DUPLICATE MAII Please include th	.ING – If divorced/sepa	City: arated & joint custody I phone number:	allows duplicate	Dayti	me Phone #	()	`				
Employer: DUPLICATE MAII Please include th Full Name:	.ING – If divorced/sepa eir name, address, and	City: erated & joint custody I phone number:	allows duplicate	Dayti	me Phone # ormation to be Phone #: (()	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address:	ING – If divorced/sepa eir name, address, and	City: erated & joint custody I phone number:	allows duplicate	Dayti	me Phone # ormation to be Phone #: (() e given to other)	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address: MOST RECENT So	.ING – If divorced/sepa eir name, address, and	City: erated & joint custody I phone number:	allows duplicate	Dayti	me Phone # ormation to be Phone #: (() e given to other) Zip code:	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address:	ING – If divorced/sepa eir name, address, and	City: erated & joint custody I phone number:	allows duplicate	Dayti	me Phone # ormation to be Phone #: (_ State:	() e given to other) Zip code:	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address: MOST RECENT So School Are there psycholates your child be What special sense special Education Other: □ Gifted	ING – If divorced/sepa eir name, address, and	Address/City/S reports available from the incomplete in the incom	city:	mer school? (pelled? □ Youpply) Language □ Engli	Phone #: (State: Grade Yes No No 504 Shanguage	e given to other Zip code: Date(s) Development	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address: MOST RECENT So School Are there psychology Has your child be What special sen Special Education Other: □ Gifted □ Help to Improve	LING — If divorced/sepa eir name, address, and CHOOL ATTENDED: logical or confidential een suspended? ☐ Yes vices has your child red n: ☐ Resource (RSP) ☐ (GATE) ☐ Remedial M	Address/City/S reports available from the image of the i	city:	mer school? (pelled? □ Youpply) Language □ Engli	Phone #: (State: Grade Yes No es No 504 sh Language	e given to other Zip code: Date(s) Development	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address: MOST RECENT So School Are there psychology Has your child be What special sen Special Education Other: □ Gifted □ Help to Improve	CHOOL ATTENDED: clogical or confidential en suspended?	Address/City/S reports available from the image of the i	city:	mer school? (pelled? □ Youpply) Language □ Engli	Phone #: (State: Grade Yes No es No 504 sh Language	e given to other Zip code: S Date(s) Development	parent,				
Employer: DUPLICATE MAII Please include th Full Name: Mailing Address: MOST RECENT So School Are there psychology Has your child be What special sen Special Education Other: □ Gifted □ Help to Improve	LING — If divorced/sepa eir name, address, and CHOOL ATTENDED: Slogical or confidential een suspended? ☐ Yes vices has your child red in: ☐ Resource (RSP) ☐ (GATE) ☐ Remedial M ve Attendance/ Behavi ent/Guardian:	Address/City/S reports available from the image of the i	city:	mer school? (pelled? □ Youpply) Language □ Engli	Phone #: (State: Grade Yes No es No 504 sh Language	e given to other Zip code: S Date(s) Development	parent,				

DATE REGISTERED:

SONOMA VALLEY UNIFIED SCHOOL DISTRICT SONOMA VALLEY HIGH SCHOOL REGISTRATION FORM

Student's Legal Last Name Appellido del estudiante	E .	t's First Name e de pila del estudiante	Middle Segund		Grad Grad		Gender (M/F) Género (sexo)				
Does your child use another first or last name? ¿Usa su hijo(a) algún otro nombre ó apellido?	El nom	of Previous School bre de la escuela anterior	La dire	Previous School Addre La dirección de esa escu							
Any Illness School/Staff Should Know About - Información sobre cualquier enfermedad de que debemos saber.											
Has your child previously attended Sonoma V ¿Alguna vez ha asistido su hijo o hija al Kind Yes/Sí No If yes, which school? And what grade(s)/¿Si sí,	der o es	cuelas públicas del valle	e de son	oma?							
Mailing Address - La dirección del correo	Mailing Address - La dirección del correo			State - Esta	ıdo	Zip	- Código postal				
Street Address - La dirección de la casa		City - La ciudad		State - Esta	ıdo	Zip	- Código postal				
Home Telephone - Teléfono de la casa	Unlisted? ¿No alistado? ☐ Yes — Sí ☐ No - No					ld Lives With niño vive con					
Father/Guardian Name – Nombres del padre/guardián	Mother/Guardian Name – Nombres la madre/guardián					Father El Padre					
Father's Work Telephone – Teléfono del trabajo del padre/guardián		madre/guardián La					Mother La Madre				
Father's Cell Phone - Teléfono celular del padre/guardia	án	Mother's Cell Phone- Teléfono celular de la madre/guardián Guardián									
Student's Birthdate - Fecha de nacimiento el estudian	ite	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 quentran 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 El apellido y los nombres de los otros niños de la famila 1		edades		School - La	escuel	a					
3			-+								
Has student ever been expelled from school? Ha side	o el estudia	inte expulsado de alguna escuel	a?			Yes	/Sí □ No/No				
If yes, please give date, school name and reason for expul	sion: / En		a y el moti	vo de la expuls	Bion						
		(1									

Please complete reverse Por favor complete el reverso

T WILL A PROPERTY COMMEN							
I. What is your child's ETHNICITY?	Hispanic or Latino (500) Not Hispanic or Latino						
¿Cuál es el origen ÉTNICO de su hijo/a?	☐ Hispano o Latino ☐ No Hispano o Latino						
II. What is your child's RACE? (Please che	eck up to five racial categories): MUST COMPLETE						
	marque hasta un máximo de cinco categorías raciales):						
American Indian or Alaskan Native (100)	Chinese/ Chino (201) Japanese/ Japonés (202)						
Indio Americano o Nativo de Alaska	Korean/ Coreano (203) Vietnamese/ Vietnamita (204)						
African American/Black (600)	Asian Indian/ Indio Asiático (205) Laotian/ Laosiano (206)						
Afro-Americano/Negro	Hawaiian/ Hawaiano (301) Samoan/ Samoano (303)						
Filipino/Filipino American (400)	Guamanian/ Guamaniano (302) Cambodian/ Camboyano (207)						
Filipino/Filipino Americano	Tahitian/ Tahitiano (304) Hmong/Hmongo						
White (700)	Other Asian (299) Other Pacific Islander (399)						
Blanco	Otro origen Asiático Otro de las Islas del Pacífico						
III. Parent Education Level of most educated parent Nivel de educación del padre/madre con más educación académica □ Father/del padre □ Guardian/Guardián	IV. Residence — where is your child/family currently living? (federally mandated by NCLB) Please check: ☐ In a single family permanent residence (house, apartment, condo, mobile home) (200) ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)						
☐ Not a high school graduate (14) No me gradué de la preparatoria	☐ In a shelter or transitional housing program (100) ☐ In a motel/hotel (110) ☐ Unsheltered (car/campsite) (130) ☐ Other (please specify)						
☐ High school graduate (13) Graduado de la preparatoria	Residencia - ¿Dónde vive actualmente su hijo o hija o la familia? (pedido por la federación por NCLB) – Por favor, marquee la/s casilla/s apropiada/s						
☐ Some college (12) Algún tiempo en la universidad	☐ En una residencia permanente de una família (casa, apartmento, condominio, casa móvil)						
□ College graduate (11) Graduado de la universidad	(200) ☐ Con más de una familia en una casa o apartmento (120) ☐ En un refugio o programa de vivienda en trasición (100) ☐ En un motel/hotel (110)						
☐ Graduate school/post graduate training (10) /Escuela para graduados/ entrenamiento para después de la graduación	Day 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
☐ Decline to state/ Me niego a declarer (15)							
•							
V. Previous programs your child was enrolled in:	Programas anteriores en los que estaba su hijo/a:						
	-						
Special Education or 504 Plan	Programa de Educacíon Especiál o Plan '504'						
Resource Specialist Program/RSP	☐ Programa de Especialista de Recursos/RSP						
Speech/Language	☐ Habla/Lenguaje						
□ 504 Plan	□ 504 Plan						
☐ Special Day Class/SDC	☐ Clases de Día Especiales/SDC						
English Learner Program	Programa del aprendiz del inglés						
☐ Two-Way Program at Flowery and/or Adele Harris	son Programa de Inmersión Doble en Flowery						
Other Services	Otro Servicios						
□ GATE	☐ Superdotado						
_	•						
For Office use Only - Solo por el use de la oficina							
Year Student Entered District	Year Student Entered Site						
Grade Student Entered District							
Year entered US schools (mm/dd/yyyy)							
If RFEP, date reclassified (mm/dd/yyyy)							

EXHIBIT 71

WATERFORD UNIFIED SCHOOL DISTRICT

Student Enrollment Form

☐ Moon Primary ☐ W	hitehead Intermediate	☐ Waterford Jr. Scho	ool 🗆 Waterford	High School
☐ Waterford Independent Study ☐	Sentinel High School (Continuation High Sch	ool) 🗌 Head Star	t 🛘 State Preschool
UDENT INFORMATION				
Enrollment Date:	Grade Level:	Age:	_	le
Student's LEGAL Name:(Last	7	(First – no nickrame)		(Middle – full name)
Physical Address:(House # and Stre	•	,		(Zip)
Mailing Address If Different				, .,
(Street # and Name	☐ YesIf "Yes" what is the na	(City)		(Zip) Date;
Residence – Where is your child/family currently	<u>/ living?</u> federally mandated by <i>No Chil</i> a			
☐ In a single family permanent residence-house, a		•	☐ In or awaiting foster care	
□ With more than one family in a house or apartm	ent (11)		☐ In a motel, car, or camps	•
□ With friends or other family members-other than	parents, grandparents, or legal ca	are giver (11)	☐ In a group home (14)	
☐ In a shelter or transitional housing program (10)		•		
Birthdate:	Social Security #:	Optional	Home Phone:	
Birthplace- City:	State:		Country:	
If country is other than US, please complete the : Arrival date in US:/ Dat			Date of initial enrollme	
			par to Supposition and the con-	
RENT/GUARDIAN INFORMATION	Y			
Is the above (checked) person(s) the student's LI Is there a custody court order regarding this students.	ent? □ Yes □ No If Yes, p	lease explain:		
☐ Father ☐ Step-Father ☐ Guardian (
Employer:				
☐ Mother ☐ Step-Mother ☐ Guardian (check one): Name:			
Employer:	Work Phone:		Cell:	
F-4	Parent Education Level - Ple	ease check one box per parent/		
Father Graduate School/Post Grad		□ Grad	Mother luste School/Post Grad	
☐ College Graduate (BS or BA) ☐ AA Degree/College (2 or 4 year academic prop		□ Coli	ege Graduate (BS or BA)	
not Voc Ed or Tech School)	ram;		Degree/College (2 or 4 year scades not Voc Ed or Tech School)	
□ High School Graduate		n High	School Graduate	
 Not a High School Graduate Decline to State, Unknown 			a High School Graduate ine to State, Unknown	
DUPLICATE MAILING-If divorced/separated and phone number:	& joint custody allows duplicat			ase include their name, addre
Full Name	Mailing 2		Phone	Number
If Foster or Group Home, name of organiza	tion:			
Phone Number:		Name of Case Worker:		
IERGENCY CONTACT (Please list som				
arent/Guardian is the only one authorized for				
Name:				
	Home Phone:			
Insurance Coverage: School Insurance		Healthy Families P		
Insurance Company Information:		Policy :	Number:	
		Dentist:		

▶ PREVIOUS SCHOOL INFORMATION

Parent/Guardian

Student's Previous School:		Addre	\$S:									
Date of withdrawal: H	Reason for withdrawal: _		Was the studen	t attending this sol	nool on an inter-di	strict transfer? [□ Yes □ No					
Is the student now enrolled/or has the												
If yes, please check the program	RSP 🗆 SDC 🗆 SED	Is the student n	now on a Section 504 A	.ccommodation Pla	an? □Yes □ N	ío						
Has the student ever been expelled from	om school? □Yes □ N	io If ves	, when?		School	l :						
Is the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD)?												
Has the student been an English learne		□ Yes □ No										
Has the student been in the Migrant pr	rogram?	□ Yes □ N	o									
ETHNIC ORIGIN - Please Ch	eck Appropriate Box	ces (This is a two	-step process)									
ETHNIC ORIGIN - Please Check Appropriate Boxes (This is a two-step process) Step 1) Ethnicity (Select One) Step 2) □ American Indian or Alaska Native □ Other Asian □ Asian Indian □ Asian □ Cambodian												
Step 1) Ethnicity (Select One) Step 2) □ American Indian or Alaska Native □ Other Asian □ Asian Indian □ Asian □ Cambodian □ Hispanic or Latino □ Native Hawaiian or Other Pacific Islander □ Chinese □ Black or African American □ Filipino □ White												
☐ Not Hispanic or Latino	☐ Japanese ☐] Vietnamese				•						
HOME/CORRESPONDENCE	LANGUAGE INFO	ORMATION										
			Succeipt D Other									
What language does the student speak a	at nome?	□ Engusn □	Spanish □ Other_									
Name the language most often spoken l	by the adults at home:	-					—					
Which language would you like corresp	pondence sent home in?	□ English □	Spanish									
SIBLINGS CURRENTLY ENI	ROLLED IN WAT	ERFORD UNIF	TED SCHOOL D	ISTRICT								
1 First Nam	Grade	School	2 Last Name	. Fi	rst Name Gr	ade	School					
	ic Grade	School	Last Ivanio	, 11	ist rame of	acc	Soliooi					
3. Last Name First Nam	e Grade	School	4 Last Name	· Fi	rst Name Gr	ade	School					
Last Name First Name Grade School Last Name First Name Grade School												
I grant permission for my child to part	ticipate or to include their	images in the follow	ing; Video Tapi	ing Newspape	er Photographs	Internet Pho	tographs					
I grant permission for my child to part	ticipate or to include their	images in the follow	ing: Video Tapi		er Photographs	Internet Pho						
I grant permission for my child to part HIGH SCHOOL STUDENTS		images in the follow										
HIGH SCHOOL STUDENTS	ONLY		☐ Yes ☐									
► HIGH SCHOOL STUDENTS (If enrolling in 9th grade, did/will the stu	ONLY Ident graduate from 8th graduate	ade?		No □ Y	es □ No		□ No					
► HIGH SCHOOL STUDENTS (If enrolling in 9th grade, did/will the stu Previous school type (check one):	ONLY	ade?	☐ Yes ☐ No	No □ Y	es 🗆 No	□ Yes	□ No					
► HIGH SCHOOL STUDENTS (If enrolling in 9th grade, did/will the stu Previous school type (check one):	ONLY dent graduate from 8 th gra Regular Academic 4-1 Community School	ade?	☐ Yes ☐ No ☐ Continuation	No □ Y	es 🗆 No	☐ Yes	□ No					
If enrolling in 9th grade, did/will the stu Previous school type (check one): Did your student take the California Hi	ONLY Ident graduate from 8th gra Regular Academic 4-7 Community School igh School Exit Exam?	ade? Year High School	☐ Yes ☐ No ☐ Continuation ☐ Juvenile Hall ☐ Yes ☐ No ☐ Please attac	No ☐ Y ☐ Indep ☐ Priva	endent Study	☐ Yes ☐ Home Scho	□ No ool h School					
► HIGH SCHOOL STUDENTS (If enrolling in 9 th grade, did/will the stu Previous school type (check one): Did your student take the California Hi If yes, name of high school: * Military Recruiter Information: T students to the military recruiters upon	ONLY Ident graduate from 8th graduate from 8th graduate Academic 4-7 Community School igh School Exit Exam? The No Child Left Behind request, unless parents recommunity school from the second school from	ade? Year High School Act of 2001 requires quest that this inform	☐ Yes ☐ No ☐ Continuation ☐ Juvenile Hall ☐ Yes ☐ No ☐ Please attact that school districts distant on to be released w	□ Indep □ Priva ch a copy of test resclose the names, rithout prior writte	endent Study te sults if available. addresses and telep	☐ Yes ☐ Home Scho ☐ Junior High	ool h School of high school n of making					
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Date

EAST NICOLAUS HIGH SCHOOL REGISTRATION FORM: 20 ___ < 20 ___

Entering Grade: 9 10 11 12

(Circle One)

Student's Legal Name:				S.S. Number:					
LAST	AST FIRST		MIDI	OLE					
			Apt#	Hom	ne Phone: (_)			
D									
		ZIP	:	GEI	NDER:	MALE	/ FEMALE		
:			s	TUDENT CEI	L PHONE #	#: ()			
BI	RTHPLACE:	City	State	/Country	U.S. CITI		Yes / No (Circle One)		
ANIC OR	LATINO DE	SCENT?	Yes / No (Circle One)					
White Chinese Japanese			Laotian Cambodian Samoan	Tahitian Hmong Other Asian	American Ind	ian/Alaskar			
T COMIN	NG FROM? _								
						OL? Yes	/ No (Circle One)		
es / No Ian: Yes / N	Last date of No Last date of	f review: f review:		(Please attach (Please attach	copy of current copy of current	: 504 Plan)			
/GUARI	DIAN INFO	RMATION	N WITH W	/HOM STUI	DENT LIVI	ES:			
IAN			SECONDA	ARY PARENT/	GHARDIAN	J			
(Circle One ent Foster F	Parent Other		Identify you Father Mot Name:	relationship to st her Guardian St	tudent: (Circle tep Parent Fos	e One) ster Parent			
					151	-			
mission to o	check out the a	above named s	tudent, or in a	ın emergency, be	gin treatmen	t on my b	ehalf.		
				(_	_)				
				(_	_)				
	E:BI ANIC OR White Chinese Japanese T COMIN E SIBLING IVED AN ES / No Plan: Yes / I NTLY UN C/GUAR IAN (Circle On ent Foster I CTIVE" RES CUSTODY I	BIRTHPLACE: ANIC OR LATINO DE White Asian Indian Chinese Filipino Japanese Hawaiian T COMING FROM? SIBLING(S) CURREN IVED ANY SPECIAL E S / No Last date o Plan: Yes / No Last date o NTLY UNDER EXPUL T/GUARDIAN INFO IAN (Circle One) ent Foster Parent Other CTIVE" RESTRAINING COUSTODY PAPERS ON F	BIRTHPLACE: City ANIC OR LATINO DESCENT? White Asian Indian Korean Chinese Filipino Vietnamese Japanese Hawaiian Guamanian T COMING FROM? SIBLING(S) CURRENTLY ENROLU IVED ANY SPECIAL EDUCATION So / No Last date of review: Plan: Yes / No Last date of review: NTLY UNDER EXPULSION? Yes T/GUARDIAN INFORMATION IAN (Circle One) ent Foster Parent Other CTIVE" RESTRAINING ORDER ON FICUSTODY PAPERS ON FILE? (IF APPLICATION) mission to check out the above named s	ZIP: ZIP: SIRTHPLACE: City State ANIC OR LATINO DESCENT? Yes / No (or White Asian Indian Korean Laotian Chinese Filipino Vietnamese Cambodian Japanese Hawaiian Guamanian Samoan TOOMING FROM? SIBLING(S) CURRENTLY ENROLLED AT EASTON Last date of review: NTLY UNDER EXPULSION? Yes / No (Circle One) Ent Foster Parent Other Secondary Course of Texture Manner Father Mote Name: Employent Foster Papers ON FILE? (IF APPLICABLE) Mission to check out the above named student, or in a secondary content of the course of th	Apt# Hon Apt# Hon Apt# Hon ZIP: STUDENT CEI City State Country ANIC OR LATINO DESCENT? Yes / No (Circle One) White Asian Indian Korean Laotian Tahitian Chinese Filipino Vietnamese Cambodian Hmong Japanese Hawaiian Guamanian Samoan Other Asian TOOMING FROM?	Apt# Home Phone: (Apt# Home Phone: (

ROCKFORD SCHOOL Student Registration

DATE	_ GRADE	BOY_	_ GIRL	SOCIAL S	ECURI	TY NO.	-		
PUPIL'S NAME				PLACE	OF BI	RTH			=2
ADDRESS				_ P.O. BO	κ	Hon	ne Phoi	ne	
	ty		Zip						
LAST SCHOOL ATTENDEND				ADDRESS	<u> </u>				
PARENTS/GUARD	IANS (<u>LIVIN</u>	G IN HOM	<u>E</u>)						
NAME				RELA	TIONS	НІР			
D1	oyment outy with Arm								
1 ST Primary Contac	t Cell Phone #			Would yo	u like t	o receive	Text m	essages? Yes	No
NAME				RELATIO	NSHIP				
751 C	nployment								
On Active	Duty With Arm	iea rorces	or Full time	e auty with N	aπonai	Guara:	Y es	_ No	
2 nd Primary Conta	ct Cell Phone #	¥		Would yo	u like to	receive	Text M	essages? Yes	No
LIGH OF CITH PREM	A BADICI DI HA	NATE:							
LIST OF CHILDREN Names	<u>(LIVING IN HC</u>	JMLE)]	DOB			
								Office use only:	;
								Teacher/Class	
					_		Immuni	zations Complete	
2					-			Need follow up Birth Certificate	<u>'</u> —
							Che	eryl Diana	; <u> </u>
ACTIVITY PERMIT I hereby grant permission		and any activit	ty which will b	o under mineralisi					
of and subject to the juriso			ly, willen with t	e unuer supervisi	OII				
FIELD TRIPS				Y	ES N	0			
AFTER SCHOOL ACT				_	-	-			
OTHER SCHOOL SPO PHOTO RELEASE FOR			site. vearbook	. SARB)		_			
						<u>-</u>			
INSURANCE: All stude Contact the school office							rents may l	buy school insurar	ice for their child.
Do you have Medi-Cal for			YES_	NO					
List any health problems	or difficulties you	ır child has w	hich may affe	ct his work at se	100l:				
List any current medical	ions:			· · · ·					
Does your child receive S	Special Education	services?	YES	NO					
Signature of Par	ent/Guardia	ın			_				





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

PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES

COLUMBIA ELEMENTARY SCHOOL DISTRICT STUDENT'S <u>LEGAL</u> LAST NAME				SCHOOL OF ENROLLMENT: COLUMBIA ELEMENTARY SCHOOL					Cī				CIRCLE GRADE FOR YEAR REGISTERING				
STUDENT'S <u>LEGAL</u> LAST NAM	ΙΕ			1					K12	3	4	5	6	7	8	Las	
FIRST NAME		MIDDLE NAME		<u> </u>		NAME STUDENT GO	DES BY	1	OTHER		VAME(s) Us		SCH		Student Last Name	
STUDENT'S DATE OF BIRTH / /	STUD	ENT'S PLACE OF B	IRTH: C	ITY & S	TATE	STUDENT'S SOCIAL	SECURITY N	UMBI	ER			Mali	= =	FEM	ALE		
RESIDENCE ADDRESS						CITY					ZIP						
MAILING ADDRESS <u>IF DIFFERENT FROM ABOVE</u>						City					ZIP						
HOME TELEPHONE NUMBER						STUDENT'S CELL P	HONE NUMBE	ER			1						
IF FOREIGN BORN, PLEASE PR	OVIDE THE	Following				BIRTH COUNTRY:											
DATE ENTERED UNITED STATES	s:	FIRST	ENROLL	.ED IN U	.S. SCH	OOL:	FIRST ENF	OLLE	D IN CAL	IFORN	IIA SCH	IOOL:					
RESIDENCE - where is y	our chile	l/family curre	itly liv	ing? (f	ederal	ly∟handated by	NCLB)	-				•	-			·	
RESIDENCE – where is your child/family currently living? (federally_handated by NCLB) In a single family permanent residence 200 In a motel/hotel 110 Other (please Doubled-up (shared with other family, etc) 120 Unsheltered (car/campsite) 130 specify) 300 In a shelter or transitional housing progrm 100 Foster Family or Kinship Placement 210																	
	P	ARENT/GUA	DIAN		От	HER PARENT/G	UARDIAN		OTHE	RP/	AREN	IT/G	UAF	RDIA	N		
CONTACT NAME:																	
RELATIONSHIP TO STUDENT:																謤	
LIVES WITH STUDENT: (CHECK ONE)	☐ YES ☐ No If No, Provide Address:								☐ YES ☐ No If No, Provide Address:					First Name:			
HOME PHONE:											•						
Work Phone:																	
CELL PHONE:																	
EMAIL ADDRESS:																	
EMPLOYER:	-								_								
FLAGS: (CHECK ALL THAT APPLY)	☐ Copy	ail of all mail of grades only release student reter needed		,	□ No mail □ No mail □ Copy of all mail □ Copy of all mail □ Copy of grades only □ Copy of grades only □ OK to release student □ OK to release student □ Interpreter needed □ Interpreter needed												
Parent Education: (Check the	ne respons	e the describes t	he high	est edu	cation le	evel of either parent)											
STUDENT ETHNIC					·	IAL SERVICES	,	STU	DENT	LAN	GUA	GE S	SUR	/EY		70	
FOR STATE F 1. ETHNICITY (SELECT ON		IG:				TE IF STUDENT IS	WHI	СН L	_ANGU/	AGE						em	
HISPANIC OR LATINO	•	PANIC OR LATING	- 1	RVICES		ADDITIONAL										ane	
2. RACE (SELECT ONE OR	MORE):			NONE					ENT FIR				R			Permanent ID	
☐ AMERICAN INDIAN - ALAS ☐ BLACK OR AFRICAN AME		, ,			GIFTED)	١										*	
WHITE (700)	CICAIV (OO	o)	- 1	,		PROVISIONS)	IS PR	RIMAR	RILY SPO	KEN E	SY STL	JDEN	T:				
	JAPANESE	(202)	- 1			(EDUCATION PLAN)	□Ei	NGLIS	зн □Ѕ	PANIS	н 🗆 С	DTHE	R		-		
, ,	VIETNAME		- 1	Resou		,	ľ	_	_								
Asian Indian (205)				ESL (E	NGLISH	AS 2 ND LANGUAGE)		S STUDENT SPEAK MOST AT HOME:			Į						
CAMBODIAN (207)	-	-		SPECIA	L DAY C	CLASS		NGLIS	ян ∐Sі	PANIS	н L	JUTH	ER_		-		
☐ OTHER ASIAN (299) ☐ I ☐ SAMOAN (303) ☐ ☐	TAWAIIAN Guamani			SPEECH			le én	UKE	N MOST	nete:	I DV A	י יינת	TQ AT	HVr.	<u>.</u>		
	FILIPINO (4			OTHER											•		
OTHER PACIFIC ISLANDER							ENGLISH SPANISH OTHER				-						

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?
			YES No	YES NO
			☐ YES ☐ No	☐YES ☐ NO
			☐ YES ☐ No	☐YES ☐ 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 <u>do not</u> wish to authorize the release of this directory information, please <u>initial</u> 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.