

Student Registration Form 2016 - 2017								Form #:
								Tracking #:
First Name:		Middle Name:		Last Name:		Suffix:		
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:		
Gender:	Gradelevel:	10-digit State ID:	Birthdate:	Birth City:	Birth State:	Birth Country:		
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:				City:	State:	Zip:		
Mailing Address								
Mailing Address:				City:	State:	Zip:		
Home Phone:		Student Cell Phone:		County of Residence:	School District of Residence:			
Student E-mail Address:								
<input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.								

Office Use Only: Pre-Enrollment Information	
Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

Previous School/Enrollment Details

Name of Previous School:		Address of Previous School:	
Previous School Type (please select one):			
Public School:			
<input type="checkbox"/> in the same district <input type="checkbox"/> in a different district same state <input type="checkbox"/> in a different state <input type="checkbox"/> Charter School <input type="checkbox"/> matriculated from another school/completed highest gradelevel offered there			
Private, non-religiously-affiliated school:			
<input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state <input type="checkbox"/> Home Schooling Family			
Private, religiously-affiliated school:			
<input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state			
Other:			
<input type="checkbox"/> school outside of the United States <input type="checkbox"/> Institution (example: correctional facility)			
Original Entry into US school:			
<input type="checkbox"/> (enrolling in school for first time ever, i.e., no previous school) <input type="checkbox"/> from a foreign country <i>without</i> schooling interruption <input type="checkbox"/> from a foreign country <i>with</i> schooling interruption			
Date first enrolled in the U.S.:	Date first enrolled in this state:	Date first enrolled in District:	Date first enrolled in this school:
Grade first enrolled in District:		Grade first enrolled in this school:	

Ethnicity * New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

Race * In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa. <input type="checkbox"/> Middle Eastern
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	

Home Language Survey

What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrollment Enhancements/Modifiers

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alternative Schools Accountability Model

(check all that apply)

<input type="checkbox"/>	Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
<input type="checkbox"/>	Suspended (Ed Code 48925[d]) more than 10 days in a school year
<input type="checkbox"/>	Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
<input type="checkbox"/>	Pregnant and/or parenting
<input type="checkbox"/>	Recovered Dropout
<input type="checkbox"/>	Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
<input type="checkbox"/>	Retained more than once in kindergarten through grade 8.

Parent/Guardian Release

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

2016 - 2017 Estimated Annual Household Income

Our school may qualify for various federal and state grants this year. By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school. Thank You.

Step 1: Check Family Size (ONE BOX ONLY)

Step 2: Check the estimated yearly combined income for everyone in the household* (ONE BOX ONLY)

Household Size	Annual Income	Annual Income	Annual Income	Annual Income
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 to \$11,880	<input type="checkbox"/> \$11,881 to \$15,444	<input type="checkbox"/> \$15,445 to \$21,978	<input type="checkbox"/> \$21,979+
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 to \$16,020	<input type="checkbox"/> \$16,021 to \$20,826	<input type="checkbox"/> \$20,827 to \$29,637	<input type="checkbox"/> \$29,638+
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 to \$20,160	<input type="checkbox"/> \$20,161 to \$26,208	<input type="checkbox"/> \$26,209 to \$37,296	<input type="checkbox"/> \$37,297+
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 to \$24,300	<input type="checkbox"/> \$24,301 to \$31,590	<input type="checkbox"/> \$31,591 to \$44,955	<input type="checkbox"/> \$44,956+
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 to \$28,440	<input type="checkbox"/> \$28,441 to \$36,972	<input type="checkbox"/> \$36,973 to \$52,614	<input type="checkbox"/> \$52,615+
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 to \$32,580	<input type="checkbox"/> \$32,581 to \$42,354	<input type="checkbox"/> \$42,355 to \$60,273	<input type="checkbox"/> \$60,274+
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 to \$36,730	<input type="checkbox"/> \$36,731 to \$47,749	<input type="checkbox"/> \$47,750 to \$67,951	<input type="checkbox"/> \$67,952+
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 to \$40,890	<input type="checkbox"/> \$40,891 to \$53,157	<input type="checkbox"/> \$53,158 to \$75,647	<input type="checkbox"/> \$75,648+

Household Size: ___ **Annual Income:** _____

Assistance Programs - Choose one of the following: none snap calworks fdpir

If a program was circled above, please enter the casenumber: _____

* Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments.

Should the fields checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose to NOT-PARTICIPATE.

Office Use Only: Eligibility		Reviewed By:		
<input type="checkbox"/> FPL	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Eligible but choosing Non-Participation	<input type="checkbox"/> Not Eligible

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	
**Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:			
<i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution</i>			
I certify that all of the statements and information given above are true and correct to the best of my knowledge:			
X _____ Parent Signature		X _____ Date	

Emergency Card

Currently Assigned Staff:

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:	City:			State:	Zip:
Mailing Address:	City:			State:	Zip:

Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
Custody issue regarding the student:	
Legal restrictions for any parent:	

Emergency Contacts

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Health Information

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

Known Conditions: (check all that apply)

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses
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Insurance

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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Physician

Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		

Parent Signature

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: _____ Date: _____