

Student Name _____

Alexander Valley Union School District

ID # _____

Student Registration Form

Enrollment Date _____ Grade _____

(Complete both sides)

STUDENT INFORMATION

Student's Legal Name _____
Last First Middle

AKA or Family Name (if different) _____

Residence Address _____
House Number Street Name Type (Ave., St., Rd., Ct., etc.) Apt#
City Zip Code Home Telephone

Mailing Address (if different) _____

Sex M F Social Security Number _____ Birth Date _____

Birth Place _____
City State Country

If student was born outside of the United States, provide date of entry _____

Speical Education Services (Circle One) None RS LH SH ED SDC Speech 504 Plan Yes No
Behavior Support Plan? Yes No

PREVIOUS ENROLLMENT INFORMATION

Has student ever been retained? Yes No Grade Level(s) _____

Last School Attended

School Name Address City

State Telephone Date Entered Date Left Grade

First enrollment in a U.S. School. _____ Date Entered _____ Grade Level _____
First enrollment in a CA School _____ Date Entered _____ Grade Level _____

Expulsion Information

Has student been expelled from any previous school district? Yes No

If expelled, for what reason(s)? _____

If expelled, from which school? _____
School District Grade

ETHNIC IDENTIFICATION

(Check all that apply and circle the primary ethnicity)

- American Indian
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic or Latino
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- White (Not Hispanic)

Medical Information

Medical Conditions (Check all that apply)

- ADHD
- Allergies
- Asthma
- Asthma Inhaler
- Bee Sting
- Bee Sting Kit
- Blood Disorder
- Cancer
- Cystic Fibrosis
- Diabetes
- Other: _____
- Ear Infection
- Eating Disorder
- Emotional Disorder
- Hearing Aide/Tubes
- Hearing Problem
- Heart Problem
- Hernia
- Hypoglycemia
- Kidney/Bladder
- Menstual Problem
- Migraine Headache
- Muscular Dystrophy
- Musulo-Skeletal
- Prosthetic Device
- Seizure Disorder
- Skin Problem
- Stomach Problem
- Thyroid Condition
- Tourette Syndrome
- Vision/Glasses

Regular Medication(s)

Name	Dosage (How much?)	Times Given

Doctor Name _____ Phone _____

In the event of an accident or emergency, I give permission for school staff or emergency contact to take my child to any available doctor or hospital, or request their services. YES/NO

If NO is circled, specify action to be taken: _____

Type of Health Insurance

- Medi-Cal
- Private Insurance
- Healthy Families
- HMO
- School Insurance
- None

HOME ENVIRONMENT
STUDENT LIVES WITH

Circle One **Mother** **Stepmother** **Guardian** **Other** _____

Last Name First Name Occupation

Place of Employment City Work Phone

Cell/Message Phone Email Address

Education Level (Select the response that best describes this person's education level)

- Not a high school graduate Some college (includes AA)
- High school graduate College Graduate (four year degree)
- Technical school/training Graduate school/post graduate training

Circle One **Father** **Stepfather** **Guardian** **Other** _____

Last Name First Name Occupation

Place of Employment City Work Phone

Cell/Message Phone Email Address

Education Level (Select the response that best describes this person's education level)

- Not a high school graduate Some college (includes AA)
- High school graduate College Graduate (four year degree)
- Technical school/training Graduate school/post graduate training

OTHER CHILDREN LIVING IN THE HOME

_____ Name	_____ Birthdate	_____ Name	_____ Birthdate
_____ Name	_____ Birthdate	_____ Name	_____ Birthdate

OTHER FAMILY INFORMATION

Is there a birth parent not living in the home? Yes No

Last Name First Name Home Phone

Address City State Zip Code

Is the school authorized to release child to this parent? Yes No **(If yes, you must provide the school with a copy)**
 Is there a court order regarding custody of this child? Yes No **of most current court order)**

Education Level (Select the response that best describes this person's education level)

- Not a high school graduate Some college (includes AA) High school graduate College Graduate (four year degree)
- Technical school/training Graduate school/post graduate training

TRANSITIONAL LIVING

There are times when parents find themselves in a transitional living situation due to loss of housing. Transitional living includes families living in temporary shelters, motel/hotel, campgrounds, abandoned buildings, cars, trailer parks, or sharing housing with others.

- Transitional living
- Group home or foster care placement

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 for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:

Language first spoken by child _____

Language most spoken by child at home _____

Language most spoken to child at home _____

Language most spoken by adults at home _____

Do parents need to receive notices in a language other than English?
 Yes No If yes, what language? _____

EMERGENCY CONTACT INFORMATION

(If parent is not available)

Child will only be released to the custodial parent/legal guardian (the parent who enrolled the child in school and with whom the child lives) or his/her designee identified below. Must be 18 years of age or older.

Do not list more than 4 contacts.

<u>Relationship</u>	<u>Name</u>	<u>Cell/Message</u>
<u>Phone</u>		

 Parent/Guardian Signature Date
 Site use only: Received by: _____ 07/2005 PS 107