



Amador County Public Schools Student Registration

| | | | |
|---|---|---|------------------------------|
| School: | | Grade: | |
| Student | | | |
| Legal Last Name: | Legal First Name: | Legal Middle Name: | Other Legal Names: |
| | | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | Birth Date: | Month: Date: Year: |
| Parent / Guardian | | | |
| Last Name: | First Name: | Home Phone: () | Work Phone: () |
| Last Name: | First Name: | Home Phone: () | Work Phone: () |
| Mailing Address: | City: | State: | ZIP |
| Residence Address Same as above <input type="checkbox"/> | IF DIFFERENT PLEASE FILL IN BELOW | | |
| Residence Address: | City: | State: | ZIP |
| Parent/ Guardian E-mail: | | | |
| Has your student ever attended Amador County Public Schools Before? If yes school and year. | Yes <input type="checkbox"/> School Year | No <input type="checkbox"/> | |
| 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 your student first attended school in the U.S. | | |
| | Month: | Day: | Year: |
| | Date your student first attended school in California | | |
| | Month: | Day: | Year: |
| What is your child's ethnicity? | | | |
| <input type="checkbox"/> Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture / origin, regardless of race) | | | |
| <input type="checkbox"/> Not Hispanic or Latino | | | |
| What is your Child's Race? Please <input checked="" type="checkbox"/> CHECK up to five (5) racial categories | | | |
| 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. | | | |
| <input type="checkbox"/> American Indian or Native Alaskan (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) | |

Please complete information on the reverse side of this form. (Rev. 01/2018)

| 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. Which language is most often spoken by the adults in the home? (Parent, Guardian, Grandparent or any other adults). | | | | |
| 5. Has your child ever been given the CELDT Test (Calif English Language Development Test) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | | | |
| In which language do you wish to receive written attendance communications from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish | | | | |
| Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check the appropriate box: | | | | |
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | | <input type="checkbox"/> In a motel/hotel | | |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | | <input type="checkbox"/> Unsheltered (car/campsite) | | |
| <input type="checkbox"/> In a shelter or transitional housing program | | <input type="checkbox"/> Other (please specify) _____ | | |
| Parent/Guardianship information (with whom the student lives) - check all that apply | | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____ | | | | |
| Is the above (checked) person(s) the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete a "Caregiver Affidavit" | | | | |
| If there is a legal custody agreement regarding this student, please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian | | | | |
| Is a parent or guardian of the student an active member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES: | | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian (check one) | | Full Name: | | |
| Employer: | City: | Daytime Phone: () | | |
| <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/ Guardian (Check One) | | Full Name: | | |
| Employer: | City: | Daytime Phone: () | | |
| DUPLICATE MAILING – If divorced/separated & joint custody allows mailing/information to be given to other parent. Please include their name, address, and phone number: | | | | |
| Full Name: | | Phone: () | | |
| Mailing Address: | City: | State: | ZIP | |
| MOST RECENT SCHOOL ATTENDED: | | | | |
| School: | Address/City/State/ZIP | | Grade(s) | Date(s) |
| Are there psychological or confidential reports available from your child's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Has your child been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| What special services has your child received? (please check all that apply) | | | | |
| Special Education: | <input type="checkbox"/> Resource (RSP) | <input type="checkbox"/> Special Day Class (SCD) | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> 504 |
| Other: | <input type="checkbox"/> Gifted (GATE) | <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development |
| <input type="checkbox"/> Help to improve Attendance/Behavior | | | | |
| <input type="checkbox"/> 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: _____ | Enroll Date: | Permanent ID: |