

ESCALON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

➤ Has your student ever attended Escalon public schools before? Yes No
 Previous EUSD school of attendance: _____ Last year attended: _____

PLEASE PRINT - STUDENT'S LEGAL NAME

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____
 Male Female Birth Date: _____ / _____ / _____
 Month Day Year

Alias (if applicable) _____
 Parent/Guardian Last Name: _____ First Name _____ Home Phone _____ Cell/Work Phone _____
 () () () ()

Parent/Guardian Last Name: _____ First Name _____ Home Phone _____ Cell/Work Phone _____

Mailing Address _____ Apt# _____ City _____ State _____ Zip Code _____

Residence Address (house # & street name) (IF DIFFERENT) Apt # _____ City _____ State _____ Zip Code _____
 (PO Box or house # & street name) _____

Email Address _____

First Name:

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 (100)
<small>(persons having origins in any of the original people of North, Central or South America)</small> | <input type="checkbox"/> White (700)
<small>(persons having origin in any of the original people of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Himong (208) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) |
| <input type="checkbox"/> Laotian (206) | <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"/> Filipino/Filipino American (400) |
| | <input type="checkbox"/> African American or Black (600) |

Permanent ID:

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

- Not a High School Graduate
- High School Graduate
- Some College
- College Graduate
- Grad School/post grad trng
- Declined to state/Unknown

Date student first entered school **in the U. S.**

____ / ____ / ____
 Month Day Year

Date student first entered school **California**

____ / ____ / ____
 Month Day Year

SIBLING INFORMATION:

Name:	Grade:	School:	Date of Birth:
Name:	Grade:	School:	Date of Birth:
Name:	Grade:	School:	Date of Birth:
Name:	Grade:	School:	Date of Birth:

STUDENT BIRTHPLACE: City: _____ State: _____ Country: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THIS FORM

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

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:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

PARENT/GUARDIAN 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: _____ City: _____ Daytime Phone # (____) _____
- 2) Mother Step-Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime 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:

Full Name: _____ Phone #: (____) _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

MOST RECENT SCHOOL ATTENDED:

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

Did your child attend preschool/day care yes no
If yes, please provide day care provider's name and address.

EXPULSION INFORMATION:

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

If expelled, from which school? _____
School District Grade

Has your child been suspended? yes no

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)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language
 504 IEP

Other: Gifted (GATE) Remedial Remedial Reading Counseling
 English Language Development Help to Improve Attendance/Behavior 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: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:
--	--	--	---------------	--------------	-----------------	---------------

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Student Last Name:

First Name:

Permanent ID: