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## LIBERTY UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

WON	HIGH SCHOOL OF
See See	
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IAB	LISHED 1933

☐ Liberty H	S 🗌 Freedom HS 🗌 Heritag	e HS 🔲	La Paloma HS	☐ Independence H	S 🗌 Gateway	Ident Last		
- PLEASE PRINT -								
- PLEASE PRINT -  Has student attended a school within Liberty Union High School District before?  Yes No  If Yes, which school: Date(s) attended:								
STUDENT'S LEGAL NAME:								
Legal First Name	Legal Middle Name	Legal L	ast Name	Other Leg	gal Name (if applicable)			
☐ Male ☐ Female	Birth date:		Nickna	ame(s):				
			Year					
PARENT(S)/GUARDIAN(S) W Are you the student's LEGAL gu If there is a legal custody agree	uardian? 🗌 Yes 🗌 No 🏻 If No	, please			le Custody □ Guardian			
		(	)	( )	( )			
First Name	Last Name	Home F	Phone	Work Phone	Cell Phone	Ш		
Email  Relationship:   Father   Mother   Step-Father   Step-Mother   Guardian   Authorized Caregiver#   Other								
E: AN		(	)	( )	( )	First Name:		
First Name	Last Name	Home F	none	Work Phone	Cell Phone	1 "		
Email  Relationship:  Father  Mo	ther □ Step-Father □ Step	-Mother	☐ Guardian [	- □ Authorized Careg 	iver#  Other			
Residence Address – House # & St	treet Name	Apt#	City	State	Zip			
Mailing Address (IF DIFFERENT) —	PO Box or House # & Street Name	Apt #	City	State	Zip			
Current Living Situation (please check all boxes that apply)  In a single family permanent residence (house, apartment, condo, mobile home)  ☐ Homeless-"doubling up" (living with another family)* ☐ Homeless-sheltered* ☐ Homeless-unsheltered*  ☐ Homeless-hotel/motel* ☐ Unaccompanied Youth ☐ Foster Family Home ☐ Foster Group Home  *Temporarily living situation due to financial hardship						Permanent ID		
Has the student ever rece	eived special education	service	s? (if so, pleas	e check all the follo	wing boxes that apply):	lent i		
Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504  Other: Gifted (GATE) Other (Specify)								
Military (check if applicable): ☐ Active Duty ☐ Dept of Defense								
						'		

In accordance with California Department of Educ	cation and Federal g	uidelines, collection of the f	ollowing information	on is required.	St
WHAT IS YOUR CHILD'S ETHNICITY? — Please check one:  Hispanic or Latino  (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)					
					Nar
WHAT IS YOUR CHILD'S RACE? – Please charbon above part of the question is about ethnic following by marking one or more boxes to incomplete and provided in the provided in th	city, not race. No m	natter what you selected onsider your race to be. 205) 07) 299)	☐ Samoan (303) ☐ Tahitian (304) ☐ Other Pacific Is ☐ Filipino/Filipino ☐ African Americ ☐ White (700) (P	slander (399) o American (400)	Student Last Name:
BIRTHPLACE: City:	State	e: Country:			
PARENT EDUCATION – Please check the response that describes the	highest level of	Date your chil	d first attended so	chool <u>in the U.S.</u>	
education obtained by any parent/guardian:  Graduate Degree or Higher (10)		Month	Day	Year	₽
☐ Graduate Degree of Higher (10) ☐ College Graduate (11) ☐ Some College or Associate's Degree (12) ☐ High School Graduate (13)		Date your child	l first attended scl	hool in <u>California</u>	First Name:
☐ Not a High School Graduate (14)		Month	Day	Year	
LAST SCHOOLS ATTENDED:				/	
School Name			Grade Level(s)	Date Student Left	
Street	City		State Z	<u>Cip</u>	Permanent ID:
School Name			Grade Level(s)	Date Student Left	ID:
Street	City		State Z	Zip	
Has your child been suspended? ☐ Yes ☐ N Signature of Parent/Guardian:	lo <b>Has your chi</b> l		Yes No		