

# AMADOR COUNTY UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**PLEASE PRINT – STUDENT’S LEGAL NAME**

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Other Legal Name (if applicable)</b>			
<input type="checkbox"/> Male <input type="checkbox"/> Female    Birth date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px;">Month</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Year</td> </tr> </table>				Month	Day	Year
Month	Day	Year				
Parent/Guardian First Name		Last Name				
Home Phone		Work Phone				
(    )		(    )				
Parent/Guardian First Name		Last Name				
Home Phone		Work Phone				
(    )		(    )				
Mailing Address						
Apt#		City	State    Zip			
Residence Address (house # & street name) (IF DIFFERENT)		Apt #	City    State    Zip			
Parent/Guardian Email Address:		Student’s Email address				
Has your student ever attended Amador County public schools before? <input type="checkbox"/> No <input type="checkbox"/> Yes						
If yes, School & Year						

<p><b>PARENT EDUCATION</b> – Check the response that describes the education level of the <b>most educated parent</b>.</p> <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"><b>Date your student first attended school <u>in the U.S.</u></b></td> </tr> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Date your student first attended school in <u>California</u></b></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>	<b>Date your student first attended school <u>in the U.S.</u></b>			Month	Day	Year	<b>Date your student first attended school in <u>California</u></b>			Month	Day	Year
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Month	Day	Year											
<b>Date your student first attended school in <u>California</u></b>													
Month	Day	Year											

**WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):**

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

**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>(Person having origins in any of the original people of North, South or Central America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

**Student’s BIRTHPLACE:**    City: \_\_\_\_\_    State: \_\_\_\_\_    Country: \_\_\_\_\_

U.S. Citizen:    Yes    No

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (ACUSD REV 06/09)**

**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  I don't know

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

**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)  In a motel/hotel (09)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)  Unsheltered (car/campsite) (12)  
 In a shelter or transitional housing program (10)  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

**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)

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) \_\_\_\_\_

**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: _____	Enroll Date:	Permanent ID:
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