

<input type="checkbox"/> Proof of Residency <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Health Information Record <input type="checkbox"/> Oral Form/Waiver (K/1 st) <input type="checkbox"/> Online Family Data OK	<div style="text-align: center;"> Office Use ONLY </div> <p style="margin: 0;">LOS GATOS</p> <p style="margin: 0;">UNION SCHOOL DISTRICT</p> <p style="margin: 0;">17010 Roberts Rd., Los Gatos, CA 95032</p> <p style="margin: 0;">NEW STUDENT REGISTRATION FORM #1</p>	SCHOOL _____ Date of Entry _____ Eligible for Grade _____ Teacher _____ Student I.D.# _____ Records Requested _____
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STUDENT INFORMATION – Please Print Clearly (Please complete Side 2 of this form)

Student Last Name: _____ First: _____ Middle: _____
Male Female

Student's Preferred Name: _____ Student's Birth date: _____
MM/DD/YYYY

Street Address: _____ City: _____ State: CA Zip: _____
(REQUIRED)

Mailing Salutation: _____ ex: Fred & Sally Jones

Home Phone: _____ Cell (Father): _____ Cell (Mother): _____

<p>STUDENT RESIDES WITH:</p> <input type="checkbox"/> Both Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<p>DOES YOUR CHILD HAVE ANY HEALTH CONCERNS?</p> <input type="checkbox"/> Yes Explain: _____ <input type="checkbox"/> No _____ <small>(The District Nurse will contact you)</small>
<p>SNAPCODE REQUEST FOR ONLINE FAMILY DATA FORM:</p> <input type="checkbox"/> Email my SnapCode when available to: Email: _____	

2nd MAILING ADDRESS INFORMATION

If parents are divorced, who has **LEGAL** custody of the student? _____

Does other parent require school information mailed separately? Yes No

Name/Alternate Address for 2nd mailing: _____

Street City State Zip

Does student sometimes reside at the alternate address listed above? Yes No

PLEASE NOTE: Extra mailings are intended only for parents who reside at separate addresses.

LEGAL PARENT/GUARDIAN INFORMATION

Please CHECK – Highest Education Level Attained by either parent

Not H.S. Grad H.S. Grad Some College College Grad/AA Grad/Post Grad School

<p>1st Parent/Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____ Email: _____	<p>2nd Parent/Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____ Email: _____
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SIBLING INFORMATION			
Other children in Family – Name	Birth Date	Relationship to Pupil	School of Attendance

FORMER SCHOOL INFORMATION

School Name: _____ School District: _____ Date Left: _____
 (Include Preschool if applicable)

Address: _____ Phone: _____
 Street City State Zip

What grade was your student in last? _____ Fax: _____

Has your student ever been retained? _____ If yes, what grade? _____

What date was your student first enrolled in a United States school? Month _____ Year _____

SPECIAL PROGRAMS

Please check if the student has received or has participated in any of the following:

- Gifted and Talented (GATE)
- Has Been Assessed for Special Education Services
- Speech & Language
- English Language Development (ELD)
- Special Day Class
- Resource Specialist
- Other: _____

HOME LANGUAGE SURVEY NOTE: English proficiency will be assessed if any of the first 3 questions are anything other than English

Which language did the student learn when he/she first began to talk? _____

What language does the student most use at home? _____

What language do you use most frequently to speak to the student? _____

Language most often spoken by adults at the home of the student? _____

STUDENT'S ETHNIC/RACE GROUP - Please provide an answer for both Ethnicity & Race

<p>Ethnicity: (Select one)</p> <p>Is this student Spanish or Latino?</p> <p><input type="checkbox"/> No, not Spanish or Latino</p> <p><input type="checkbox"/> Yes, Spanish or Latino</p>	<p>Race: (Check up to 5 boxes)</p> <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> White</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> White
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Signature of Parent/Legal Guardian **Relationship to Student** **Date**