

SCHOOL

Sierra Sands Unified School District Student Registration

GRADE

School Year: _____

Student Last Name:

▶ Has your student ever attended Sierra Sands Unified public schools before? Yes No

School attended: _____ Year attended: _____

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name Legal First Name Legal Middle Name Other Legal Name (if applicable)

Male

Female

Nonbinary

Birth date:

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

First Name:

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.

American Indian or Alaskan Native(100)

(Persons having origins in any of the original people of North, Central or South America)

Chinese (201)

Japanese (202)

Korean (203)

Vietnamese (204)

Asian Indian (205)

Laotian (206)

Cambodian (207)

Hmong (208)

Other Asian (299)

Hawaiian (301)

Guamanian (302)

Samoan (303)

Tahitian (304)

Other Pacific Islander (399)

Filipino/Filipino American (400)

African American or Black (600)

White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Permanent ID:

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

Graduate Degree or Higher (5)

College Graduate (4)

Some College or Associate’s Degree (3)

High School Graduate (2)

Not a High School Graduate (1)

Date student first attended school in the U.S.

Month Day Year

Date student first attended school in California

Month Day Year

BIRTHPLACE: City: _____ State: _____ Country: _____

Student Last Name:

First Name:

Permanent ID:

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 taken the ELPAC (English Language Proficiency Assessments for California Test)? Yes No I don't know

In which language do you wish to receive written 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 (110)
 Temporarily 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)

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: _____ **Active Duty Military** **National Guard** **Reserves**
2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **Active Duty Military** **National Guard** **Reserves**

PLEASE LIST OTHER CHILDREN LIVING AT HOME:

| First and Last Name | Relationship | School | Grade | Date of birth |
|---------------------|--------------|--------|-------|---------------|
| | | | | |
| | | | | |
| | | | | |

MOST RECENT SCHOOL ATTENDED:

| School | Address/City/State/Zip | Grade(s) | Date(s) |
|--------|------------------------|----------|---------|
| | | | |

Has your child ever been retained? Yes No If yes, what grade? _____
 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: Individual Education Plan (IEP) Resource (RSP) Special Day Class (SDC) Speech/Language
 Are there psychological or confidential reports available from your child's former school? Yes No

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior 504 Plan 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: Enter Date: | Cumulative record request Date: _____ | Copies to: SSS _____ EL Office _____ SELPA _____ | Grade Placement Verification: |
|--|--|---|---------------------------------|---|---|-------------------------------------|