Cutten Elementary School District 4182 Walnut Drive, Eureka, CA 95503

Ridgewood School Cutten School Grades TK – 2 Grades 3 – 6 (707) 441-3930 (707) 441-3900



Su	ıbmit immu	nization reco	rd and birth c	ertificate at t	time of registrat	ion.
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Student's legal name Please print	e:last nam	me	first name	middle	e name	
	_					
Grade entering:	☐ Female	☐ Male ☐		Date of birth: month	/ day	/ year
Name student goes by	y if different than abov	ve:			,	
Home address:						
Mailing address:						
Mother:				Home phone:		
Address:				Cell phone:		
Employer:		Occupation:	:	Work phone:		
Email address:						
Father:				Home phone:		
Address:				Cell phone:		
Employer:				Work phone:		
Email address:						
Stepparent / Guardian	n:			Home phone:		
Address:				Cell phone:		
Employer:		Occupation:	·	Work phone:		
Email address:						
Stepparent / Guardian	n:			Home phone:		
Address:				Cell phone:		
Employer:				Work phone:		
Email address:						
Student lives with:	☐ Both parents	☐ Father	☐ Mother	☐ Stepparent(s)	s)	
Check all that apply.	☐ Guardian(s)	Other relative(s)	s) 🗆 Caregiver	☐ Other adult		
Is there a legal custo joint custody.	dy agreement or co	urt order regarding	this student? Agree	ment MUST be prov	ided if oth	er than
	☐ Joint custody	☐ Sole custody	☐ Guardianshi _l	nip 🗆 Other		
Living situation that				_	lable):	
_	nanent residence (house	•	·	☐ Motel or hotel		
_	s or relatives due to econ	nomic hardship, or housi	ing loss	Campground, park, or	vehicle	
<u></u>	onal housing program			<u> </u>	< For school use	e only >
☐ Foster or group ho Other	me				OR:	



Student's	name:			Grade entering:			
Last scho	ool attended:				City / State:		
Services received:	☐ Gifted Ed.	☐ Special Ed. ☐ Special Day Clas	s [504 Plan Counseling	☐ Medical Plan		
	udent been expelled controls of being expelled	or is the student		● H	as the student been retain yes, in what grade?		
			-	chool call, and	to whom may your child b	pe released?	
Printed I			cell / hon	ne phone	work phone	relationship to student	
Printed i	name		cell / hon	ne phone	work phone	relationship to student	
Printed i	name		cell / hon	ne phone	work phone	relationship to student	
	Idren in the family		F M F M F M F M F M F M F M			Date of Birth //	
Student bi	rthplace:	City		State		Country	
Enter th	me U.S.?// Month & Yea	cation Code requires scho	.S. school	Month & Yea	Enroll in a Califor ge(s) spoken at home by each fill be tested for English profic	Month & Year a student.	
	t language did your ch	nild learn when he / she	first bega	n to talk?		leticy.	
		e most frequently to spe en spoken by the adults	-	_	?		
Is this stud Hisp or Ce	dent Hispanic or Lat anic or Latino (a pers	ino? on of Cuban, Mexican, Pu Spanish culture or origin, I	erto Rican,	South	☐ <u>Non</u> -Hispanic or I	_atino	
☐ Amei	rican Indian or Alaska na ing origins in any of the o	ative	☐ Haw	<i>r</i> aiian	☐ Chinese	☐ Cambodian	
of N ☐ Blad	orth, Central or South Ar ck or African American ite - Having origins in an	merica	☐ Sam		☐ Japanese ☐ Korean ☐ Asian Indian ☐ Laotian	☐ Filipino ☐ Hmong ☐ Other Asian	

Student's name:						Grade entering: 3
 Education levels of parents/guardians in household 	☐ Sor	a high school gradua me college (includes A checked is for	A degree)	☐ College	_	☐ Graduate school / post graduate trainin﹝
	☐ Sor	a high school gradua me college (includes A checked is for	A degree)	☐ College	•	☐ Graduate school / post graduate trainino
Parent(s) / guardian(s)	s) on active	military duty pri	nt name: _			
☐ Army	☐ Navy	☐ Coast Guard	□ Ма	rine Corps	☐ Air For	ce
Please check below in the second control of the second contro	f vour child	l experiences any o	of the follo	owina:		
☐ Asthma	_	ding disorder		☐ Vision issu	es/glasses	☐ Seizures
☐ Allergies	☐ Hear	ing loss	ĺ	☐ Frequent e	ar infections	☐ Other
Additional medical inform	ation (please	e list allergies if checke	ed above): _			-
Note - if medication is taken container. Does your child have						d the medication must be in the original cribe:
 Does your child have If yes, please describe: 					_	
Is there anything else	e you wish	to share about you	r child? _			
● Proof of residency –	Property ta	following documents x payment receipts ent receipts	Utility s	provided at til ervice paym ge statemen	ent receipts	ation:
Droof of one Link -	Pay stub	dy attacted bentiers	nl 00=4:6:	o or noce==	r4	
Proof of age – birth c	ertificate, du	ily attested baptisma	ai certificate	e, or passpo	π	
To the best of my know	rledge, the i	information provide	ed in this	application	is true and a	ccurate.
Parent / guardian s	signature:					Date:
Printed parent / gu	ardian naı	me:				

	ne:					Grade entering:	
Compl	lete this section only if Please provide	-	_		RTEN or TRANSITI us best meet you		TEN (TK)
scribe some	e of the qualities you e	especially app	reciate in y	our chil	d.		
you have a	ny special concerns a	bout your chi	ld (behavio	or, socia	l, physical, develo	opmental, etc.)?	
nat activities	does your child like t	to do at home	?				
w would you	u describe your child'	s energy leve	l?				
nat time doe	s your child go to bed	l? Does s/he s	sleep throu	gh the n	ight?		
hat responsi	bilities does your chil	d have at hon	ne?				
es your chil	d tend to be anxious i	n new situation	ons or have	e any big	fears?		
our child ha	as had preschool expe	erience, how v	vould you o	describe	it (positive, neut	ral, negative)?	
hat areas do	you think your child I	needs to work	on?				
hat areas do	you think your child I	needs to work	on?				
	you think your child i	needs to work	on?				
y child follow				nconsist	ently \Box	O ften □	Always
y child follow Rarely	vs directions: ☐ After multiple	reminders			•	O ften □	Always
y child follow Rarely	vs directions: ☐ After multiple	reminders Other than	□ Ir	reschool	?	O ften □	
y child follow Rarely ocial group ex	vs directions: After multiple in the contraction of the contraction o	reminders Other than	□ Ir daycare or p	reschool	? Provider: _		
/ child follow Rarely ocial group ex	vs directions: After multiple of the company of th	reminders Other than Ages: Ages:	□ Ir daycare or p to _	reschool ⁻	Provider: _		
/ child follow Rarely ocial group ex Daycare	vs directions: After multiple of the control of th	reminders Other than a Ages: Ages: Ages: Ages:	☐ Ir daycare or p to _ to _	oreschool [®]	Provider: _ Provider: _ Provider: _		
y child follow Rarely ocial group ex Daycare	After multiple of the control of the	reminders Other than a Ages: Ages: Ages: Ages:	☐ Industrial Industri	oreschool [®]	Provider: _ Provider: _ Provider: _		
child follow Rarely cial group ex Daycare Preschool	After multiple of the control of the	reminders Other than a Ages: Ages: Ages: Ages:	☐ Industrial Industri	oreschool [®]	Provider: _ Provider: _ Provider: _		
r child follow Rarely cial group ex Daycare Preschool es your child	After multiple of the control of the	other than Ages: Ages: Ages: Ages: Ages:	□ Indicate of programmed in the control of the con	oreschool	Provider: _ Provider: _ Provider: _ Provider: _ Provider: _		,
child follow Rarely cial group ex Daycare Preschool es your child Look forward Play coopera	After multiple of the control of the	reminders Other than Ages: Ages: Ages: Ages: ?	daycare or p to to to to to	oreschool¹	Provider: _ Provider: _ Provider: _ Provider: _ Provider: _		
child follow Rarely cial group ex Daycare Preschool es your child Look forward Play coopera Manage frust	After multiple of the period o	other than Ages: Ages: Ages: Ages: Ages:	daycare or p to to to to to Yes	□ No	Provider: _ Provider: _ Provider: _ Provider: _ Provider: _ Sometimes Sometimes		
child follow Rarely cial group ex Daycare Preschool es your child Look forward Play coopera Manage frust Separate from	After multiple of After Main and After Mai	other than Ages: Ages: Ages: Ages: ? almly?	daycare or p to to to to Yes Yes	□ No □ No	Provider: _ Provider: _ Provider: _ Provider: _ Provider: _ Sometimes Sometimes Sometimes	Comment:	
r child follow Rarely cial group ex Daycare Preschool es your child Look forward Play coopera Manage frust Separate fror Listen attention	After multiple of After Market and After multiple of After Market and After Market and After Market and After multiple of After Market and After Market	other than Ages: Ages: Ages: Ages: Ages: Ages: almly? upset? minutes?	daycare or p to to to to Yes Yes Yes	No No	Provider: _ Provider: _ Provider: _ Provider: _ Provider: _ Sometimes Sometimes Sometimes Sometimes Sometimes	Comment:	

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.