

<input type="checkbox"/> Proof of Residency <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Health Information Record <input type="checkbox"/> Oral Form/Waiver (K/1 <sup>st</sup> ) <input type="checkbox"/> Online Registration OK	<div style="text-align: center;"> <span style="margin: 0 10px;">Office Use ONLY</span> </div> <p style="margin: 0;"><b>LOS GATOS</b></p> <p style="margin: 0;"><b>UNION SCHOOL DISTRICT</b></p> <p style="margin: 0;">17010 Roberts Rd., Los Gatos, CA 95032</p> <p style="margin: 0;"><b>NEW STUDENT REGISTRATION FORM #1</b></p>	SCHOOL _____ Date of Entry _____ Eligible for Grade _____ Teacher _____ Student I.D.# _____ Records Requested _____
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**STUDENT INFORMATION – Please Print Clearly** (Please complete Side 2 of this form)

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_    
Male Female

Student's Preferred Name: \_\_\_\_\_ Student's Birth date: \_\_\_\_\_  
MM/DD/YYYY

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_  
(REQUIRED)

Mailing Salutation: \_\_\_\_\_ ex: Fred & Sally Jones

Home Phone: \_\_\_\_\_ Cell (Father): \_\_\_\_\_ Cell (Mother): \_\_\_\_\_

<p><b>STUDENT RESIDES WITH:</b></p> <input type="checkbox"/> Both Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<p><b>DOES YOUR CHILD HAVE ANY HEALTH CONCERNS?</b></p> <input type="checkbox"/> Yes Explain: _____ <input type="checkbox"/> No _____ <small>(The District Nurse will contact you)</small>
<p><b>SNAPCODE REQUEST FOR ONLINE REGISTRATION:</b></p> <input type="checkbox"/> Email my SnapCode when available to: Email: _____	

**2<sup>nd</sup> MAILING ADDRESS INFORMATION**

If parents are divorced, who has **LEGAL** custody of the student? \_\_\_\_\_

Does other parent require school information mailed separately?  Yes  No

Name/Alternate Address for 2nd mailing: \_\_\_\_\_

\_\_\_\_\_

Street City State Zip

Does student sometimes reside at the alternate address listed above?  Yes  No

**PLEASE NOTE: Extra mailings are intended only for parents who reside at separate addresses.**

**LEGAL PARENT/GUARDIAN INFORMATION**

**Please CHECK – Highest Education Level Attained by either parent**

Not H.S. Grad  H.S. Grad  Some College  College Grad/AA  Grad/Post  Grad School

<p><b>1st Parent/Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____ Email: _____	<p><b>2nd Parent/Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone: _____ Email: _____
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SIBLING INFORMATION			
Other children in Family – Name	Birth Date	Relationship to Pupil	School of Attendance

**FORMER SCHOOL INFORMATION**

School Name: \_\_\_\_\_ School District: \_\_\_\_\_ Date Left: \_\_\_\_\_  
 (Include Preschool if applicable)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street City State Zip

What grade was your student in last? \_\_\_\_\_ Fax: \_\_\_\_\_

Has your student ever been retained? \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

What date was your student first enrolled in a United States school? Month \_\_\_\_\_ Year \_\_\_\_\_

**SPECIAL PROGRAMS**

Please check if the student has received or has participated in any of the following:

- Gifted and Talented (GATE)
- Has Been Assessed for Special Education Services
- Speech & Language
- English Language Development (ELD)
- Special Day Class
- Resource Specialist
- Other: \_\_\_\_\_

**HOME LANGUAGE SURVEY** NOTE: English proficiency will be assessed if any of the first 3 questions are anything other than English

Which language did the student learn when he/she first began to talk? \_\_\_\_\_

What language does the student most use at home? \_\_\_\_\_

What language do you use most frequently to speak to the student? \_\_\_\_\_

Language most often spoken by adults at the home of the student? \_\_\_\_\_

**STUDENT'S ETHNIC/RACE GROUP - Please provide an answer for both Ethnicity & Race**

<p><b>Ethnicity:</b> (Select one)</p> <p>Is this student Spanish or Latino?</p> <p><input type="checkbox"/> No, not Spanish or Latino</p> <p><input type="checkbox"/> Yes, Spanish or Latino</p>	<p><b>Race:</b> (Check up to 5 boxes)</p> <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> White</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> White
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\_\_\_\_\_  
**Signature of Parent/Legal Guardian**                      **Relationship to Student**                      **Date**