

****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.

Property tax payment receipts ❖ Utility service payment receipts ❖ Rent/Lease agreement ❖ Mortgage statement ❖ Pay stub

Student's legal name (Please print):

Last name _____ First name _____ Middle name _____

Preferred name student goes by if different than above: _____ Date of birth: _____

Grade entering: _____ Female Male Non-Binary Other _____ Prefer not to say

Home address: _____

Mailing address: _____

Parent/Guardian 1: _____ Home phone: _____

Address: _____ Cell phone: _____

Employer: _____ Occupation: _____ Work phone: _____

Email address: _____

Parent/Guardian Education Level

Not a high school graduate High school graduate Some college (includes AA degree) College graduate

Graduate school / postgraduate training Other _____

Parent/Guardian on active military duty Yes No

Army Navy Coast Guard Marine Corps Air Force Full-time National Guard

Parent/Guardian2: _____ Home phone: _____

Address: _____ Cell phone: _____

Employer: _____ Occupation: _____ Work phone: _____

Email address: _____

Parent/Guardian Education Level

Not a high school graduate High school graduate Some college (includes AA degree) College graduate

Graduate school / postgraduate training Other _____

Parent/Guardian on active military duty Yes No

Army Navy Coast Guard Marine Corps Air Force Full-time National Guard

Is there a legal custody agreement or court order regarding this student? Yes No **(Agreement MUST be provided.)**

Joint custody Sole custody Guardianship Other

Student lives with (check all that apply):

Both parents Father Mother Stepparent(s) Guardian(s) Other relative(s) Caregiver Other adult

| |
|--------------------------|
| < For school use only > |
| DOR: _____ |
| Date received in office: |

Student's name: _____

Grade entering: _____

Housing 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 _____

Last school attended: _____ City / State: _____

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

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, whom may the school call, and to whom may your child be released?

1. _____
Printed name cell / home phone work phone relationship to student
2. _____
Printed name cell / home phone work phone relationship to student
3. _____
Printed name cell / home phone work phone relationship to student
4. _____
Printed name cell / home phone work phone relationship to student

| Other children in the family | First & Last Names | Female / Male | Relationship to Student | Date of Birth |
|------------------------------|--------------------|---------------|-------------------------|-----------------|
| _____ | _____ | 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? _____

Student's name: _____

Grade entering: _____

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.

- White
- Black
- Native American
- Chinese
- Japanese
- Korean
- Vietnamese

- Asian Indian
- Loatian
- Cambodian
- Hmong
- Other Asian
- Hawaiian
- Guamanian

- Samoan
- Tahitian
- Other Pacific Islander
- Filipino
- Other _____

Please check below if your child experiences any of the following:

- | | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Vision issues/glasses | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> 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? _____

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.