

# Loomis Basin Charter School

5438 Laird Road, Loomis CA 95650  
(916) 652-2642 Fax (916) 652-1822

For Office Use Only

Date Rec'd \_\_\_\_\_

Hm. School \_\_\_\_\_

Intra \_\_\_\_\_

Inter \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Loomis Union School District

### STUDENT REGISTRATION FORM

Child's LEGAL Name: \_\_\_\_\_ M  F  Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First-Not Nickname) (Middle)

Age: \_\_\_\_\_ Child's Preferred Name (ALIAS) if different from legal name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(House # & Street Name) (City) (State) (Zip)

Mailing Address **If Different:** \_\_\_\_\_  
(House # & Street Name) (City) (State) (Zip)

**Home Language** – Which language is spoken most frequently in your home? (Check one)

English (00)

Chinese (201)

Portuguese (06)

Farsi (Persian) (16)

Spanish (01)

Japanese (08)

French (17)

Vietnamese (02)

Khmaf (Cambodian) (09)

German (18)

Cantonese (03)

Arabic (11)

Russian (29)

Korean (04)

Armenian (12)

American Sign Language (37)

Filipino (05)

Dutch (15)

Other (please specify): \_\_\_\_\_

**Federal Race and Ethnicity Data Collection – Please complete part A & B**

A. Is this student Hispanic or Latino? (Select only one)  No, not Hispanic or Latino  Yes, Hispanic or Latino?

B. What is this student's race? (Select one or more) You must check at least one. If more than one please check all that apply.

White (700)

Black or African American (600)

American Indian or Alaskan Native (100)

**Asian – Specify (see below)**

**Native Hawaiian or Other Pacific Islander (see below)**

Chinese (201)

Laotian (206)

Hawaiian (301)

Japanese (202)

Cambodian (207)

Guamanian (302)

Korean (203)

Filipino (400)

Samoan (303)

Vietnamese (204)

Hmong (208)

Tahitian (304)

Asian Indian (205)

Other Asian (299)

Other Pacific Islander

**Birthplace:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

If Country is other than US, please complete the following:

Arrival date in US: \_\_\_\_\_ Date of initial enrollment in a US School: \_\_\_\_\_ Date of enrollment in CA school: \_\_\_\_\_

If born outside the United States or U.S. Territories, was child born to United States military or United States diplomatic personnel?  Yes  No

The Loomis Union School District accepts all students, regardless of their birthplace and immigration status.

**Parent Education Level-** Please mark the education level of the most educated Parent

- Not a High School Graduate (1)     
  High School Graduate (2)     
  Some College (3)  
 College Graduate (4)     
  Graduate/Post Graduate Training (5)

**Residence –** Where is your child currently living?

**This information is federally mandated by No Child Left Behind- Please check appropriate box/es.**

- In a single family permanent residence-house, apartment, condominium, mobile home     
  In or awaiting foster care placement  
 With more than on family in a house or apartment     
  In a motel, car or campsite  
 With friends or other family members-other than parents, grandparents or legal caregiver     
  In a group home  
 In a shelter or transitional housing program

With whom does the student live: (Check all that apply)

- Father  Mother  Both  Step-Father  Step-Mother  Foster/Group Home  Other

Is the above checked person(s) the student's LEGAL guardian?  YES  NO If NO, please obtain a "Caregiver's Authorization Affidavit."

If Foster or Group Home, name of organization: \_\_\_\_\_ Name of Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact Information**

Check one:  Father       Step-Father       Guardian      Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone (with area code): \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Check one:  Mother  Step-Mother       Guardian      Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone (with area code): \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**DUPLICATE MAILING-** If divorced/separated & joint legal custody allows duplicate mailing information to be given to other parent, please include their name, address and phone number:

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special Services**

Is your child currently enrolled in special education class or receiving special support services?  YES  NO

If YES, check type of program (s):  Resource (RSP)       Special Day (SDC)       504 Plan       Speech/Language

Hearing  Vision  GATE  Occupational Therapy     
  English Learner     
  Other: \_\_\_\_\_

Is your child currently under an Expulsion Order from another school district?  YES  NO If YES, what district: \_\_\_\_\_

Student's last school of attendance: \_\_\_\_\_ Complete Address of School: \_\_\_\_\_

**OTHER CHILDREN IN FAMILY ATTENDING LUSD SCHOOLS:** \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Name	Birth Date	Name	Birthdate

\*I certify that the above information is correct and understood any incorrect information could compromise the enrollment of my student.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

EVIDENCE OF BIRTH for First-Time TK/Kindergarten

Registration form Verified by (Registrar) \_\_\_\_\_

- Birth Certificate  
 Baptismal Record  
 Passport  
 Affidavit  
 Notice of Birth Registration

Verification of School residence: Street Address verified \_\_\_\_\_

Inter District Agreement verified \_\_\_\_\_