

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

For Office Use Only Bus Stop (AM) \_\_\_\_\_

Bus Stop (PM) \_\_\_\_\_

Please use Student's LEGAL Name (FROM BIRTH CERTIFICATE)					
Last Name	First Name	Middle Name	Gender	Birthdate	Grade
Mailing Address	City, State	Zip Code	Primary Phone		
Street Address	City, State	Zip Code	<b>**LEGAL ALERT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please see <b>**Legal Alert</b> below for details.		
Last School Attended	City, State	Zip Code			

Parent/Guardian Information				
Legal Parent/Guardian Name	Relationship	Birthdate	Primary Phone	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Employer	Email
Mailing Address	City, State	Zip Code	Preferred Method of Contact?	
Parent/Guardian Education Level (Highest Level of Education Completed) <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate/GED (13) <input type="checkbox"/> Some College (includes AA Degree) (12) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> Decline to State/Unknown				
Legal Parent/Guardian Name	Relationship	Birthdate	Primary Phone	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Employer	Email
Mailing Address	City, State	Zip Code	Preferred Method of Contact?	
Parent/Guardian Education Level (Highest Level of Education Completed) <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate/GED (13) <input type="checkbox"/> Some College (includes AA Degree) (12) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> Decline to State/Unknown				

Persons other than parent/guardian whom your student may be released to: (step parent, daycare provider, foster agency etc.)			Other Children in Family? If YES, list below:		
Name	Relationship	Phone	Name	Relationship	Birthdate
Name	Relationship	Phone	Name	Relationship	Birthdate
Name	Relationship	Phone	Name	Relationship	Birthdate

**\*\*LEGAL ALERT: Are there any court proceedings pertaining to your student?** (restraining order, custody order, name change, etc.)  
 If YES, please list the type(s) of proceedings and provide a copy of court documents: \_\_\_\_\_

**MILITARY SERVICE:** Is either Parent/Guardian on active duty in the United States Armed Forces?  Yes  No  
 If YES, indicate which branch: \_\_\_\_\_

**RESIDENCE:** Select the option which best describes where your student/family is currently living? (Federally Mandated)

Single Family Permanent Residence (house, apartment, condo, mobile home) (13)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) (11)  
 In a Motel/Hotel (09)                       In a Sheltered or Transitional Housing Program (10)  
 Unsheltered (car/campsite) (12)                       In a Group Home                       Other (14)

**HAS YOUR STUDENT EVER BEEN TESTED BY A SCHOOL PSYCHOLOGIST?**  Yes  No  
 If YES, Date: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_ City/State: \_\_\_\_\_

**IS THERE AN IEP, PSYCHOLOGICAL, OR CONFIDENTIAL REPORT AVAILABLE FROM YOUR STUDENT'S FORMER SCHOOL?**  
 Yes  No

**DOES YOUR STUDENT CURRENTLY RECEIVE ANY SPECIAL SERVICES? CHECK ALL THAT APPLY**

Resource (RSP)                       Special Day Class (SDC)                       Speech/Language                       504 Accommodation Plan  
 Individualized Education Program (IEP)                       Behavior Plan                       Gifted (GATE)  
 Counseling                       Community Day School/Alternative Ed.                       Indian Education                       English Language Development

Gateway Unified School District – Registration Form

ADDITIONAL INFORMATION

- Has your student ever been retained? [ ] Yes [ ] No
Is your student currently on probation? [ ] Yes [ ] No
Has your student ever been suspended? [ ] Yes [ ] No
Has your student ever been expelled? [ ] Yes [ ] No

Grade Retained: \_\_\_\_\_
Reason: \_\_\_\_\_
Reason: \_\_\_\_\_
Year? \_\_\_\_\_
School, Address, State: \_\_\_\_\_

ETHNICITY: Mark the ethnicity with which your student most closely identifies.

- [ ] Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural origin, regardless of race)
[ ] Not Hispanic or Latino

WHAT IS YOUR STUDENT'S RACE?

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 student's race to be.

- [ ] American Indian or Alaskan Native (100) (Person having origins in any of the original peoples of North and South America including Central 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 (400)
[ ] Black or African American (600)
[ ] White (700) (Person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

HOME LANGUAGE SURVEY: Language spoken in the home? [ ] English [ ] Other

- 1. Which language did your student learn when he/she first began to speak? \_\_\_\_\_
2. Which language does your student most frequently speak at home? \_\_\_\_\_
3. Which language do you most frequently use to speak to your student? \_\_\_\_\_
4. Which language is most often spoken by the adults in your home? \_\_\_\_\_
5. What Month/Day/Year did your student enroll in a public school? \_\_\_\_\_

If a language other than English is indicated on any line above, does your child:

- Understand this language? [ ] Yes [ ] No
Read this language? [ ] Yes [ ] No
Speak this language? [ ] Yes [ ] No
Write this language? [ ] Yes [ ] No

HEALTH

- Does your child wear glasses? [ ] Yes [ ] No
Does your child have hearing problems? [ ] Yes [ ] No
Does your child take medicine regularly? [ ] Yes [ ] No
Medication Allergy? [ ] Yes [ ] No

If YES, list medication(s) allergic to: \_\_\_\_\_

Any other serious health problems? (Bee Sting Allergy, Seizure, Asthma, Diabetic, etc.) [ ] Yes [ ] No

If YES, provide additional details: \_\_\_\_\_

MEDICAL RELEASE

In the event of an emergency, you have my permission to attempt to obtain treatment from:

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

It is understood that the physician named above may refuse to provide emergency treatment without additional authorization from the parent/guardian.

Immunizations: Under California's Kindergarten immunization requirements (California School Immunization Law, Health & Safety Code Sections 12035-120375; California Code of Regulations Title 17, Division 1, chapter 4), even four-year old children need their pre-kindergarten immunizations prior to the first day of transitional kindergarten. The federal ACIP, AAP, and AAFP recommend pre-kindergarten immunizations starting at four years of age. All students entering, advancing, or transferring into 7th grade need proof of an adolescent whooping cough booster immunization (called "Tdap") AB354.

- Are you able to provide proof of your student's immunizations? [ ] Yes [ ] No
Has your 7th or 8th grade student received their Tdap booster immunization? [ ] Yes [ ] No

SIGNATURE OF PARENT/GUARDIAN

DATE

For Office Use Only

Enrollment Date: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_
Age Verification: \_\_\_\_\_ Cum Requested: \_\_\_\_\_ Faxed/Mailed: \_\_\_\_\_ Lunch App Received: [ ] YES [ ] NO
INTRADISTRICT [ ] YES [ ] NO School: \_\_\_\_\_ INTERDISTRICT [ ] YES [ ] NO District/School: \_\_\_\_\_