

SOUTH BAY UNION SCHOOL DISTRICT

GRADE

Student Last Name:

First Name:

Permanent ID:

SOUTH BAY SCHOOL 6077 LOMA AVE. EUREKA, CA 95503/PINE HILL SCHOOL 5230 VANCE AVE. EUREKA, CA 95503							
PLEASE PRINT – STUDENT’S LEGAL NAME							
Legal First Name		Legal Middle Name		Legal Last Name		Other Legal Name (if applicable)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date:					
		Month	Day	Year			
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
				()		()	
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
				()		()	
Mailing Address			Apt#	City		State	Zip
Residence Address (house # & street name) (IF DIFFERENT)			Apt #	City		State	Zip
(P.O Box or house # & street name)							

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories) <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>																		
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native(100)</td> <td><input type="checkbox"/> Laotian (206)</td> <td><input type="checkbox"/> Samoan (303)</td> </tr> <tr> <td><input type="checkbox"/> Chinese (201)</td> <td><input type="checkbox"/> Cambodian (207)</td> <td><input type="checkbox"/> Tahitian (304)</td> </tr> <tr> <td><input type="checkbox"/> Japanese (202)</td> <td><input type="checkbox"/> Hmong (208)</td> <td><input type="checkbox"/> Other Pacific Islander (399)</td> </tr> <tr> <td><input type="checkbox"/> Korean (203)</td> <td><input type="checkbox"/> Other Asian (299)</td> <td><input type="checkbox"/> Filipino/Filipino American (400)</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese (204)</td> <td><input type="checkbox"/> Hawaiian (301)</td> <td><input type="checkbox"/> African American or Black (600)</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian (205)</td> <td><input type="checkbox"/> Guamanian (302)</td> <td><input type="checkbox"/> White (700)</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native(100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)	<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)
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PARENT EDUCATION – Check the response that describes the education level of the most educated parent.
<input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)

Date first attended school in the U.S.		
Month	Day	Year
Date first attended school in California		
Month	Day	Year

BIRTHPLACE: City: _____ State: _____ Country: _____
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (SBUSD 1/15/10 DMK)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

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

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

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 COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. Mother Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there any medical issues or medication taken at school by your child? Yes No Specify _____

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

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

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:
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