

- **Submit immunization record and birth certificate at time of registration.**
- **IN DISTRICT ONLY: Submit TWO documents that show proof of residency at time of registration.**

● **Student's legal name:** \_\_\_\_\_  
Please print last name first name middle name

Grade entering: \_\_\_\_\_  Female  Male  \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Name student goes by if different than above: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

● **Mother:** \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

● **Father:** \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

● **Stepparent / Guardian:** \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

● **Stepparent / Guardian:** \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

● **Student lives with:**  Both parents  Father  Mother  Stepparent(s)  
Check all that apply.  Guardian(s)  Other relative(s)  Caregiver  Other adult

● **Is there a legal custody agreement or court order regarding this student? Agreement MUST be provided if other than joint custody.**

Joint custody  Sole custody  Guardianship  Other

● **Living situation that currently applies to the student** (depending upon the box checked, services may be available):

Single family permanent residence (house, apartment, mobile home)  Motel or hotel

Living with friends or relatives due to economic hardship, or housing loss  Campground, park, or vehicle

Shelter or transitional housing program

Foster or group home

Other \_\_\_\_\_

< For school use only >  
DOR: \_\_\_\_\_  
Date received in office: \_\_\_\_\_

● Student's name: \_\_\_\_\_ Grade entering: \_\_\_\_\_

● Last school attended: \_\_\_\_\_ City / State: \_\_\_\_\_

● Services received:  Speech  Special Ed.  504 Plan  Medical Plan  
 Gifted Ed.  Special Day Class  Counseling

Other: \_\_\_\_\_

● Has the student been expelled or is the student in the process of being expelled?  Yes  No  
● Has the student been retained?  Yes  No  
If yes, in what grade? \_\_\_\_\_

● Emergency contacts – If you cannot be reached, who may the school call, and to whom may your child be released?

1 <sup>st</sup>	_____	_____	_____	_____
	Printed name	cell / home phone	work phone	relationship to student
2 <sup>nd</sup>	_____	_____	_____	_____
	Printed name	cell / home phone	work phone	relationship to student
3 <sup>rd</sup>	_____	_____	_____	_____
	Printed name	cell / home phone	work phone	relationship to student

● Other children in the family	<u>First &amp; Last Names</u>	<u>Female / Male</u>	<u>Relationship to Student</u>	<u>Date of Birth</u>
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___

● Student birthplace: \_\_\_\_\_  
City State Country

● If your student was not born in the U.S., when did your student first:

Enter the U.S.? \_\_\_\_ / \_\_\_\_ Enroll in a U.S. school? \_\_\_\_ / \_\_\_\_ Enroll in a California school? \_\_\_\_ / \_\_\_\_  
Month & Year Month & Year Month & Year

● Home language survey Education Code requires schools to determine the language(s) spoken at home by each student. If a language other than English is indicated, the student will be tested for English proficiency.

- What language did your child learn when he / she first began to talk? \_\_\_\_\_
- What language does your child use most frequently at home? \_\_\_\_\_
- What language do you use most frequently to speak to your son / daughter? \_\_\_\_\_
- What language is most often spoken by the adults at home? \_\_\_\_\_

● Is this student Hispanic or Latino?

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Non-Hispanic or Latino

● What is the student's race? Check one or more.

- |  |   |                                       |                                      |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaska native<br>Having origins in any of the original people of North, Central or South America | <input type="checkbox"/> Hawaiian               | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Cambodian   |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Guamanian              | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Filipino    |
| <input type="checkbox"/> White - Having origins in any of the original people of Europe, North Africa, or the Middle East                    | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Korean       | <input type="checkbox"/> Hmong       |
|  | <input type="checkbox"/> Tahitian               | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian |
|  | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Laotian      |                                      |

● Student's name: \_\_\_\_\_

Grade entering: \_\_\_\_\_

● Parent / guardian highest education level:  Not a high school graduate  High school graduate  Some college (includes AA degree)  College graduate  Graduate school / post graduate training  
Level checked is for \_\_\_\_\_ (name)

● Parent(s) / guardian(s) on active military duty -- print name: \_\_\_\_\_  
 Army  Navy  Coast Guard  Marine Corps  Air Force  Full-time National Guard

● Please check below if your child experiences any of the following:  
 Asthma  Bleeding disorder  Vision issues/glasses  Seizures  
 Allergies  Hearing loss  Frequent ear infections  Other

Additional medical information (please list allergies if checked above): \_\_\_\_\_  
\_\_\_\_\_

● Medication taken at home  No If yes, please describe: \_\_\_\_\_ Medication taken at school  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note - if medication is taken at school, a form signed by the doctor must be on file in the school office, and the medication must be in the original container.

● Does your child have any physical activity limitations?  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● Does your child have emotional or behavioral needs which could affect learning?  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

● Is there anything else you wish to share about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● Proof of residency – Two of the following documents must be provided at time of registration:  
Property tax payment receipts  
Rent payment receipts  
Mortgage statement  
Utility service payment receipts  
Pay stub

● Proof of age – birth certificate, duly attested baptismal certificate, or passport

To the best of my knowledge, the information provided in this application is true and accurate.

● Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

● Printed parent / guardian name: \_\_\_\_\_

● Student's name: \_\_\_\_\_

Grade entering: \_\_\_\_\_

Complete this section only if your child is entering KINDERGARTEN or TRANSITIONAL KINDERGARTEN (TK)  
Please provide as much detail as possible to help us best meet your child's needs.

Describe some of the qualities you especially appreciate in your child.

Do you have any special concerns about your child (behavior, social, physical, developmental, etc.)?

What activities does your child like to do at home?

How would you describe your child's energy level?

What time does your child go to bed? Does s/he sleep through the night?

What responsibilities does your child have at home?

Does your child tend to be anxious in new situations or have any big fears?

If your child has had preschool experience, how would you describe it (positive, neutral, negative)?

What areas do you think your child needs to work on?

My child follows directions:

- Rarely
- After multiple reminders
- Inconsistently
- Often
- Always

Social group experiences:

Other than daycare or preschool? \_\_\_\_\_

Daycare	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
Preschool	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____

Does your child:

- Look forward to TK or kindergarten?  Yes  No  Sometimes Comment: \_\_\_\_\_
- Play cooperatively with other children?  Yes  No  Sometimes \_\_\_\_\_
- Manage frustration/disappointment calmly?  Yes  No  Sometimes \_\_\_\_\_
- Separate from parents without being upset?  Yes  No  Sometimes \_\_\_\_\_
- Listen attentively to a story for 10-15 minutes?  Yes  No  Sometimes \_\_\_\_\_
- Engage in self-chosen activities for 20-30 minutes?  Yes  No  Sometimes \_\_\_\_\_

Delivery: Premature:  Yes  No Birth weight: \_\_\_\_\_ Oxygen given:  Yes  No

Is there anything else you think we should know about you or your child? Please note it on the back of this sheet. If there is any information you would like to share in a more confidential manner, please feel free to set up an appointment with the principal.