

**FOR OFFICE USE ONLY**

School: \_\_\_\_\_ Start Date: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 INTERdistrict  Yes  No INTRAdistrict:  Yes  No GATE  Yes  No  
 DOB Verified: \_\_\_\_\_ Migrant Card \_\_\_\_\_ Date: \_\_\_\_\_  
 Immunizations:  Complete  Incomplete  Exempt  
 Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID# \_\_\_\_\_



**K-8 Student Registration Form**

	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Legal Last Name _____	Legal First _____	Legal Middle _____
Grade _____		
Date of Birth _____	Birth Place _____	Birth State _____
Birth Country _____		

**Has this student:**

- Attended Fallbrook schools before?  Yes  No    Been retained?  Yes  No    If yes, grade? \_\_\_\_\_
- Attended Preschool?  Yes  No    If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_
- Attended a California Public School?  Yes  No    If yes Where? \_\_\_\_\_
- Ever received Special Education Services?  Yes  No
- Ever received 504 accommodations?  Yes  No
- Ever been qualified for GATE?  Yes  No
- Ever been placed on a SARB Contract?  Yes  No
- Ever been previously suspended and/or expelled or is he/she currently recommended for expulsion?  Yes  No

What date did this student first enter a U.S. School? (MM/DD/YYYY) \_\_\_\_\_

Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture (such as field work), food processing (canneries or packing houses), fishing, lumbering or dairy work in the last three years?  
 Yes  No

In what language would you like to receive school communications?  English  Spanish

*As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of students and will not be released in a personally-identifiable form*

Is this student's ethnicity Hispanic or Latino?  Yes  No

**Please mark one or more of the following boxes to indicate the student's race.**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian-Chinese	<input type="checkbox"/> Asian-Japanese
<input type="checkbox"/> Asian-Korean	<input type="checkbox"/> Asian-Vietnamese	<input type="checkbox"/> Asian-Indian
<input type="checkbox"/> Asian-Laotian	<input type="checkbox"/> Asian-Cambodian	<input type="checkbox"/> Asian-Hmong
<input type="checkbox"/> Asian-Other	<input type="checkbox"/> Pacific Islander-Hawaiian	<input type="checkbox"/> Pacific Islander-Guamanian
<input type="checkbox"/> Pacific Islander-Samoan	<input type="checkbox"/> Pacific Islander-Tahitian	<input type="checkbox"/> Pacific Islander-Other
<input type="checkbox"/> Filipino	<input type="checkbox"/> Black	<input type="checkbox"/> White

**Primary Address**

Home Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Residence Information – where is your child currently living?**

Single Family Permanent Housing     Doubled-up (temporarily sharing housing due to economic hardship or loss)

Motel/Hotel     Unsheltered (car/campsite)     Shelter/Transitional Housing Program

Foster Home     Other (please specify) \_\_\_\_\_

<b>Name of Last School Attended:</b> _____			<input type="checkbox"/> Public
Address: _____			<input type="checkbox"/> Private
Street	City	Zip	
Phone Number _____		Fax: _____	

**Parent/Guardian Information**

**Parent/Legal Guardian #1**

Relationship _____	Full Name _____	Home Phone _____	Work Phone _____
Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell phone _____	Email _____		
Mailing Address: _____			
Parent Education Level:			
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate	
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate/Post Grad Training	
		<input type="checkbox"/> Some College	
		<input type="checkbox"/> Decline to state/Unknown	
Parent contact allowed:			
<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	
<input type="checkbox"/> Lives with		<input type="checkbox"/> Has Custody	
<input type="checkbox"/> Lives with		<input type="checkbox"/> Mailings allowed	
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes: Branch _____ Rank: _____			
Bldg # _____ Duty Station _____			
Non Military - Employed on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No      Employed on Federal Indian Land <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Parent/Legal Guardian #2**

Relationship _____	Full Name _____	Home Phone _____	Work Phone _____
Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell phone _____	Email _____		
Mailing Address: _____			
Parent Education Level:			
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate	
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate/Post Grad Training	
		<input type="checkbox"/> Some College	
		<input type="checkbox"/> Decline to state/Unknown	
Parent contact allowed:			
<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	
<input type="checkbox"/> Lives with		<input type="checkbox"/> Has Custody	
<input type="checkbox"/> Lives with		<input type="checkbox"/> Mailings allowed	
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes: Branch _____ Rank: _____			
Bldg # _____ Duty Station _____			
Non Military - Employed on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No      Employed on Federal Indian Land <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list **three** persons in the **local area**, in addition to parents/guardians, to call if parent cannot be reached, or who can transport child home for medical help in an emergency. Your child will be **RELEASED ONLY TO PERSONS ON THIS LIST.**

1. \_\_\_\_\_  
Child Care Provider-Responsible Person    Relationship    Address    Phone
  
2. \_\_\_\_\_  
Child Care Provider-Responsible Person    Relationship    Address    Phone
  
3. \_\_\_\_\_  
Child Care Provider-Responsible Person    Relationship    Address    Phone

**IN THE CASE OF ILLNESS OR INJURY PARENT / LEGAL GUARDIAN WILL BE CONTACTED UNLESS CHECKED BELOW.**

\_\_\_ Please **DO NOT** contact parent/guardian at work.

**In case of a disaster, your child will be held in the safety of the school, unless emergency evacuation is necessary. In that case, your child will be sent home as usual. In the event the parent or your physician cannot be reached, school district personnel are authorized to use their judgment to secure medical aid.**     Yes     No

**Other Children in the Home (*First & Last Name*)**

Name \_\_\_\_\_ M F    DOB \_\_\_\_\_    Name \_\_\_\_\_ M F    DOB \_\_\_\_\_  
Name \_\_\_\_\_ M F    DOB \_\_\_\_\_    Name \_\_\_\_\_ M F    DOB \_\_\_\_\_

***I certify that all the information on this form is true and correct.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date