

PLEASANT RIDGE SCHOOL DISTRICT REGISTRATION FORM

Alta Sierra Preschool

PART A

Please Print Clearly

Student's Legal Name:(First) _____ (Middle) _____ (Last) _____
Birthdate _____ Male/Female (circle one) _____ City of Birth _____

Individuals listed on this form have permission to have contact with this student.

Guardian Information:

Does the school have copies of any court or legal restrictions related to guardianship/custody? [] Yes [] No [] N/A

Please explain: _____

Student lives at least partially in how many households: [] 1 household [] 2 households

Primary Contacts: Please provide all information for contacting parent/guardian in case of emergencies.

OFFICE REFERENCE ONLY: Contacts 1 & 2

HOUSEHOLD 1

Mailing Address: _____ Home Phone: () _____ - _____
Street # Street name City Zip

Physical Address (if different): _____
Street # Street name City Zip

Guardian Name: _____ Living with student? [] Yes [] No

Relationship to student: please circle Mother Father Stepmother Stepfather Legal Guardian Foster Parent Grandmother Grandfather

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Employer: _____ Email Address: _____

For emergencies, preferred method of contact: ___ home ___ work ___ cell ___ text ___ email

Guardian Name: _____ Living with student? [] Yes [] No

Relationship to student: please circle Mother Father Stepmother Stepfather Legal Guardian Foster Parent Grandmother Grandfather

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Employer: _____ Email Address: _____

For emergencies, preferred method of contact: ___ home ___ work ___ cell ___ text ___ email

OFFICE REFERENCE ONLY: Contacts 3 & 4

HOUSEHOLD 2 (if necessary)

Mailing Address: _____ Home Phone: () _____ - _____
Street # Street name City Zip

Physical Address (if different): _____
Street # Street name City Zip

Guardian Name: _____ Living with student? [] Yes [] No

Relationship to student: please circle Mother Father Stepmother Stepfather Legal Guardian Foster Parent Grandmother Grandfather

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Employer: _____ Email Address: _____

For emergencies, preferred method of contact: ___ home ___ work ___ cell ___ text ___ email

Guardian Name: _____ Living with student? [] Yes [] No

Relationship to student: please circle Mother Father Stepmother Stepfather Legal Guardian Foster Parent Grandmother Grandfather

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Employer: _____ Email Address: _____

For emergencies, preferred method of contact: ___ home ___ work ___ cell ___ text ___ email

Child may be released to: (attach additional sheet if needed)

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Medical Insurance: _____ Group ID: _____ Member #: _____

Physician's Name: _____ Phone: _____

Dental Insurance: _____ Group ID: _____ Member #: _____

Dentist's Name: _____ Phone: _____

Medical Coverage under Mother Father other Dental Coverage under Mother Father other

| Name(s) of Siblings | Brother/Sister | Year Born | School Presently |
|---------------------|----------------|-----------|------------------|
| | | | |
| | | | |
| | | | |

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
- Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
- Unsheltered (car/campsite)
- In a sheltered or transitional housing program
- Homeless/Other _____

Student Ethnicity (Please check one):

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

Student Race Code (please check up to five racial categories): *The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking up to five boxes to indicate what you consider your race to be.*

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

Services *Please check all services/programs which student has received or is enrolled in:*

- Special Education Title I
- 504 Accommodations GATE
- English Language Learner Retained/Grade _____

Highest Education Level of Parents

- Not a high school graduate
- High school graduate
- College graduate
- Some college (includes AA degree)
- Graduate school/post graduate training
- Declined to state

Home Language Survey The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction for all students. Please answer the questions below:

- Which language did your son/daughter learn when he/she first began to talk? _____
- Which language does your son/daughter use most frequently at home? _____
- Which language do you most frequently speak to your son/daughter? _____
- Which language do adults at home most often speak? _____

We, as parents/guardians, acknowledge that information listed above is accurate to the best of our knowledge.

Parent/Guardian Signature: _____ **Date:** _____