

**SANTA CLARA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

	PermID _____	Grade _____
--	--------------	-------------

I. STUDENT INFORMATION

Legal Name: Last _____ First _____ Middle _____
Name (if different than above) Last _____ First _____ Cell Phone (_____) _____ - _____
 Female Male Birthdate: _____ / _____ / _____

Ethnicity. What is the ethnicity of this student? (Check one)

Hispanic or Latino Not Hispanic or Latino
(Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race. What is the race of this student (Check up to 5 racial categories)

The above part of the question is about ethnicity, not race. Regardless of what you have selected (above), **please continue to answer the following question by marking one or more boxes to indicate what you consider the race of this student to be.**

<input type="checkbox"/> American Indian or Alaskan Native (100) <i>(Persons having origins in any of the original people of North, Central, or South America)</i>	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> Filipino (400)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> Black/African American (600)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Samoan (303)	<input type="checkbox"/> White (700) <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i>
	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Tahitian (304)	

Residence

Address _____ Apt/Space _____
 City _____ State _____ Zip Code _____
 Primary Phone No. (_____) _____ - _____

Student resides with (check all that apply)

Mother Father Step Parent
 Legal Guardian(s) Other _____

Mailing Address (if different from above)

Address _____ PO Box _____
 City _____ State _____ Zip Code _____

Type of Dwelling (federally mandated)

Single Family (house, condo, mobile home, etc) (200)
 Shelter/Transitional Housing Program (100) Doubled-Up (120)
 Foster Family/Kinship (210) Motel/Hotel (110)
 Unsheltered (car/campsite)(130) Other _____

II. PARENT / GUARDIAN INFORMATION

Name: Last _____ First _____ Middle _____
 Language Spoken _____
 Work Phone No. (_____) _____ - _____
 Cell Phone No. (_____) _____ - _____
 Other _____ (_____) _____ - _____
 Email _____ @ _____

Parent Education Level (indicate highest level completed)

Not a High School Graduate (1) College Graduate (4)
 GED (1) Graduate School / Post Graduate (5)
 High School Graduate (2) Declined to State (6)
 Some College (3)

Relationship to Student

Mother Step Mother Legal Guardian
 Father Step Father Other _____

Marital Status

Married Single
 Divorced Widowed

Armed Forces

Active Duty N/A
 National Guard

Name: Last _____ First _____ Middle _____
 Language Spoken _____
 Work Phone No. (_____) _____ - _____
 Cell Phone No. (_____) _____ - _____
 Other _____ (_____) _____ - _____
 Email _____ @ _____

Parent Education Level (indicate highest level completed)

Not a High School Graduate (1) College Graduate (4)
 GED (1) Graduate School / Post Graduate (5)
 High School Graduate (2) Declined to State (6)
 Some College (3)

Relationship to Student

Mother Step Mother Legal Guardian
 Father Step Father Other _____

Marital Status

Married Single
 Divorced Widowed

Armed Forces

Active Duty N/A
 National Guard

Please Complete The Information On The Other Side Of This Form

**SANTA CLARA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

(Student Name) Last _____	First _____	PermID _____	Grade _____
----------------------------------	--------------------	---------------------	--------------------

III. ADDITIONAL STUDENT INFORMATION

Languages

- 1) Which language did your child learn when he/she first began to talk? _____ ELEF
- 2) Which language does your child most frequently speak at home? _____ ELEF
- 3) Which language do you (the parents or guardians) most frequently use when speaking with your child? _____ ELEF
- 4) Which language is most often spoken by adults in the home?(parents, guardians, grandparents, or other adults) _____

Previous Schools / Enrollment History

Last School Attended _____	California School Entry Date _____ / _____ / _____
School Address _____	School District _____
Phone (____) ____-____ Fax (____) ____-____	City _____ State _____
	Date left previous school _____ / _____ / _____

Has student previously attended a school in the Santa Clara Unified School District?
 No Yes (if yes) School _____ Date left SCUSD School _____ / _____ / _____

Has student ever been expelled from school? Yes No Has student ever been retained? Yes No What grade? _____

Special Programs

Please check if student has received any special services or participated in any of the following programs.

- | | | | | |
|--|--|--|------------------------------|--|
| <input type="checkbox"/> ELL/Bilingual Program | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Migrant Education | <input type="checkbox"/> IEP | <input type="checkbox"/> Resource Specialist |
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Title I | <input type="checkbox"/> 504 | <input type="checkbox"/> Other _____ |

Other Family Members

Names of other children in the family	Birthdate	Relationship to Student
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

Non-Custodial Parent or Joint Custodial Parent

Name: Last _____	First _____	Middle _____
Language Spoken _____	Email _____ @ _____	
Work Phone No. (____) ____-____	Address _____	
Cell Phone No. (____) ____-____	City _____	State _____ Zip Code _____
Other _____ (____) ____-____		

Relationship to Student

Marital Status

- | | | | | | | |
|---------------------------------|--------------------------------------|---|----------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Step Mother | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step Father | <input type="checkbox"/> Other _____ | | | | |

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete.
 The undersigned declares under penalty of perjury that they are the parent or legal guardian of the above-named student.

Parent / Guardian Signature _____ Date _____ / _____ / _____

For School Use Only

School _____	Date ____ / ____ / ____	PermID _____	Family # _____	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
<input type="checkbox"/> Open Enrollment	Home School # _____	Teacher _____	Room _____	Counselor _____
<input type="checkbox"/> In District Transfer	Home School # _____	Records Requested ____ / ____ / ____	Date Entered ____ / ____ / ____	
<input type="checkbox"/> Overload	Home School # _____	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Baptismal <input type="checkbox"/> Passport
<input type="checkbox"/> Out of District Transfer	District # _____	<input type="checkbox"/> Local Registrar/County Recorder Statement	<input type="checkbox"/> Affidavit	
		<input type="checkbox"/> Address Verification	By (initial) _____	Date ____ / ____ / ____