

Student Name _____

Alexander Valley Union School District

ID # _____

Student Registration Form

SSID # _____

Enrollment Date _____ Grade _____

(Complete both sides)

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 Nonbinary Birth Date _____

Special 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

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

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)

- ADHD Ear Infection Migraine Headache
Allergies Eating Disorder Muscular Dystrophy
Asthma Emotional Disorder Musculoskeletal
Asthma Inhaler Hearing Aide/Tubes Prosthetic Device
Bee Sting Hearing Problem Seizure Disorder
Bee Sting Kit Heart Problem Skin Problem
Blood Disorder Hernia Stomach Problem
Cancer Hypoglycemia Thyroid Condition
Cystic Fibrosis Kidney/Bladder Tourette Syndrome
Diabetes Menstrual Problem Vision/Glasses
Other: _____

Regular Medication(s)

Name Dosage (How much?) Times Given

Blank lines for medication information.

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 | 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 Graduate school/post graduate training

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 requirement is requested. Please answer the following questions:

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 than English?

Yes No If yes, what language? _____

EMERGENCY CONTACT INFORMATION

(If parent is not available)

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