

MOORPARK UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date: _____	Assigned Grade: _____	Permanent ID: _____
▶ Has your student ever attended MUSD public schools before? ☐ Yes Grade _____ ☐ No			▶ What grade are you enrolling your student into? _____		
PLEASE PRINT – STUDENT’S LEGAL NAME					
Legal Last Name		Legal First Name		Legal Middle Name	
Other Nickname (if applicable)					
☐ Male ☐ Female		Birth date: _____ _____ _____ Month Day Year			
Home Phone _____					
Student Residence Address			Apt#	City	State Zip
Student Mailing Address (IF DIFFERENT)			Apt #	City	State Zip

Federal law requires the collection of the following information:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino		
WHAT IS YOUR CHILD’S RACE? (Please check all that apply) <i>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.</i>		
☐ American Indian or Alaskan Native(100) ☐ 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)

MOST RECENT SCHOOL ATTENDED (Student): For Kindergarten students, please list preschool 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 Has your child been retained? ☐ Yes ☐ No What grade? _____			

What special services has your child received? (please check all boxes that apply)

☐ Special Education ☐ GATE ☐ 504 ☐ Other (Specify) _____

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

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 provide a copy of the court order)

HEALTH INFORMATION

Does the student have any of the following:

☐ Eye problems ☐ Wears glasses/contacts ☐ Hearing loss ☐ Wears hearing aids
☐ Diabetes ☐ Asthma ☐ Seizure disorder/epilepsy ☐ Serious bee sting allergy
☐ Peanut allergy

☐ Other Significant Health Problems: _____

☐ Limited Physical Activity (please explain): _____

(Doctor verification Required)

☐ Does the student take medication regularly? If so, what medication(s)? _____

(Documentation must be on file in school office)

Physician's Name: _____

Phone: _____

MOORPARK UNIFIED SCHOOL DISTRICT PARENT INFORMATION

		()	()
Mother Last Name	First Name	Home Phone	Cell Phone
Home Address _____ City _____ State _____ Zip _____			
Employer: _____		City: _____ Work Phone # () _____	
Occupation: _____		Email: _____	
☐ In addition to receiving notifications via telephone and email, I would like to receive text messages to my cell phone.			

		()	()
Father Last Name	First Name	Home Phone	Cell Phone
Home Address _____ City _____ State _____ Zip _____			
Employer: _____		City: _____ Work Phone # () _____	
Occupation: _____		Email: _____	
☐ In addition to receiving notifications via telephone and email, I would like to receive text messages to my cell phone.			

☐ Step Mother ☐ Step Father ☐ Guardian

		()	()
First Name	Last Name	Home Phone	Cell Phone
Employer: _____		City: _____ Work Phone # () _____	
Occupation: _____		Email: _____	
☐ In addition to receiving notifications via telephone and email, I would like to receive text messages to my cell phone.			

Signature of Parent/Guardian: _____ **Date:** _____

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

- ☐ Father or ☐ Mother
- ☐ Graduate Degree or Higher (10) ☐ Some College or Associate's Degree (12) ☐ Not a High School Graduate (14)
- ☐ College Graduate (11) ☐ High School Graduate (13)

MOORPARK UNIFIED SCHOOL DISTRICT PARENT INFORMATION

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)
- ☐ Affidavit of residence completed (Office use only) ☐ 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) _____

In case you are not able to reach me during an illness or emergency, including evacuation, I hereby authorize any employee of Moorpark Unified School District to release my child to only the following *(In addition to previously listed parent/guardians):

** Person listed must be over 18 years old*

Name (Local if possible)	Relationship to student	Contact Phone Number
--------------------------	-------------------------	----------------------

Name (Local if possible)	Relationship to student	Contact Phone number
--------------------------	-------------------------	----------------------

Name (Local if possible)	Relationship to student	Contact Phone number
--------------------------	-------------------------	----------------------

I also give my consent for emergency medical or dental treatment; including transportation to the nearest emergency aid facility if I or the person(s) listed above cannot be reached.

Signature of Parent/Legal Guardian: _____ **Date:** _____

STUDENT INFORMATION – Please list children in the family.

Name	Gender	Grade	School	Birthdate