



STUDENT REGISTRATION FORM

For Office Use Only

Today's Date _____ Teacher _____
 Date of Entry _____ Student ID. # _____
 Grade _____ Room # _____ SSID# _____

Please Print Clearly with Black or Blue Ink

▶ **Has your child ever attended Seeley Union School District schools before?** Yes No
 If yes, please provide the following information: School Name _____ Year _____ Grade _____

I. STUDENT INFORMATION

| | | | |
|--|--|--|----------------------------------|
| 1. Legal First Name | Legal Middle Name | Legal Last Name | Other Legal Name (if applicable) |
| 2. Residence Address (house # & street name) | | Apt# | City State Zip |
| 3. Mailing Address (If different than above) | | Apt # | City State Zip |
| 4. Student's Home Phone () | 5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 6. Student's Social Security # - - | |
| 7. Birth Date: MM/DD/YYYY | 8. City of Birth | 9. State/Province of Birth | 10. Country of Birth |
| 11. Grade and Date first attended school in the U.S. Grade Month Year | | 12. Grade and Date first attended school in California Grade Month Year | |

II. FAMILY INFORMATION (not emergency contact information)

13. Parent/Guardianship Information (with whom the student lives) – check all that apply
 Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
 Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

| | | | | |
|-------------------------------|-----------|---------------------|-------------------|-------------------|
| a. Parent/Guardian First Name | Last Name | Relation to Student | Home Phone () | Cell Phone () |
| Parent's Email Address | Employer | City | Work Phone () | |
| b. Parent/Guardian First Name | Last Name | Relation to Student | Home Phone () | Cell Phone () |
| Parent's Email Address | Employer | City | Work Phone () | |

14. Duplicate Mailing – Complete if divorced/separated & joint custody allows duplicate mailing/information to be given to other parent.
 Please include their name, address, and phone number:

| | | | | |
|-------------------------------|-----------|---------------------|-------------------|-------------------|
| c. Parent/Guardian First Name | Last Name | Relation to Student | Home Phone () | Cell Phone () |
| Parent's Address | Apt# | City | State | Zip |
| Parent's Email Address | Employer | City | Work Phone () | |

15. Home Language Correspondence-(Used for district/school mailings and phone call home)
 In which language do you wish to receive written/verbal communications from the school? English Spanish

16. Residence – Where is your child/family currently living?– Please check appropriate box:-(Federally mandated by NCLB)

In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) Unsheltered (car/campsite)
 In a shelter or transitional housing program Other (please specify) _____

For Office Use Only (Initial & Date Once Information has been Verified)

_____ Proof of Residency _____ Immunization Records _____ Birth Certificate _____ Oral Health Assessment _____ Report of Health Checkup

STUDENT'S LAST NAME: _____

FIRST NAME: _____

PERMANENTID#: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

| 17. Name of other children in the home. | Relationship | Date of Birth | School | Grade |
|---|--------------|---------------|--------|-------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

- 18. Parent Education Level – please select one for each parent: Father _____ Mother _____**
- (1) **Not a High School Graduate** – An individual did not meet all state and local graduation requirements and did not receive a standard high school diploma.
- (2) **High School Graduate** – An individual graduated from high school, met all state and local graduation requirements, and received a standard high school diploma or general education diploma (GED).
- (3) **Some College or Associate’s Degree** – An individual attended or is attending a postsecondary education institution but did not or has not yet graduated with a Bachelor’s Degree. This includes an individual who received an Associate’s Degree.
- (4) **College Graduate** – An individual attended a postsecondary education institution and graduated with a Bachelor’s Degree.
- (5) **Graduate Degree or Higher** – An individual received a Master’s or Doctorate Degree.

19. Has anyone in your household traveled to another place to work or has ever worked in seasonal or temporary work related to agriculture, food processing, or the transportation of produce? Yes No **If Yes, please complete a pink Migrant Ed. Form**

III. ETHNICITY AND RACE-(Federally mandated by NCLB)
Please answer BOTH #20 AND #21 regarding your child’s ethnicity and race

20. ETHNICITY-Is your child Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) **NO**, Not Hispanic or Latino **YES**, Hispanic or Latino

21. RACE-Racial category & definition -Please select the racial category or categories with which your child most closely identifies by placing an “X” in the appropriate box. (Check as many as apply)

- | | |
|--|---|
| <p><input type="checkbox"/> American Indian or Alaskan Native (100) 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.</p> <p>Asian -A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent</p> <p><input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203)</p> <p><input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206)</p> <p><input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)</p> <p><input type="checkbox"/> Filipino (400)</p> <p>Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)</p> <p><input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399)</p> | <p><input type="checkbox"/> Black or African American (600) A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> White/Caucasian (700) Persons having origins in any of the original peoples of <i>Northern Europe</i> such as: Britain (Scotland, Ireland, Wales) Denmark, Finland, Iceland, , Norway, Sweden; <i>Southern Europe</i> such as: Bosnia, Catalonia, Croatia, Cyprus, Greece, Italy, Macedonia, Malta, Montenegro, Portugal, Serbia, Slovenia, Spain; <i>Eastern Europe</i> such as: Belarus, Bulgaria, Romania, Russia, Ukraine; <i>Western Europe</i> such as: Belgium, France, Holland, Luxembourg; <i>Central Europe</i> such as: Austria, Czech Republic, Germany, Hungary, Poland, Slovakia, Switzerland; <i>North Africa</i>- Algeria, Egypt, Morocco, or the <i>Middle East</i> - Afghanistan, Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Saudi Arabia, Syria. Turkey, Yemen</p> |
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IV. ACADEMIC HISTORY

| Name of Last School | School District | City | State/Country | Grade |
|---------------------|-----------------|------|---------------|-------|
| | | | | |
| | | | | |

22. Has your child ever repeated a grade? Yes No **If yes, what grade was repeated?** _____

23. Are there psychological or confidential reports available from your child’s former school? Yes No

24. Disclosure of information REQUIRED by California Education Code 48915.1(b)
a. Has your child been suspended? Yes No b. Has your child ever been expelled? Yes No

25. SCHOOL AND SPECIALIZED EDUCATION PROGRAMS

What special services has your child received? (please check all boxes that apply) — If none, please check here:

Special Education: Resource Program (RSP) Special Day Class (SDC) Speech/Language Therapy Date of last IEP _____

Other: Gifted (GATE) Migrant Academic Intervention English Language Development SARB Attendance/ Behavior

504 Accommodation Plan Counseling Other (Specify) _____

I have reviewed this document and to the best of my knowledge, the information contained herein is true and complete. By signing this I declared under the penalty of perjury that I am the parent or legal guardian of the above named student.

Signature of Parent/Guardian: _____ **Date:** _____