

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?

1st _____
 Printed name cell / home phone work phone relationship to student

2nd _____
 Printed name cell / home phone work phone relationship to student

3rd _____
 Printed name cell / home phone work phone relationship to student

● Other children in the family	<u>First & 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

Student's name: _____

Grade entering: _____

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

☐ American Indian or Alaska native
Having origins in any of the original people
of North, Central or South America

☐ Black or African American

☐ White - Having origins in any of the original people
of Europe, North Africa, or the Middle East

☐ Hawaiian

☐ Guamanian

☐ Samoan

☐ Tahitian

☐ Other Pacific Islander

☐ Chinese

☐ Japanese

☐ Korean

☐ Asian Indian

☐ Laotian

☐ Cambodian

☐ Filipino

☐ Hmong

☐ Other Asian

● Education levels of
parents/guardians
in household

☐ 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) _____

☐ 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? _____

Student's name: _____

Grade entering: _____

- **Proof of residency** – Two of the following documents must be provided at time of registration:

Property tax payment receipts Utility service payment receipts
Rent payment receipts Mortgage statement
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	Comment: _____
Play cooperatively with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Manage frustration/disappointment calmly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Separate from parents without being upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Listen attentively to a story for 10-15 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Engage in self-chosen activities for 20-30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.