

# Black Oak Mine Unified School District

GRADE

## STUDENT REGISTRATION

PLEASE PRINT – STUDENT’S LEGAL NAME									
Legal Last Name			Legal First Name			Legal Middle Name		Other Legal Name (if applicable)	
<input type="checkbox"/> Male		<input type="checkbox"/> Female		Birthdate:					
				Month		Day		Year	
						( )		( )	
Parent/Guardian First Name			Last Name			Home Phone		Work Phone	
						( )		( )	
Parent/Guardian First Name			Last Name			Home Phone		Work Phone	
Residence Address (house # & street name)					Apt#	City		State	Zip
Mailing Address (IF DIFFERENT)					Apt #	City		State	Zip
(P.O Box or house # & street name)									

<b>WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):</b> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)		<input type="checkbox"/> Not Hispanic or Latino
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<b>WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)</b> <i>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.</i>		
<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America ) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <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) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

<b>PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u>.</b>  <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or Associate’s Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Declined to State/Unknown
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Date first attended school in <u>California</u>		
Month	Day	Year
MOST RECENT SCHOOL ATTENDED:		
School		
Address		
Grade		
Date(s)		

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Student Last Name:

First Name:

Permanent ID:

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

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

**Residence – where is your child/family currently living? Please check appropriate box:**

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (110)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) ☐ Unsheltered (car/campsite) (130)
- ☐ In a shelter or transitional housing program (100) ☐ Other (15) (please specify) \_\_\_\_\_

**Parent/Guardianship 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

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

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ 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

**Other:** ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) \_\_\_\_\_

**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: \_\_\_\_\_

3. 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: \_\_\_\_\_

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:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM**