

## 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 \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Non Binary Primary phone \_\_\_\_\_  
MM / DD / YYYY

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) \_\_\_\_\_

