



STUDENT REGISTRATION FORM

For Office Use Only

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

Please Print Clearly with Black or Blue Ink

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

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. Parent's Cell Phone _____ ()	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Birth Date: MM/DD/YYYY _____	8. City of Birth _____	9. State/Providence 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). Please 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?
 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 LAST NAME: _____

FIRST NAME: _____

PERMANENT ID#: _____

17. Name Other Children In The Home	Relationship	Date of Birth	School	Grade
a.				
b.				
c.				

- 18. PARENT EDUCATION LEVEL** Check the response that describes the education level of the most highly educated parent or guardian.
- Not a High School Graduate** (1) – An individual did not meet all state and local graduation requirements and did not receive a standard high school diploma.
- High School Graduate** (2) – 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).
- Some College or Associate’s Degree** (3) – 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.
- College Graduate** (4) – An individual attended a postsecondary education institution and graduated with a Bachelor’s Degree.
- Graduate Degree or Higher** (5) – 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? No Yes If yes, please complete a pink migrant form.

III. ETHNICITY AND RACE

20. ETHNICITY-Is your child Hispanic or Latino? No Yes, Hispanic or Latino
Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

21. RACE-Racial category & definition -Please select the racial category (s) with which your child most closely identifies.

- 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.**
- Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- Asian Indian Cambodian Chinese Filipino
 Hmong Japanese Korean Laotian
 Vietnamese Other Asian
- Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Guamanian Hawaiian Samoan Tahitian
 Other Pacific Islander
- Black or African American** A person having origins in any of the black racial groups of Africa.
- White/Caucasian** Persons having origins in any of the original peoples of *Northern Europe* such as: Britain (Scotland, Ireland, Wales) Denmark, Finland, Iceland, , Norway, Sweden; *Southern Europe* such as: Bosnia, Catalonia, Croatia, Cyprus, Greece, Italy, Macedonia, Malta, Montenegro, Portugal, Serbia, Slovenia, Spain; *Eastern Europe* such as: Belarus, Bulgaria, Romania, Russia, Ukraine; *Western Europe* such as: Belgium, France, Holland, Luxembourg; *Central Europe* such as: Austria, Czech Republic, Germany, Hungary, Poland, Slovakia, Switzerland; *North Africa*- Algeria, Egypt, Morocco, or the *Middle East* -Afghanistan, Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Saudi Arabia, Syria. Turkey, Yemen

IV. ACADEMIC HISTORY

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

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

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

24. Disclosure of information REQUIRED by California Education Code 48915.1(b)

- a. Has your child been suspended? No Yes b. Has your child ever been expelled? No Yes

25. SCHOOL AND SPECIALIZED EDUCATION PROGRAMS

Does your child received special services? No Yes If yes, please check all that apply.

- 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) _____

26. Active Duty

Is parent/guardian on Active Duty with the Armed Forces? No Yes If yes, please mark applicable box.
 Army Navy Air Force Marines Coast Guard National Guard (Full-Time)

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: _____