



ESCALON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Grade

Emergency Cell Phone Number _____

STUDENT INFORMATION (PLEASE PRINT) Male Female

Legal Last Name		Legal First Name			Legal Middle Name	
Alias (if applicable)						
Residence Address		Apt. #	City	State	Zip Code	
Mailing Address (if different)						
Birth Place: City _____		State _____		Country _____		Birth Date: ____/____/____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

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

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 (persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> White (persons having origins in any of the original people of Europe, North Africa, or the Middle East) | | | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino/Filipino American |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tahitian | <input type="checkbox"/> African American or Black |

PARENT/GUARDIAN INFORMATION

Parents/Guardians living with Student:						<input type="checkbox"/> Active Military Member
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other						
Last Name	First Name	Home Phone	Cell Phone	Work Phone	Email	

Parents/Guardians NOT living with Student:						<input type="checkbox"/> Active Military Member
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other						
Ok to release <input type="checkbox"/> Yes <input type="checkbox"/> No						
Last Name	First Name	Home Phone	Cell Phone	Work Phone	Email	

Extra Mailings Required Yes No – Mailing Address: _____

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Legal Guardian

Court Order on file Yes No Special Instructions: _____

PARENT EDUCATION - Check the response that describes the education level of the most educated parent.

- | | | |
|---|---|---|
| <input type="checkbox"/> Not a High School Graduate | <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate School/Post Graduate Training |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Declined to state/Unknown |

EMERGENCY CONTACTS

Relationship	Name	Home Phone	Cell Phone	Work Phone

In the event we can't contact a parent/guardian, the contacts listed above are authorized to take my child from school in case of emergency or illness.

SIBLINGS

Name		Grade		School		Birthdate	
Name		Grade		School		Birthdate	
Name		Grade		School		Birthdate	
Name		Grade		School		Birthdate	
Name		Grade		School		Birthdate	

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

1)	What language/dialect do you prefer school communications?
2)	Which language/dialect is the primary one in the home?
3)	What language/dialect is your son/daughter primary language?
4)	Has your child ever been given the CELDT / ELPAC Test (English Language Proficiency Assessments for California)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 or loss)	<input type="checkbox"/> Unsheltered (car/campsite)
<input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> Other

MOST RECENT SCHOOL ATTENDED

Has your student ever attended Escalon public schools before? Yes No Last year attended: _____

Previous Escalon school of attendance: Dent Van Allen Colleeville Farmington El Portal Escalon High Vista Charter

Schools other than Escalon USD	Address/City/State/Zip	Grade(s)	Date(s)

EXPULSION INFORMATION

Has student been expelled from any previous school district? yes no

Has your child been suspended? yes no

SPECIAL EDUCATION

Are there psychological or confidential reports available from your child's former school? Yes No

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Resource (RSP) | <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Gifted (GATE) | <input type="checkbox"/> Remedial | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Other | | |

Notes:

Signature of Parent/Guardian: _____

Date: _____