

**ARCATA SCHOOL DISTRICT REGISTRATION**  
**Arcata Elementary School - Sunny Brae Middle School**

Re-entering Arcata School District?  yes  no

**Student Information**                                      **Grade Level:** \_\_\_\_\_                                      **Date Admitted:** \_\_\_\_\_                                      **Teacher:** \_\_\_\_\_

Full **LEGAL** Name: \_\_\_\_\_ Gender:  Female  Male  
As on Birth Certificate      Last      First      Middle

Name Student goes by if different than on Birth Certificate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
City                                      State                                      Country

Student **Resides** With: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Examples: Parents or Stepfather/Mother or Foster Parents

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Legal Father's Name:** \_\_\_\_\_  In Home  Not in Home  Deceased

Father's Work Place: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently on active duty in the military ? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

**Legal Mother's Name:** \_\_\_\_\_  In Home  Not in Home  Deceased

Mother's Work Place: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently on active duty in the military ? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Are there any legal document(s) preventing either parent from seeing or taking student? \_\_\_\_\_ **A Copy Must be on File at the School Site**

**“LOCAL” (Not Parents) EMERGENCY CONTACTS *May pick student up***

#1 _____	Relationship _____	Phone _____	Cell _____
#2 _____	Relationship _____	Phone _____	Cell _____
#3 _____	Relationship _____	Phone _____	Cell _____
#4 _____	Relationship _____	Phone _____	Cell _____

Name of last school **your child** attended: \_\_\_\_\_ Last day attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ **Is student currently expelled from another school?  Yes  No**

**WHAT IS YOUR CHILD'S RACE? (You may 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"/> 100 = American Indian or Alaskan Native<br><small>Persons having origins in any of the original people of North, Central or South America</small> | <input type="checkbox"/> 203 = Korean       | <input type="checkbox"/> 299 = Other Asian            | <input type="checkbox"/> 400 = Filipino/Filipino Amer.  |
| <input type="checkbox"/> 201 = Chinese   | <input type="checkbox"/> 204 = Vietnamese   | <input type="checkbox"/> 301 = Hawaiian               | <input type="checkbox"/> 600 = African American   |
| <input type="checkbox"/> 202 = Japanese  | <input type="checkbox"/> 205 = Asian Indian | <input type="checkbox"/> 302 = Guamanian              | <input type="checkbox"/> 700 = White - <i>Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East</i> |
|  | <input type="checkbox"/> 206 = Laotian      | <input type="checkbox"/> 303 = Samoan                 |   |
|  | <input type="checkbox"/> 207 = Cambodian    | <input type="checkbox"/> 304 = Tahitian               |   |
|  | <input type="checkbox"/> 208 = Hmong        | <input type="checkbox"/> 399 = Other Pacific Islander |   |

**PARENTS EDUCATION LEVEL** *Highest level of Education Completed:*  1=Not a High School Grad  2=High School Grad  
 2B=College Vocational Classes  3=College Credit towards BA  4=4yr College Grad  5=Grad School/Post Grad  6=No Info

**RESIDENCE** – Where is your child/family currently living? (*Federally mandated by NCLB*) – *Please check the appropriate box*

- In a single family permanent residence (*house, apartment, mobile home*)  9 = In a motel/hotel  
 10 = In a shelter or transitional housing program  12 = Unsheltered (*car/campsite*)  
 11 = Doubled-up (*sharing housing with others due to Economic hardship*)  15 = Other \_\_\_\_\_

**If Born Outside the United States**

US Entry Date (M/D/Y): \_\_\_\_\_ US School Entry (M/D/Y): \_\_\_\_\_ CA School Entry (M/D/Y): \_\_\_\_\_

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

1. What language did your son/daughter learn when he/she began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently speak to your son/daughter? \_\_\_\_\_
4. What language is spoken most often by the adults at home? \_\_\_\_\_

**HOME LANGUAGE**

- 00 = English  02 = Vietnamese  04 = Korean  10 = Lao  Other  
*Spoken at home*  01 = Spanish  03 = Cantonese  06 = Portuguese  23 = Hmong \_\_\_\_\_

**LANGUAGE FLUENCY:**  1= English Only  5 = To Be Determined IFEP, EL, RFEP – *From EL Coordinator Date must be entered*

**SPECIAL EDUCATION**  1 = Not Special Ed/504 Plan  3 = DIS-Designated Inst. & Serv.  5 = SDC-Not Severely Handicap  
 2 = RSP-Resource Program  4 = SDC-SH-Severely Handicap.  6 = 504 Plan  Speech/Language  
 GATE

**INSURANCE**  Healthy Families  No Insurance  Other Ins Co \_\_\_\_\_  Medi-Cal \_\_\_\_\_  No Info Provided

**MEDICAL – Health Problems Field - Any Special Health Problems:** \_\_\_\_\_

**MEDICATIONS** Given at Home: \_\_\_\_\_ at School: \_\_\_\_\_

Names of other children living in the home	Birthdate	Relationship to Student	School Attending

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

Student Records Requested \_\_\_\_\_ Date requested: \_\_\_\_\_