

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:

- In a single family permanent residence (house, apartment, condo, mobile home) 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) _____

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
 Is the above (checked) person(s) a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) on active duty or full-time National Guard duty? Yes No

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 psychological or confidential reports available from your child's former school? Yes No
 Has your child ever been suspended? Yes No Has your child ever been expelled? Yes No
 What special services is your child receiving or has 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: _____

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:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/13)

me:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY

Name of Student: _____

(Surname / Family Name)

(First Given Name)

(Second Given Name)

Age of Student: _____

Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk?

2. Which language does your child most frequently speak at home?

3. Which language do you (the parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults)

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

HEALTH HISTORY
Please Print

TODAY'S DATE _____

1. Student's Name _____ Birth Date _____ Boy ___ Girl ___
2. Dentist Name _____ Dentist's Phone Number _____
Date of Last Dental Exam _____ Results _____
3. Physician's Name _____ Physician's Phone Number _____
Date of Last Physical Exam _____ Results _____
Date of Last Vision Exam _____ Results _____
Date of Last Hearing Test _____ Results _____
4. Current Medical Problems _____
5. Medical History (Circle ALL that apply)
Allergy _____
Asthma _____
Epilepsy / Seizures _____
Diabetes _____
Heart Disease _____
Rheumatic Fever _____
Operations _____
Vision _____
Chicken Pox _____
German Measles _____
Measles _____
Mumps _____
Scarlet Fever _____
Whooping Cough _____
Delayed Speech Development _____
Severe Illness _____
Accident _____
Enuresis _____
Broken Bones _____
Nose Bleeds _____
Ear Aches _____
Chronic Illness _____
Hospitalization _____
6. Is your child presently on medication? _____ If yes, What, & Why? _____

7. Is your child allergic to any medication? _____ If yes, Name of Medication _____
Other allergies? _____ If yes, what type of allergy, & what type of reaction? _____

8. Other information that is important for us to know about your child such as premature birth, difficult birth, slow development, etc. _____

9. Other concerns _____

10. Involved with any agencies? CCS _____ Regional Center _____

CUYAMA JOINT UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

▶ Has your student ever attended Cuyama Joint Unified School District before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:			
		Month	Day	Year	

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five 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 Alaskan Native(100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small> | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

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

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)
- Decline to State (15)

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

Child's BIRTHPLACE: City: _____ State: _____ Country: _____