



PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS

STUDENT REGISTRATION INFORMATION (Grades K-12)

School _____ Year 20 ____ -20 ____ Date _____

Student's Legal Name _____ Social Security # _____
Last First Middle (not required)

Address _____ Apt. # _____ Grade _____ Sex (circle one) M F

City _____ Zip Code _____ Telephone _____

Birthdate ____/____/____ Birthplace _____ Original date entered U.S.A. ____/____/____ Original year/grade entered U.S.A. school ____/____/____
MM/DD/Year City/State/Country MM/DD/Year year/grade

OFFICE USE ONLY Verification of Residency Verified by _____
Verification of Birthdate Interdistrict Permit Needed? Y ___ N ___ Intradistrict Permit Needed? Y ___ N ___ Verified by Permanent ID Number _____

Previous School Attended _____
Name of School Street Address City State Zip Code

Are you currently under an expulsion order at another district or being recommended for expulsion? Yes No

Name of Father/Legal Guardian _____ Occupation _____
Last First

Employer _____ Daytime phone _____ Cell phone _____

Name of Mother/Legal Guardian _____ Occupation _____
Last First

Employer _____ Daytime phone _____ Cell phone _____

Other/Guardian _____ Occupation _____
Last First

Employer _____ Daytime phone _____ Cell phone _____

E-mail address 1) _____ 2) _____

STUDENT LIVES WITH:

___ Biological/Adopted ___ Biological/Adopted ___ Legal Guardian(s): Conditions: _____
Father: ___ Step Mother: ___ Step
___ Foster ___ Foster ___ Other: Conditions: _____
___ Grand ___ Grand

Are parents separated? Yes ___ No ___ if so, may other parent pick up child at school? Yes ___ No ___

(SUPPORTIVE LEGAL DOCUMENT REQUIRED) LEGAL CUSTODY PAPERS ON FILE _____

Table with 4 columns: Name, Brothers/sisters (living at home)*, Date of Birth, Age, If school age, name of school

*If more than 3 children living at home, please attach a separate sheet.

SPECIAL PROGRAMS

Does your son/daughter receive Special Education services? Yes No If yes, please specify _____
Has your son/daughter been identified as a Gifted and Talented Education (GATE) student? Yes No
Any special health considerations _____

**PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS
STATE MANDATED COMPLIANCE INFORMATION**

 Student's Legal Name _____ Birthdate _____
Last First Middle

 School _____ Grade _____ Gender (circle one) **M** **F**
I. Parent Education level: Check one response that best applies for each parent/guardian:
Father/guardian:
 Not a high school graduate College graduate
 High school graduate Grad school/past grad training
 Some college Decline to state or unknown

Mother/guardian:
 Not a high school graduate College graduate
 High school graduate Grad school/past grad training
 Some college Decline to state or unknown

II. Ethnicity: Is your student Hispanic or Latino? (Choose only one)
 Yes, Hispanic or Latino. (This includes all persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 No, not Hispanic or Latino.

III. Race: What is your student's race? (Please answer this question regardless of your response to question II. above. Mark any that apply.)
 American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, AND who maintains tribal affiliation or community attachment.)
 Black/African American Other Pacific Islander Vietnamese
 Filipino/Filipino American Chinese Hmong
 Hawaiian Japanese Laotian
 Samoan Korean Cambodian
 Guamanian Asian Indian Other Asian
 Tahitian
 White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

IV. Home Language Survey
The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your son or daughter use most frequently at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home. _____

➤ **In what language do you wish the school to communicate with you?** **English** **Spanish** (please check only one)

➤ Are you a refugee? Yes No If yes, from what country? _____ Date entered U.S.A. _____ I-94 # _____

V. Check the entry grade from which this student has been continuously enrolled in this school and district:

School	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
District	PK	K	1	2	3	4	5	6	7	8	9	10	11	12

Grade 7 only: Which elementary school did your child attend in 6th grade? _____

Signature of parent/guardian filling out this form _____ Date _____