

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)
<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: _____

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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