

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: _____

Student's Social Security #: _____ Are you a US Citizen? YES NO

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: _____

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 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 _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Not Hispanic or Latino
 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? (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
<i>Persons having origins in any of the original people of North, Central or South America</i> | <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 | |

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

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

School Enter Date: _____ School Mobility – Grade: _____ Program Code: _____ Perm ID #: _____
 District Enter Date: _____ District Mobility – Grade: _____ Grid Code: _____ Counselor: _____
 Locker # _____ Last School # _____

S – Programs: 123 – Title VII 127-Gifted 132 – Indian Ed 135-Migrant Ed Title 1 (*121-School wide & 122-Targeted*)

Teacher _____ Grade _____ Room _____ Bus _____ Cum Requested _____ CSIS _____ Blank ET
 RC