



NEW STUDENT REGISTRATION FORM TK-8 GRADE

PS ID: _____

Immunizations Submitted to Nurse: _____

STUDENT'S LEGAL NAME _____ / _____ / _____			
LAST	FIRST	MIDDLE	
GENDER _____	BIRTHDATE _____	REGISTERING FOR GRADE (by birthdate) _____	SCHOOL YEAR _____
M/F			(e.g. 2019-20 or 2020-21)
STUDENT'S ADDRESS _____			
STREET	CITY	STATE	ZIP CODE
I GIVE MY PERMISSION FOR THE DISTRICT TO RELEASE MY CONTACT INFORMATION FOR BACK TO SCHOOL EVENTS (e.g. KINDER PLAYDATES, PARENT SOCIALS, FAMILY PICNIC, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOST RECENT SCHOOL ATTENDED _____		LAST DAY ATTENDED _____	
		MONTH/YEAR	
SCHOOL ADDRESS/CITY/STATE/ZIP _____		PHONE _____	

RESIDENCE - Please check one (Federally mandated by NCLB)

Where is your child/family currently living?	<input type="checkbox"/> Single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> Sharing housing with other families/individuals due to economic hardship, loss or other reason	<input type="checkbox"/> Sheltered or transitional housing program <input type="checkbox"/> Motel/hotel <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> Other _____
---	--	---

PARENT INFO	(Circle One) FATHER/ STEPFATHER/ MOTHER/ STEPMOTHER/ LEGAL GUARDIAN/ CAREGIVER / OTHER	(Circle One) FATHER/ STEPFATHER/ MOTHER/ STEPMOTHER/ LEGAL GUARDIAN/ CAREGIVER / OTHER
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
HOME PHONE		
CELL PHONE		
EMAIL ADDRESS		
EMPLOYER		
WORK PHONE		

IS EITHER PARENT A MEMBER OF THE ARMED FORCES? (Select only one) YES NO

SIBLING NAMES	GRADE	SCHOOL ATTENDING

INFORMATION REQUIRED BY THE CALIFORNIA DEPARTMENT OF EDUCATION

EDUCATION LEVEL OF THE MOST EDUCATED PARENT	<input type="checkbox"/> (14) Not a high school graduate (Less than 12 th grade) <input type="checkbox"/> (13) High school graduate (Completed 12 th grade) <input type="checkbox"/> (12) Some college	<input type="checkbox"/> (11) College graduate <input type="checkbox"/> (10) Graduate school/Post graduate training <input type="checkbox"/> (15) Decline to state
--	--	--

IS THE STUDENT HISPANIC OR LATINO? (Select only one) YES NO

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 student's race to be.

WHAT IS THE RACE OF THIS STUDENT? (Select one or more)

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

PLEASE TURN OVER TO CONTINUE

1. HAS YOUR CHILD EVER BEEN ENROLLED IN SAN CARLOS SCHOOL DISTRICT? YES NO

If yes, which school? _____ Dates Enrolled _____

2. DOES YOUR CHILD HAVE AN **ACTIVE** IEP? YES NO DOES YOUR CHILD HAVE A 504 PLAN? YES NO

2a. IF YES, WHAT SERVICES DOES YOUR CHILD RECIEVE THROUGH THE IEP:

OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

3. FAMILY LANGUAGE: WHAT LANGUAGE WOULD YOU LIKE US TO USE WHEN COMMUNICATING WITH YOU? English Spanish

INSTRUCTIONS: Please bring **ORIGINAL** and photocopies of the listed below in the checklist. Note: The San Carlos School District has limited space at each of the schools. This situation may require that students be assigned to a school other than the school of residency. Limited space also makes it necessary that the District to insure that students attending our schools are residents of the District. Unannounced home visits as well as periodic document checks or private investigators may be used to verify residence.

_____(Initial) The San Carlos School District will actively investigate all cases where it has reason to believe false information has been provided on an affidavit, including the use of unscheduled home visits

_____(Initial) Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury (Pen. Code Section 127).

_____(Initial) Investigations that reveal students have enrolled on the basis of providing false information will lead to immediate withdrawal from the District.

_____(Initial) I have received the healthcare coverage handout at the time of registration.

_____(Initial) As a parent/guardian of a student who has transferred into the SCSD from another school district or private school, I have the right to review, challenge & receive a copy of the student records if requested (Education Code 49068; 5 CCR 438).

All checklist Items listed below must be received by the District prior to placement at a San Carlos school. Medical and Oral Health forms must be received by the school in order to complete the enrollment process and attend class. Parent signature acknowledges that you have read this checklist and understand the requirements.

Parent/Guardian Signature

Date

CHECKLIST

1. **Original** Birth Certificate, Passport, Attested Baptism Certificate, Statement by local registrar or county recorder certifying date of birth, or affidavit of parent, guardian or custodian of minor certifying date of birth.

2. **Proof of residency:**

a) Current utility bills from **two** different sources: _____ **AND**
(Must show names, service address and residence address as one and the same)

b) **One of following:**

***Homeowners** – sales contract, grant deed, or current property tax bill (Must show names, mailing and residence address as one and the same) **OR**

***Renters** – Current rental agreement, name, address, phone number of manager, landlord. If rental agreement is passed expiration date or month to month, must also include a current dated status letter from landlord.

***Legal Affidavit of Parent Residence** *Most present deed, property tax bill or rental agreement plus 2 Utility bills of the person with whom you are living. Affidavit of Residency Form must be notarized.

3. **Joint Custody** - must provide copy of court-ordered joint physical custody order *(if applicable)*.

4. **Caregiver's Affidavit** *(if student is living with a relative)*

5. **Home Language Survey** _____ **Informal Language Survey**

6. **Copy of IEP or 504 Plan** *(if applicable)*

7. **Immunizations** *(Required at time of registration)*

Note that Personal Beliefs Exemptions will not apply for 2019-2020 Registrations.

For District Use Only. (Please check and date each item when received below.)

Records Requested: _____

Date of Pre Registration: _____ Accepted By: _____ Actual Start Date: _____