

SCHOOL

# Sierra Sands Unified School District Student Registration

GRADE

Student Last Name:

▶ Has your student ever attended Sierra Sands Unified public schools before?  Yes  No

School attended: \_\_\_\_\_ Year attended: \_\_\_\_\_

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
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Male  Female Birth date: \_\_\_\_\_

Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name if different)	Apt #	City	State	Zip
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First Name:

### WHAT IS YOUR CHILD’S ETHNICITY? (Please check one)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not 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)<br><small>(Persons having origins in any of the original people of North, Central or South America )</small> | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)   |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)   |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)   |
| <input type="checkbox"/> Korean (203)  | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Vietnamese (204)  | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Asian Indian (205)  | <input type="checkbox"/> Guamanian (302)   |   |
|  | <input type="checkbox"/> Samoan (303)      |   |

Permanent ID:

### PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- Graduate Degree or Higher (5)  
 College Graduate (4)  
 Some College or Associate’s Degree (3)  
 High School Graduate (2)  
 Not a High School Graduate (1)

### Date student first attended school in the U.S.

Month	Day	Year
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### Date student first attended school in California

Month	Day	Year
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BIRTHPLACE: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

U.S. Citizen (at birth):  Yes  No

Student Last Name:

First Name:

Permanent ID:

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)?  Yes  No  I don't know

In which language do you wish to receive written communications from the school?  English  Spanish

**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)       In a motel/hotel (110)  
 Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)       Unsheltered (car/campsite) (130)  
 In a shelter or transitional housing program (100)

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

- Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_  
 Is the above (checked) person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit"  
 If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one)      **Full Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_      **Military?**  Yes  No
2.  Mother  Step Mother/Guardian (check one)      **Full Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_      **Military?**  Yes  No

**PLEASE LIST OTHER CHILDREN LIVING AT HOME:**

First and Last Name	Relationship	School	Grade	Date of birth

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

- Has your child ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_  
 Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No  
 What special services has your child received? **(please check all boxes that apply)**  
**Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  
 Are there psychological or confidential reports available from your child's former school?  Yes  No  
**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development  
 Help to Improve Attendance/ Behavior  504 Plan  Other (Specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**BELOW FOR SCHOOL USE ONLY**

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date: _____ Enter Date: _____	Cumulative record requested: _____	Copies to: PSS _____ EL Office _____ Special Ed _____	Grade Placement Verification:
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