

Oak Grove School District Student Registration Form

____ - ____ School Year

Today's Date / /	Student # <small>(office use only)</small>
Home School <small>(office use only)</small>	Teacher <small>(office use only)</small>



Please provide the legal name of the student in accordance with State Requirements

Grade	Legal Last Name <small>personID</small>	Legal First Name	Legal Middle Name	Male Female
Birthdate (MM/DD/YYYY) / /	Birth State/Province	Birth Country	Start Date at 1st CA School (MM/YYYY) /	Start Date at 1st US School (MM/YYYY) /
Ethnicity: Is this student Hispanic/Latino? Race: If the student is Hispanic/Latino, this section is not required; if the student is NOT Hispanic/Latino, please select all that apply: Yes No American Indian/Alaskan - 100 Vietnamese - 204 Hmong - 208 Hawaiian - 301 Other Pacific Islander - 399 Chinese - 201 Asian Indian - 205 Other Asian - 299 Guamanian - 302 White - 700 Japanese - 202 Laotian - 206 Filipino - 400 Samoan - 303 Korean - 203 Cambodian - 207 Black/African American - 600 Tahitian - 304				
Parent/Guardian 1 Last Name <small>personID</small>	Parent/Guardian 1 First Name	Relationship To Student / Check Box if Living With Student		Parent/Guardian 1 Cell Phone () - -
Parent/Guardian 1 Email Address		Parent/Guardian 1 Employer	Parent/Guardian 1 Work Phone () - - ext. -	
Home Phone () - -	Residential Address (Number, Street, Tag, Apartment #)		City	State Zip Code
Parent/Guardian 2 Last Name <small>personID</small>	Parent/Guardian 2 First Name	Relationship To Student / Check Box if Living With Student		Parent/Guardian 2 Cell Phone () - -
Parent/Guardian 2 Email Address		Parent/Guardian 2 Employer	Parent/Guardian 2 Work Phone () - - ext. -	
Parent/Guardian 2 Home Phone () - -	Secondary Address (Number, Street, Tag, Apartment #)		City	State Zip Code
Is there a restraining order that applies to this student? Yes Please Explain: _____		Is either guardian on Active Duty in the US Armed Forces or on Full-Time National Guard Duty? Branch: _____ Date Began (MM/YYYY): /		
Check the level of the most educated parent: Graduate Degree or Higher College Graduate with BA/BS Some College Classes or Associate's Degree High School Graduate Not a High School Graduate Decline To State				
Home Language Survey <small>(Pursuant to California Law, all students with a Home Language other than English will be tested for English oral proficiency within 30 school days)</small> Which Language did the student learn when he/she began to talk? (Primary Language) _____ Which Language does the student use most at home? (Home Language) _____ Which Language do you most frequently speak to the student? (Language Spoken to Student) _____ Which Language do the adults speak most often at home? (Language Spoken by Adults) _____				Which Language would you like to receive District communication in? English Spanish Vietnamese
Sibling 1 Name <small>personID</small>	Age	Current School	Sibling 3 Name <small>personID</small>	Age Current School
Sibling 2 Name <small>personID</small>	Age	Current School	Sibling 4 Name <small>personID</small>	Age Current School
Previous School Name	Previous District	Date Last Attended (MM/YYYY) /	City	State
Check the academic programs the student has been involved with: Special Education Adaptive PE Special Education SDC Gifted And Talented Migrant 504 Plan Special Education RSP Special Education Speech English Language Development (ELD/ELL) Retained Other: _____				
Check any health concerns for your student: Diabetes Visual Impairment/Wears Glasses Heart Condition Serious Allergy: Bee Sting Other: _____ Seizures Hearing Loss/Has Hearing Assistance Cancer/Leukemia Serious Allergy: Food (List: _____) ADD/ADHD Asthma Needs Epi-Pen Serious Allergy: Medication (List: _____)				
Parent/ Guardian Signature _____			Date _____	
<small>(office use only)</small>				
Birth Certificate Passport	Utility Bill Rental Agreement	Escrow Doc Other/Homeless	Immunizations Complete?	CHDP Date / / Dental Exam Date / / Intradistrict/Choice Interdistrict
				Date: / / To: / /