

# ICEF PUBLIC SCHOOLS NEW STUDENT REGISTRATION FORM



## SECTION A: STUDENT ENROLLMENT INFORMATION *(Please Print)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous Legal Alias: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Has this student ever entered this grade level before?  1<sup>st</sup> Time  2<sup>nd</sup> Time

Student Residence (home address): \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Student's Gender:  Female  Male

*If born outside the United States:* 1) Date of entry into the U.S. \_\_\_\_\_

2) City, State, and Country of Birth: \_\_\_\_\_

## SECTION B: PREVIOUS ENROLLMENT INFORMATION *(Please Print)*

*Check here if this section is NOT APPLICABLE*

Last school of attendance: \_\_\_\_\_ Address: \_\_\_\_\_

Exit Date: \_\_\_\_\_ Exit Reason: \_\_\_\_\_

Last School Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has the student been suspended or expelled before?  Yes  No

Has student ever been enrolled in a ICEF Public School?  Yes  No If "Yes", what school? \_\_\_\_\_

Has student ever been accelerated (*advanced a grade earlier than expected*)?  Yes  No If "Yes", Grade Level(s) \_\_\_\_\_

Has student ever been retained (repeated a grade level)?  Yes  No If "Yes", Grade Level(s) \_\_\_\_\_

Is student currently under an expulsion order?  Yes  No If "Yes", what district & school? \_\_\_\_\_

Is expulsion pending?  Yes  No If "Yes", reason: \_\_\_\_\_

If yes, from which school/district? \_\_\_\_\_

Is student currently on Juvenile Probation?  Yes  No If "Yes", please provide documentation.

## SECTION C: DEMOGRAPHICS *(please answer both questions)*

**ETHNICITY:** *Mark the ethnicity with which the student most closely identifies: (Used for state/federal reporting only)*

**Please check one:**

- Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) [500]  
 Not Hispanic or Latino  Decline to State [999]

**WHAT IS YOUR CHILD'S RACE?** *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. (Used for state/federal reporting only)*

**Please check up to five racial categories:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302)                  | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201)                           | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Samoan (303)                     | <input type="checkbox"/> White (700)                     |
| <input type="checkbox"/> Japanese (202)                          | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Tahitian (304)                   | <input type="checkbox"/> Decline to State [999]          |
| <input type="checkbox"/> Korean (203)                            | <input type="checkbox"/> Hmong (208)        | <input type="checkbox"/> Other Pacific Islander (399)     |  |
| <input type="checkbox"/> Vietnamese (204)                        | <input type="checkbox"/> Other Asian (299)  | <input type="checkbox"/> Filipino/Filipino American (400) |  |
|  | <input type="checkbox"/> Hawaiian (301)     |   |  |

## SECTION D: FAMILY INFORMATION/EDUCATIONAL RIGHTS HOLDERS (Please Print)

Check One:  Mother  Stepmother  Guardian  Foster  Other \_\_\_\_\_ Resides/Lives with Student  Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Education (Mark Highest Level):  Not a High School Graduate  High School Graduate  Some College or Associate's Degree  
 College Graduate  Graduate Degree or Higher  Decline to State

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Check One:  Father  Stepfather  Guardian  Foster  Other \_\_\_\_\_ Resides/Lives with Student  Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Education (Mark Highest Level):  Not a High School Graduate  High School Graduate  Some College or Associate's Degree  
 College Graduate  Graduate Degree or Higher  Decline to State

In which language do you wish to receive written communications from the school?  English  Spanish

**EMERGENCY INFORMATION (Other Than Parent/Legal Guardian(s) Above)**

List names of all people authorized to pick up child other than a parent. Must be 18 years of age or older.

Name	Address & City	Telephone	Relationship

## SECTION E1: RESIDENCE

1. *Where is your child/family currently living? This information will be used to determine if your child qualifies for additional assistance under the "McKinney-Vento Act". (Check only one box) This information is confidential and will be kept within school settings.*

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing with more than one family in a house or apartment due to economic hardship)
- In a motel or hotel  In a car, park, or campsite
- Temporary with friends or family  In a foster care placement or in a group home placement
- In a sheltered or transitional housing program  Unsheltered (car/campsite)
- Other: \_\_\_\_\_

2. *Who is the student living with?*

- Both parents  Mother  Father  Guardian  Relative
- Both Parents alternatively:  Mother/Step-father  Father/Step-mother
- Foster Home  Group Home/Adult Residential Facility  Licensed Children's Institute
- Self as emancipated minor  Other: \_\_\_\_\_

**\*\*Designed Site Homeless Liaison: Community Relations Coordinator**

## SECTION E2: RESIDENT SCHOOL/DISTRICT & DATES OF INITIAL SCHOOL ENTRY

1. Which is the assigned resident school for the student? \_\_\_\_\_
2. What is the school district for the assigned resident school? \_\_\_\_\_
3. Date Student first attended school in the **U.S.A.** \_\_\_\_\_
4. Date Student first attended school in **California** \_\_\_\_\_

## SECTION F: SPECIAL SERVICES

1. Was this student receiving special education services at his/her previous school?  Yes  No
  - a. If "Yes", please submit a copy of the student's IEP.
  - b. If "Yes", please check the appropriate box(es) below:

<input type="checkbox"/> Resource Specialist Program (RSP)	<input type="checkbox"/> Special Day Class (SDC)	<input type="checkbox"/> Speech	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Adaptive P.E	<input type="checkbox"/> Other _____	
  - c. Has this child exited from a Special Education Program?  Yes  No
  - d. If "Yes" to question 1A and "No" to question 1C, please complete a "Consent to Release Confidential Student Information" form available at the school's main office.
2. Did this student have a Section 504 Plan at his/her previous school?  Yes  No
  - a. *If yes, please submit a copy of the student's Section 504 Plan to our school.*
3. Are there psychological or confidential reports available from your child's former school?  Yes  No
4. Has this student experienced difficulties that interfere with his/her ability to attend school?  Yes  No
5. Has this student experienced difficulties that interfere with his/her ability to read and/or do math?  Yes  No
6. Has this student been identified for Gifted and Talented Educational services (GATE)?  Yes  No
7. Has your child ever been enrolled in an SES Service, Tutoring, or Saturday school?  Yes  No
8. Is the student a foster child?  Yes  No
9. Do you and/or your child have regular access to the Internet at home?  Yes  No
10. Is the student or any of the family members moved to seek employment in the agriculture, fishing, lumber or dairy industries within the last three (3) years?  Yes  No

## SECTION G: COURT ORDERS

1. Are there any current court orders restricting the Educational rights of either parent?  Yes  No
2. Are there any current court orders restricting the legal rights of either parent?  Yes  No

*If "Yes" please provide us a copy of the court order.*

## SECTION H: CERTIFICATION

**I authorize the release of all educational records including but not limited to special education records, academic marks, etc. and verify & acknowledge that the information contained in this document is true and correct to the best of my knowledge.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ICEF's TITLE IX NON-DISCRIMINATORY STATEMENT:** ICEF Public Schools has adopted a policy that prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. This policy applies to all acts related to school activity or school attendance within a school under the jurisdiction of the superintendent of the school district. Further, the policy requires school personnel to take immediate steps to intervene when safe to do so when he or she witnesses an act of discrimination, harassment, intimidation, or bullying. ICEF Public Schools applies no rule concerning a student's actual or potential parental, family, or marital status that treats students differently on the basis of sex. ICEF Public Schools maintains records of complaints of sexual harassment brought by pupils and employees of the school. Behzad Sadeghi, Title IX Coordinator, is responsible for implementation of the policy prohibiting discrimination, harassment, intimidation, and bullying and is the person responsible for investigating complaints, as well as ensuring compliance with the following: CA. Code of Regs., Title 5, sections 4600 et seq. and 4900 et seq; and Ed. Code sections 200-283. Mr. Sadeghi can be contacted at 3855 W. Slauson Ave. Los Angeles, CA 90043; 323-290-6900



# HOME LANGUAGE SURVEY

**NOTE: A Home Language Survey (HLS) must be completed by NEWLY ENROLLED students in grades K-12 in a CA public school. Parents/Legal guardians who have previously completed a Home Language Survey **DO NOT** need to complete this form a 2<sup>nd</sup> time.  Check here if you completed this form at a previous school in CA**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Name: \_\_\_\_\_

**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 to comply 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) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

<b>RECEIVED BY:</b>							<b>DATE:</b>	
<b>STUDENT ENTRY GRADE LEVEL:</b>	<input type="checkbox"/> TK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>STATE STUDENT ID:</b>
	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
<b>SCHOOL:</b>	<input type="checkbox"/> IIECA	<input type="checkbox"/> IIMCA	<input type="checkbox"/> IILA	<input type="checkbox"/> IVPPES	<input type="checkbox"/> IVPPMS	<input type="checkbox"/> IVPPHS	<input type="checkbox"/> IVES	<input type="checkbox"/> IVMS
<b>ENROLLMENT DATE:</b>					<b>ENROLLMENT CODE:</b>			
<b>ENROLLMENT DOCUMENTS</b>	<input type="checkbox"/> STUDENT BIRTH CERTIFICATE <input type="checkbox"/> STUDENT IMMUNIZATIONS <input type="checkbox"/> PARENT ID <input type="checkbox"/> STUDENT EMERGENCY FORM or other valid proof of age							
<b>ENGLISH PROFICIENCY (ELA ACQUISITION):</b>	<input type="checkbox"/> ENGLISH ONLY (EO)				<input type="checkbox"/> ENGLISH LEARNER (EL)			
	<input type="checkbox"/> REDESIGNATED FLUENT ENGLISH PROFICIENT (RFEP)				<input type="checkbox"/> INITIALLY FLUENT ENGLISH PROFICIENT (IFEP)			
<b>ENGLISH PROFICIENCY (ELA ACQUISITION) DETERMINED:</b>	<input type="checkbox"/> THIS HOME LANGUAGE SURVEY <input type="checkbox"/> CALPADS (ATTACH PRINTOUT) <input type="checkbox"/> OTHER: _____							
<b>ENGLISH PROFICIENCY DATE:</b>					<b>IEP RECEIVED:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>RESIDENT SCHOOL:</b>					<b>RESIDENT DISTRICT:</b>			
<b>ENTERED BY:</b>					<b>DATE:</b>			