



SEQUOIA ELEMENTARY SCHOOL STUDENT REGISTRATION

SSID:			Student #:			Gr:	Date:
Legal Last Name			Legal First Name			Legal Middle Name	Other Names
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:	Month	Day	Year	Verification:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (list)
Birthplace	City:	State:			Country:		
Date student first attended school in the United States?						Is your child a U.S. Citizen?	
Date student first attended school in California?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Month	Day	Year		
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):			<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino				
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)							
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.							
<input type="checkbox"/> American Indian or Alaskan Native <i>Persons having origins in any of the original people of North, Central, or South America, and who maintains tribal affiliation or community attachment.</i>	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Other Pacific Islander					
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Samoan					
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Tahitian					
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese					
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> White <i>Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i>					
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian						
<input type="checkbox"/> Other Asian							
		Home:		Relationship:			
		Work:		Employer:			
Parent/Guardian Last Name		First Name		Contact Phone		Cell Phone:	
				Home:		Relationship:	
				Work:		Employer:	
Parent/Guardian Last Name		First Name		Contact Phone		Cell Phone:	
Residence Address (house # & street name)			Apt #	City	State	Zip Code	
Mailing Address (IF DIFFERENT)			Apt #	City	State	Zip Code	
E-mail Address:							
Parent/Guardianship Information (with whom the student lives) - check all that apply							
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____							
Is there a legal custody agreement regarding this student? Please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian							
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what kind?							
RESIDENCE - Where is your child/family currently living? (federally mandated by NCLB) - Please check the appropriate box:							
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)							
<input type="checkbox"/> Temporarily doubled-up (sharing housing with other families or individuals due to economic hardship or loss)							
<input type="checkbox"/> Temporarily in a shelter or transitional housing program				<input type="checkbox"/> Foster family or Kinship placement			
<input type="checkbox"/> Temporarily in a motel / hotel				<input type="checkbox"/> Licensed Children's Institution			
<input type="checkbox"/> Temporarily unsheltered (car/campsite)				<input type="checkbox"/> Residential School / Dormitory			
<input type="checkbox"/> Other (please specify) _____							

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM.



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PARENT EDUCATION - Check the box that best describes the highest education level of either parent (or guardian).

<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> College Graduate
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate school/post-graduate training
<input type="checkbox"/> Some College (includes AA degrees)	

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. Which language did your child learn when he or she first began to talk?
2. Which language does your child most frequently use at home?
3. Which language/dialect do you most frequently speak to your child?
4. Which language is most often spoken by adults in the home?

MOST RECENT SCHOOL(S) ATTENDED			
School	City/State	Grade	Dates

Has your child ever been expelled? No Yes If yes, name of district and school:

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Check all boxes that apply)

Special Education: Resource (RSP) Special Day Class (SDC) Speech & Language Other

Other: 504 Gifted (GATE) Intervention Math Intervention Reading After School Program

Counseling SARB or SART English Learner Support Help to Improve Behavior

Student Study Team

The information provided above is accurate to the best of my knowledge.

Signature of Person Registering Pupil	Relation to Student	Date

Comments:

School Use Only					
<input type="checkbox"/> Transcript	<input type="checkbox"/> Report Card	<input type="checkbox"/> Check-Out Grades	<input type="checkbox"/> Records Requested	Date:	
Proof of Residence	Proof of Immunization	Date Registered	Enrollment Date	Grade	School Official Signature
Type:	Type:				
Verified:	Verified:				
Permit Code:		Placement information:			
Special Education Placement:					
SLC:			Counselor:		