

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

**2020-2021**

	PermID _____	Grade _____
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**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)<br><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**

**2020-2021**

<b>(Student Name) Last</b> _____	<b>First</b> _____	<b>PermID</b> _____	<b>Grade</b> _____
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**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 ____ / ____ / ____