



Humboldt County Office of Education

(To be completed by parent/guardian)

Office Use Only

SSID No: _____

DOR: _____

NAME OF SCHOOL: _____

ANTICIPATED START DATE: _____

Teacher: _____

Student's LEGAL Name: _____ Date of Birth: _____ Male Female
(from birth certificate)

_____ Last Name First Name Middle Name _____ Mo./Day/Year

_____] () _____] () _____]
Last Name Mother Step Mother Guardian First Name Home Phone Cell/Work Phone

_____] () _____] () _____]
Mailing Address City State Zip

_____ City State Zip
Residence Address (IF DIFFERENT)

_____] () _____] () _____]
Email Address Last Name Father Step Father Guardian First Name Home Phone Cell/Work Phone

_____] () _____] () _____]
Last Name Father Step Father Guardian First Name Home Phone Cell/Work Phone

_____ City State Zip
Mailing Address

_____ City State Zip
Residence Address (IF DIFFERENT)

_____] () _____] () _____]
Email Address Last Name Father Step Father Guardian First Name Home Phone Cell/Work Phone

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

_____] () _____] () _____]
Last Name/Relationship to student First Name Home Phone Cell Phone

_____ City State Zip
Mailing Address

_____ Last Date of Attendance _____
Last School Attended: _____ Name of School City/State Phone No.

MEDICAL INFORMATION - Are there medical issues that the school should be aware of? Yes No

If Yes, Please describe _____

Medication taken at home? Yes No If Yes, please describe _____

Medication taken at school? Yes No If Yes, please submit the Medication Form signed by doctor at time of registration

Allergies the school should be aware of? Yes No If Yes, please describe _____

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes: Name of school: _____ Location: _____ Date Expelled: _____

Student Birthplace: _____ If not born in the U.S. what month/year did your child enter U.S.? _____ / _____
City/State/Country Mo./Year

What month and year did your child first enroll in a U.S. School? _____ / _____ In a California School? _____ / _____

What special services has your child received? (Please check all boxes that apply)

- Special Education:** Resource (RSP) Special Day Class Speech/Language 504 Accommodation Plan
- Other:** Gifted (GATE) Remedial Math Remedial Reading Counseling
- English Lang. Dev. Medical Health Plan

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home? _____

Must answer both questions

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Non Hispanic or Latino

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) The above part of the 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.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100) (Person having origins in any of the Original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) | <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) | | | |

RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic Hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program | <input type="checkbox"/> Foster/Group Home |
| | <input type="checkbox"/> Other _____ |

OTHER CHILDREN IN THE FAMILY:

| First and Last Name | Relationship | Lives at Home | School | Grade (If graduated, not applicable) |
|---------------------|--------------|--|--------|---|
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

OTHER ADULTS IN THE HOME:

| Name | Relationship | Name | Relationship |
|-------|--------------|-------|--------------|
| _____ | _____ | _____ | _____ |

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Some college (includes AA degree) | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | |

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ **Signature of Parent/Guardian:** _____

BELOW FOR SCHOOL USE ONLY

| | | | | | | |
|--|--|--|-----------------|-----------------------------|--------------------------|----------------------|
| Proof of Birth: Type: _____ Verified by: _____ | Proof of Residence: Type: _____ Verified by: _____ | Proof of Immunizations: Type: _____ Verified by: _____ | Enrollment Date | Teacher/Class Assignment | PROMIS/SEIS Completed | Class list completed |
|--|--|--|-----------------|-----------------------------|--------------------------|----------------------|