

| | | |
|-----------------------------------|--|----------------------------|
| Student Name _____ | Alexander Valley Union School District Student Registration Form (Complete both sides) | ID # _____ SSID # _____ |
| Enrollment Date _____ Grade _____ | | |

STUDENT INFORMATION

| | | | | |
|-----------------------------------|---|-------------|------------|---------------------------------------|
| Student's Legal Name | | | | |
| Last | | First | | Middle |
| AKA or Family Name (if different) | | | | |
| Residence Address | | | | |
| House Number | | Street Name | | Type (Ave., St., Rd., Ct., etc.) Apt# |
| City | | Zip Code | | Home Telephone |
| Mailing Address (if different) | | | | |
| Sex | M | F | Birth Date | |
| Birth Place | | | | |
| City | | State | | Country |

If student was born outside of the United States, provide date of entry _____

| | | | | | | | | | |
|---|------|----|----|----|----|------------|----------|-----|----|
| Speical Education Services (Circle One) | None | RS | LH | SH | ED | SDC Speech | 504 Plan | Yes | No |
| Behavior Support Plan? | Yes | No | | | | | | | |

PREVIOUS ENROLLMENT INFORMATION

Has student ever been retained? Yes No Grade Level(s) _____

Last School Attended

| School Name | | Address | | City | |
|------------------------------------|-----------|--------------|-------------|---------------------------------------|-------------|
| State | Telephone | Date Entered | | Date Left | Grade |
| First enrollment in a U.S. School. | | _____ | _____ | First enrollment in a CA School _____ | |
| | | Date Entered | Grade Level | Date Entered | Grade Level |

Expulsion Information

Has student been expelled from any previous school district? Yes No

If expelled, for what reason(s)? _____

If expelled, from which school? _____

| School | District | Grade |
|--------|----------|-------|
|--------|----------|-------|

ETHNIC IDENTIFICATION

Is your child Hispanic or Latino? (Select only one)

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

Alexander Valley Union School District

Student Registration Form

(Complete both sides)

ID # _____
SSID # _____

RACE: The above 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.

- ☐ American Indian
 ☐ Japanese
☐ Asian Indian
 ☐ Korean
☐ Black or African American
 ☐ Laotian
☐ Cambodian
 ☐ Other Asian
☐ Chinese
 ☐ Other Pacific Islander
☐ Filipino
 ☐ Samoan
☐ Guamanian
 ☐ Tahitian
☐ Hawaiian
 ☐ Vietnamese
☐ Hmong
 ☐ White (Not Hispanic)

Medical Information

Medical Conditions (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Migraine Headache |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Musculo-Skeletal |
| <input type="checkbox"/> Asthma Inhaler | <input type="checkbox"/> Hearing Aide/Tubes | <input type="checkbox"/> Prosthetic Device |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Bee Sting Kit | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Skin Problem |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Hernia | <input type="checkbox"/> Stomach Problem |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstual Problem | <input type="checkbox"/> Vision/Glasses |
| <input type="checkbox"/> Other: _____ | | |

Regular Medication(s)

| <u>Name</u> | <u>Dosage (How much?)</u> | <u>Times Given</u> |
|-------------|---------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Doctor Name _____ Phone _____

In the event of an accident or emergency, I give permission for school staff or emergency contact to take my child to any available doctor or hospital, or request their services. YES/NO

If NO is circled, specify action to be taken: _____

Type of Health Insurance

- ☐ Medi-Cal ☐ Healthy Families ☐ School Insurance
- ☐ Private Insurance ☐ HMO ☐ None

HOME ENVIRONMENT

STUDENT LIVES WITH

Circle One

Mother

Stepmother

Guardian

Other

Last Name

First Name

Occupation

Place of Employment

City

Work Phone

Cell/Message Phone

Email Address

Education Level (Select the response that best describes this person’s education level)

- ☐ Not a high school graduate
- ☐ Some college (includes AA)
- ☐ High school graduate
- ☐ College Graduate (four year degree)
- ☐ Technical school/training
- ☐ Graduate school/post graduate training

Circle One

Father

Stepfather

Guardian

Other

Last Name

First Name

Occupation

Place of Employment

City

Work Phone

Cell/Message Phone

Email Address

Education Level (Select the response that best describes this person’s education level)

- ☐ Not a high school graduate
- ☐ Some college (includes AA)
- ☐ High school graduate
- ☐ College Graduate (four year degree)
- ☐ Technical school/training
- ☐ Graduate school/post graduate training

OTHER CHILDREN LIVING IN THE HOME

Name

Birthdate

Name

Birthdate

Name

Birthdate

OTHER FAMILY INFORMATION

Is there a birth parent not living in the home? Yes No

Last Name

First Name

Home Phone

Address

City

State

Zip Code

Is the school authorized to release child to this parent? Yes No
Is there a court order regarding custody of this child? Yes No (If yes, you must provide the school with a copy of the most current court order)

Education Level (Select the response that best describes this person’s education level)

- ☐ Not a high school graduate
- ☐ Some college (includes AA)
- ☐ High school graduate
- ☐ College Graduate (four year degree)
- ☐ Technical school/training
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TRANSITIONAL LIVING

There are times when parents find themselves in a transitional living situation due to loss of housing. Transitional living includes families living in temporary shelters, motel/hotel, campgrounds, abandoned buildings, cars, trailer parks, or sharing housing with others.

- ☐ Transitional living
- ☐ Group home or foster care placement

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirment is requested.
Please answer the following quesions:

Language first spoken by child

Language most spoken by child at home

Language most spoken to child at home

Language most spoken by adults at home

Do parents need to receive notices in a language other then English?

Yes No If yes, what language?

EMERGENCY CONTACT INFORMATION

(If parent is not avialable)

Child will only be released to the custodial parent/legal guardian (the parent who enrolled the child in school and with whom the child lives) or his/her designee identified below. Must be 18 years of age or older.

Do not list more than 4 contacts.

Relationship

Name

Cell/Message Phone

IS EITHER PARENT IN ACTIVE MILITARY DUTY?

Yes No

Parent/Guardian Signature Date