

## STUDENT REGISTRATION INFORMATION (Grades TK-12)

### PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS

School of Residence \_\_\_\_\_ Year 20\_\_\_\_-20\_\_\_\_ Date \_\_\_\_\_

Schools Requested (in choice order): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Entered U.S.A. \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered U.S.A. school \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM | DD | YYYY MM | DD | YYYY MM | DD | YYYY

Primary phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Father/Legal Guardian \_\_\_\_\_ Employer \_\_\_\_\_  
Last First

Occupation \_\_\_\_\_ Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Mother/Legal Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Last First

Name of Other Legal Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Last First

**STUDENT LIVES WITH (Check all that apply):** Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother  Uncle  Aunt   
 Legal Guardian(s)  Other  Conditions: \_\_\_\_\_

Are parents separated? Yes  No  if so, may other parent pick up child at school? Yes  No

**(SUPPORTIVE LEGAL DOCUMENT REQUIRED) LEGAL CUSTODY PAPERS ON FILE** \_\_\_\_\_

2nd Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

	Brothers/sisters (living at home)*	Date of Birth	Age	If school age, name of school
Name	_____	_____	_____	_____
Name	_____	_____	_____	_____
Name	_____	_____	_____	_____

\*If more than 3 children living at home, please attach a separate sheet.

Previous School Attended \_\_\_\_\_  
Name of School Street Address City State Zip Code

Is your student currently under an expulsion order at another district or being recommended for expulsion?  Yes  No

#### SPECIAL PROGRAMS & SPECIAL EDUCATION

Does your son/daughter have an IEP, 504 plan, or receive speech services? Yes  No  If yes, please specify and attach IEP or 504 \_\_\_\_\_

Has your son/daughter been identified as a Gifted and Talented Education (GATE) student? Yes  No

Any special health considerations or allergies (please indicate if an EpiPen is prescribed) \_\_\_\_\_

**STATE MANDATED COMPLIANCE INFORMATION  
PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS**

Student's Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

**I. Parent Education level: Check one response that best applies for each parent/guardian:**

**Father/guardian:**

\_\_\_ Not a high school graduate \_\_\_ College graduate  
 \_\_\_ High school graduate \_\_\_ Grad school/past grad training  
 \_\_\_ Some college \_\_\_ Decline to state or unknown

**Mother/guardian:**

\_\_\_ Not a high school graduate \_\_\_ College graduate  
 \_\_\_ High school graduate \_\_\_ Grad school/past grad training  
 \_\_\_ Some college \_\_\_ Decline to state or unknown

**II. Ethnicity: Is your student Hispanic or Latino? (Choose only one)**

\_\_\_ Yes, Hispanic or Latino. (This includes all persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  
 \_\_\_ No, not Hispanic or Latino.

**III. Race: What is your student's race? (Please answer this question regardless of your response to question II. above. Mark any that apply.)**

\_\_\_ 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.)  
 \_\_\_ Black/African American \_\_\_ Other Pacific Islander \_\_\_ Vietnamese  
 \_\_\_ Filipino/Filipino American \_\_\_ Chinese \_\_\_ Hmong  
 \_\_\_ Hawaiian \_\_\_ Japanese \_\_\_ Laotian  
 \_\_\_ Samoan \_\_\_ Korean \_\_\_ Cambodian  
 \_\_\_ Guamanian \_\_\_ Asian Indian \_\_\_ Other Asian  
 \_\_\_ Tahitian  
 \_\_\_ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**IV. 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 to provide meaningful instruction for all students.**

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
  2. What language does your son or daughter use most frequently at home? \_\_\_\_\_
  3. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
  4. Name the language most often spoken by the adults at home. \_\_\_\_\_
- ☆ **In what language do you wish the school to communicate with you?** \_\_\_ English \_\_\_ Spanish (please check only one)  
 ☆ Are you a refugee? \_\_\_ Yes \_\_\_ No If yes, from what country? \_\_\_\_\_ Date entered U.S.A. \_\_\_\_\_ I-94 # \_\_\_\_\_  
 ☆ Is at least one parent/guardian of this student active in the United States Armed forces? \_\_\_ Yes \_\_\_ No

I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.

Signature of parent/guardian filling out this form \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Verification of Residency _____	Verified by _____	
	Verification of Birthdate _____	Verified by _____	
	Interdistrict Permit Needed? Y ___ N ___	Intradistrict Permit Needed? Y ___ N ___	Permanent ID Number _____
	Final School Placement: _____		Verified by _____