

ARCATA SCHOOL DISTRICT REGISTRATION

Arcata Elementary School - Sunny Brae Middle School

Re-entering Arcata School District? yes no

Student Information

Grade Level:

Date Admitted:

Teacher:

Full LEGAL Name: _____ Gender: Female Male Non Binary
As on Birth Certificate Last First Middle

Name Student goes by if different than on Birth Certificate: _____ Birthdate: _____

Birth Place: _____ City _____ State _____ Country _____

Date First Enrolled in a CA school: _____ Date First Enrolled in a U.S. School: _____

Student Resides With: _____
Examples: Parents or Stepfather/Mother or Foster Parents

Address: _____ Phone: _____

Legal Father's Name: _____ In Home Not in Home Deceased

Father's Work Place: _____ Home Phone _____ Work Phone _____

Cell _____ e-mail address: _____

Mailing Address: _____ City: _____ Zip: _____

Residence Address: _____ City: _____ Zip: _____

Are you currently on active duty in the military ? _____ If yes, what branch? _____

Legal Mother's Name: _____ In Home Not in Home Deceased

Mother's Work Place: _____ Home Phone _____ Work Phone: _____

Cell _____ e-mail Address: _____

Mailing Address: _____ City: _____ Zip: _____

Residence Address: _____ City: _____ Zip: _____

Are you currently on active duty in the military ? _____ If yes, what branch? _____

Are there any legal document(s) preventing either parent from seeing or taking student? _____

A Copy Must be on File at the School Site

LOCAL (Not Parents) EMERGENCY CONTACTS May pick student up

#1 _____ Relationship _____ Phone _____ Cell _____

#2 _____ Relationship _____ Phone _____ Cell _____

#3 _____ Relationship _____ Phone _____ Cell _____

Name of last school your child attended: _____ Last day attended: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____ Is student currently expelled from another school? Yes No

WHAT IS YOUR CHILD'S RACE? (You may check up to five racial categories) *The part of the question following on the reverse side of this form is about ethnicity, not race. No matter what you select on the reverse side, please answer the following by marking one or more boxes to indicate what you consider your race to be.*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 100 = American Indian or Alaskan Native
<i>Persons having origins in any of the original people of N., Central or South America</i> | <input type="checkbox"/> 203 = Korean | <input type="checkbox"/> 299 = Other Asian | <input type="checkbox"/> 400 = Filipino/Filipino Amer. |
| <input type="checkbox"/> 201 = Chinese | <input type="checkbox"/> 204 = Vietnamese | <input type="checkbox"/> 301 = Hawaiian | <input type="checkbox"/> 600 = African American |
| <input type="checkbox"/> 202 = Japanese | <input type="checkbox"/> 205 = Asian Indian | <input type="checkbox"/> 302 = Guamanian | <input type="checkbox"/> 700 = White - <i>Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East</i> |
| | <input type="checkbox"/> 206 = Laotian | <input type="checkbox"/> 303 = Samoan | |
| | <input type="checkbox"/> 207 = Cambodian | <input type="checkbox"/> 304 = Tahitian | |
| | <input type="checkbox"/> 208 = Hmong | <input type="checkbox"/> 399 = Other Pacific Islander | |

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- Not Hispanic or Latino
- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

PARENTS EDUCATION LEVEL *Highest level of Education Completed:* 1=Not a High School Grad 2=High School Grad
 2B=College Vocational Classes 3=College Credit towards BA 4=4yr College Grad 5=Grad School/Post Grad 6=No Info

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 (<i>house, apartment, mobile home</i>) | <input type="checkbox"/> 9 = In a motel/hotel |
| <input type="checkbox"/> 10 = In a shelter or transitional housing program | <input type="checkbox"/> 12 = Unsheltered (<i>car/campsite</i>) |
| <input type="checkbox"/> 11 = Doubled-up (<i>sharing housing with others due to Economic hardship</i>) | <input type="checkbox"/> 15 = Other _____ |

SPECIALIZED EDUCATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Not Special Ed/504 Plan | <input type="checkbox"/> DIS-Designated Inst. & Serv. | <input type="checkbox"/> SDC-Not Severely Handicap |
| <input type="checkbox"/> SDC-SH-Severely Handicapped | <input type="checkbox"/> RSP-Resource Program | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> GATE | <input type="checkbox"/> EL (English Language) Services |

INSURANCE Healthy Families No Insurance Other Ins Co _____ Medi-Cal _____ No Info Provided

MEDICAL – Health Problems Field - Any Special Health Problems: _____

MEDICATIONS Given at Home: _____ at School: _____

Names of other children living in the home	Birthdate	Relationship to Student	School Attending

Signature of Parent/Guardian _____ *Date* _____

For Office Use Only:

Student Records Requested _____ Date requested: _____