

A. STUDENT INFORMATION

First Name	Middle Name	Last Name	Suffix
Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade Level <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
Place of Birth: City	Place of Birth: State	Place of Birth: Country	
Home Address (Number, Street, Apt. #)			
City		State	Zip Code
Home Phone Number		Student Cell Phone	
Student Email		Uniform Shirt Size (XS,S,M,L,XL,XXL)	
Is the student's ethnicity Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student's Primary Race (mark one choice)

African American/Black White American Indian or Alaska Native

Asian: Asian Indian Cambodian Chinese Filipino Hmong
 Japanese Korean Laotian Vietnamese Other Asian

Pacific Islander: Guamanian Native Hawaiian Samoan Tahitian Other Pacific Islander

B. PARENT/LEGAL GUARDIAN/CAREGIVER INFORMATION

For box "Relationship to student" please choose from the following:
Mother, Father, Stepmother, Stepfather, Aunt, Uncle, Grandmother, Grandfather, Foster Mother, Foster Father, Other Relative, Court Appointed Guardian, Caregiver

Parent/Guardian/Caregiver #1		
First Name	Last Name	Relationship to Student
Home Address (Number, Street, Apt. #)		
City		State
Home Phone Number		Cell Phone Number
		Work Phone Number
Email Address		
Does the student live with this parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Language for School Communications <input type="checkbox"/> English <input type="checkbox"/> Spanish		
Highest Level of Education Completed <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (e.g., AA) <input type="checkbox"/> 4-Year College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Decline to State		
Is this person an Armed Forces Member on active duty, or full-time in the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. PARENT/LEGAL GUARDIAN/CAREGIVER INFORMATION (Continued)

For box "Relationship to student" please choose from the following:

Mother, Father, Stepmother, Stepfather, Aunt, Uncle, Grandmother, Grandfather, Foster Mother, Foster Father, Other Relative, Court Appointed Guardian, Caregiver

Parent/Guardian/Caregiver #2 (If you share joint custody, please list the other custodial parent)

First Name	Last Name	Relationship to Student
Home Address (Number, Street, Apt. #)		
City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number
Email Address		

Does the student live with this parent/legal guardian? Yes No

Preferred Language for School Communications English Spanish

Highest Level of Education Completed

- Not a High School Graduate High School Graduate or Equivalent Some College (e.g., AA)
 4-Year College Graduate Graduate School Decline to State

Is this person an Armed Forces Member on active duty, or full-time in the National Guard? Yes No

C. ADDITIONAL HOUSEHOLD INFORMATION

Court Order

Are there any court orders you wish to notify the school about regarding legal custody, physical custody, educational rights, or restricted contact with the school or child? Yes No
IF YES, a copy of the court order must be provided to the school. Please attach.

Residence (Federally mandated within the McKinney-Vento Assistance Act, A.S.C.A 42 Section 11302(a).)

Please indicate the type of residence in which the student currently lives: (CHOOSE ONE)

- Permanent residence (house, apartment, condominium, mobile home)
 In another family's house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g., loss of job, eviction, or natural disaster)
 Foster or group home

If Yes please enter: Federal Foster ID# _____

Is the caregiver a relative? Yes No

Social Worker Name _____

Social Worker Phone Number _____

- Shelter or transitional housing program
 Motel or hotel
 Car, trailer or campsite, temporarily, due to inadequate housing
 Rented trailer/motor home on private property
 Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
 Rented garage due to loss of housing
 With an adult that is not the parent/legal guardian, temporarily, due to loss of housing
 Living alone, without any adult (unaccompanied youth)
 Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Please explain: _____

Migrant Education Program

Has the student's parent or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery, food processing/packing, or livestock)? Yes No

(If you respond yes, your child may qualify for free academic assistance and health benefits.)

D. STUDENT EDUCATIONAL HISTORY

Most Recent School

Grades Attended

City, State, Country

Has the student ever attended an Alliance school? Yes No

If Yes, which school?

Has the student ever been expelled from a school or is there an expulsion order pending? Yes No

If Yes, please explain:

Date of first U.S. school enrollment (*mm/dd/yyyy*) ___ ___ / ___ ___ / ___ ___ ___ ___

E. HOME LANGUAGE INFORMATION

What language did your child learn when he/she first began to talk (check one only)?

English Spanish Other _____

What language does your child most frequently use at home (check one only)?

English Spanish Other _____

What language do you use most frequently to speak to your child (check one only)?

English Spanish Other _____

What language is most often used by the adults in your home (check one only)?

English Spanish Other _____

Has your child ever received any formal English language instruction in an "English as a Second Language" ("ESL") or "English Language Development" ("ELD") program? (e.g., listening, speaking, reading, or writing) Yes No

F. SPECIAL SERVICES

Was your child receiving special education services at his/her previous school? Yes No

Did your child have a current Individualized Education Program (IEP) at the previous school? Yes No

If Yes, please provide a copy of your child's IEP

Did your child have a Section 504 Plan at his the previous school? Yes No

If Yes, please provide a copy of your child's 504 Plan

Does your child have difficulties that interfere with his/her ability to go to school or to learn? Yes No

Has your child been identified for gifted and talented educational services (GATE)? Yes No

If Yes, please provide evidence

G. EMERGENCY INFORMATION AND ADDITIONAL CONTACTS

Emergency Contacts Please provide the names of persons for the school to contact in case of an emergency and if necessary, release your child to if you are not available. Please list in the order you would prefer the school contact. These contacts should NOT be parents/guardians listed in section B.

Emergency Contact #1

First Name

Last Name

Relationship to Student

Home Phone Number

Cell Phone Number

Work Phone Number

G. EMERGENCY INFORMATION AND ADDITIONAL CONTACTS (CONTINUED)

Emergency Contact #2

First Name	Last Name	Relationship to Student
Home Phone Number	Cell Phone Number	Work Phone Number

Emergency Contact #3 (Optional)

First Name	Last Name	Relationship to Student
Home Phone Number	Cell Phone Number	Work Phone Number

Emergency Contact #4 (Optional)

First Name	Last Name	Relationship to Student
Home Phone Number	Cell Phone Number	Work Phone Number

Authorization for Emergency Medical Treatment

I hereby authorize the principal or designee, into whose care my child has been entrusted, to consent to emergency medical attention or hospital care to be rendered to my child upon the advice of any licensed physician or my doctor, listed below, should it become necessary. I understand that all costs of paramedic transportation, hospitalization and any examination or treatment provided in relationship to this authorization shall be my sole responsibility as the student's parent/guardian if not covered by insurance.

Health Alerts 1 – List any medical condition which restricts physical activity or requires special attention (for example, asthma). If none, please indicate “none”.

Health Alerts 2 – List any allergy/allergies which restricts physical activity or requires special attention (for example: peanut, bee stings). If none, indicate “none”.

The information below may be used to expedite any medical treatment that your child requires and ensure safe treatment.

Does the student have health insurance? Yes No
If yes which type: Medi-Cal Healthy Families Private Insurance

Health Care Provider or Medical Insurance	Member or Card Number
Name of Doctor/Medical Office	Phone Number of Doctor/Medical Office
My child is allergic to the following medications	My child currently takes the following medications

H. PARENT/GUARDIAN SIGNATURE

I certify that the information contained in this document is true and correct.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: Parent Legal Guardian Other

Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

Alliance College-Ready Public Schools requests your permission to capture and/or record you and/or your student's likeness and/or voice for use in educational, promotional, and/or fundraising materials. Your signature below will allow such use pursuant to the terms outlined in the paragraphs below.

Name of Student (Please Print)

Student's Date of Birth

Name of Parent or Legal Guardian (Please Print)

- a. In this document, "Student" shall be used in place of the student's name listed above and "Parent/Guardian" shall be used in place of the Parent/Guardian listed above.
- b. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student grant to Alliance College-Ready Public Schools (including its affiliated schools and/or their respective authorized representatives) the right, permission, and license to capture, photograph, film, videotape, and/or otherwise record the Parent/Guardian's and Student's likeness and/or voice (collectively, the "Recordings") and to edit, reproduce, distribute, display, and/or otherwise use (including in derivative works) such Recordings as desired and in its sole discretion for the purposes stated or related to the above.
- c. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student understand and agree that use of such Recordings will be without any compensation to the Parent/Guardian or Student.
- d. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student understand and agree that Alliance College-Ready Public Schools (including its affiliated schools, and/or their respective authorized representatives) shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- e. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student hereby waive any right to inspect or to approve the use of the Recordings or the editorial, printed, or other audiovisual material that may be used in conjunction with the Recordings.
- f. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student hereby release and hold harmless Alliance College-Ready Public Schools (including its affiliated schools, and/or their respective authorized representatives) from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the Student and/or Parent/Guardian that relates to or arises out of any use of these Recordings.
- g. Parent/Guardian, on behalf of himself/herself and the Student if he/she is a minor, and Student agree that the foregoing release is intended to be as broad and inclusive as permitted by the law and any portion held invalid under the law shall be held severable from the remaining, which shall continue in full legal force and effect.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian _____

Date Signed _____
mm/dd/yyyy