

# LAS PLUMAS HIGH SCHOOL REGISTRATION FORM

**A. STUDENT INFORMATION** (please print)  Male  Female Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
(AS SHOWN ON BIRTH CERT.) First Middle Last

Home Address \_\_\_\_\_  
 City Zip Code

Mailing Address (if different from above) \_\_\_\_\_

Birth date \_\_\_\_\_ Telephone \_\_\_\_\_

**Has this student been expelled from school within the last 3 years?**  Yes  No

**Grade level first enrolled in a United States school (K-12)** \_\_\_\_\_

**Is this student Hispanic or Latino? (Select only one)**  No, not Hispanic  Yes, Hispanic or Latino

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 the student's race to be.

- |   |  |   |
|---|--|---|
| <p><b>ASIAN</b></p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian</p> | <p><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b></p> <p><input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander</p> <p><input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Tahitian</p> | <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE</p> <p><input type="checkbox"/> BLACK OR AFRICAN</p> <p><input type="checkbox"/> WHITE</p> |
|---|--|---|

**OFFICE USE ONLY**

Student I.D. # \_\_\_\_\_

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Start Date: \_\_\_\_\_

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**B. PARENT/GUARDIAN INFORMATION** (please print)

I am living with  Father  Stepfather Name \_\_\_\_\_ Email address \_\_\_\_\_

I am living with  Mother  Stepmother Name \_\_\_\_\_ Email address \_\_\_\_\_

**If student will not be living with parents, please fill in:** (Caregiver form must also be completed)

I am living with:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email address \_\_\_\_\_

**C. SCHOOL HISTORY** (Please print last schools attended)

Grade	Name of School	City and State	Month/Year left
11			
10			
9			
8			

## D. CONTINUED PARENT INFORMATION

Father's workplace \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's workplace \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person(s) to contact in case parent/guardian cannot be reached (**INCLUDE PHONE NUMBER and relation to student**)

Name	Relationship	Phone Number
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Family Doctor (**INCLUDE PHONE NUMBER**) \_\_\_\_\_ Medical Ins. Company/Policy # \_\_\_\_\_

### PARENT/GUARDIAN EDUCATION LEVEL

(If parent attended some college but didn't receive a degree or certificate, highest level completed is high school)

Mother/Guardian Education Level (mark one):

\_\_\_\_ Not a high school graduate

\_\_\_\_ High school graduate

\_\_\_\_ Some college (includes AA)

\_\_\_\_ College graduate

\_\_\_\_ Graduate school/post grad

\_\_\_\_ Decline to state/unknown

Father/Guardian Education Level (mark one):

\_\_\_\_ Not a high school graduate

\_\_\_\_ High school graduate

\_\_\_\_ Some college (includes AA)

\_\_\_\_ College graduate

\_\_\_\_ Graduate school/post grad

\_\_\_\_ Decline to state/ unknown

#### Student Medical Alert

Any medical conditions? \_\_\_\_\_

Type of condition  
\_\_\_\_\_

Current medications  
\_\_\_\_\_

**Did this student graduate from the 8<sup>th</sup> grade?**

Yes  No

**Is this student deficient more than 30 credits? (Does not apply to 9<sup>th</sup> gr.)**

Yes  No

**Does this student have a history of truancy or excessive absences?**

Yes  No

Has this student been suspended from school within the last year?

Yes  No

Has this student been arrested and convicted of any offense within the last 3 years?

Yes  No

Is this student on probation?

Yes  No

Is the family involved with any court restraining orders?

Yes  No

Is this student receiving special education services?

Yes  No

Does student have an active 504 plan?

Yes  No

Has this student been identified as a GATE student?

Yes  No

### 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 for schools to provide meaningful instruction for all students.

Which language did your son or daughter learn when he or she first began to talk? \_\_\_\_\_

What language does your son or daughter most frequently use at home? \_\_\_\_\_

What language do you most frequently use to speak to your son or daughter? \_\_\_\_\_

What language is most often spoken by the adults at home? \_\_\_\_\_

I declare that the information on this form is accurate:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_