

ARCATA SCHOOL DISTRICT REGISTRATION
Arcata Elementary School - Sunny Brae Middle School

Re-entering Arcata School District? [ ] yes [ ] no

Student Information Grade Level: Date Admitted: Teacher:
Full LEGAL Name: Gender: [ ] Female [ ] Male
Name Student goes by if different than on Birth Certificate: Birthdate:
Student's Social Security #: Are you a US Citizen? [ ] YES [ ] NO
Birth Place: City State Country
Student Resides With: Relationship:
Home Phone Father's Cell # Mother's Cell #
Mailing Address: City: Zip:
Residence Address: City: Zip:
Legal Father's Name: [ ] In Home [ ] Not in Home [ ] Deceased
Father's Work Place: Home Phone Work Phone: Cell
Legal Mother's Name: [ ] In Home [ ] Not in Home [ ] Deceased
Mother's Work Place: Home Phone Work Phone: Cell
Are there any legal document(s) preventing either parent from seeing or taking student? A Copy Must be on File at the School Site

LOCAL (Not Parents) EMERGENCY CONTACTS May pick student up

#1 Relationship Phone Cell
#2 Relationship Phone Cell
#3 Relationship Phone Cell
#4 Relationship Phone Cell

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): [ ] Not Hispanic or Latino

[ ] Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

WHAT IS YOUR CHILD'S RACE? (You may check up to five racial categories) 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.

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

Name of last school your child attended: Last day attended:

Address: City: State: Zip:

School Phone: Is student currently expelled from another school? [ ] Yes [ ] No

**PARENTS EDUCATION LEVEL** *Highest level of Education Completed:* 1=Not a High School Grad 2=High School Grad  
2B=College Vocational Classes 3=College Credit towards BA 4=4yr College Grad 5=Grad School/Post Grad 6=No Info

**RESIDENCE** – Where is your child/family currently living? (*Federally mandated by NCLB*) – **Please check the appropriate box**  
 In a single family permanent residence (*house, apartment, mobile home*)  9 = In a motel/hotel  
10 = In a shelter or transitional housing program 12 = Unsheltered (*car/campsite*)  
11 = Doubled-up (*sharing housing with others due to Economic hardship*) 15 = Other \_\_\_\_\_

**If Born Outside the United States**

US Entry Date (M/D/Y): \_\_\_\_\_ US School Entry (M/D/Y): \_\_\_\_\_ CA School Entry (M/D/Y): \_\_\_\_\_

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line**

1. What language did your son/daughter learn when he/she began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently speak to your son/daughter? \_\_\_\_\_
4. What language is spoken most often by the adults at home? \_\_\_\_\_

**HOME LANGUAGE**  00 = English 02 = Vietnamese 04 = Korean 10 = Lao  Other \_\_\_\_\_  
*Spoken at home* 01 = Spanish 03 = Cantonese 06 = Portuguese 23 = Hmong \_\_\_\_\_

LANGUAGE FLUENCY: 1= English Only 5 = To Be Determined **IFEP, EL, RFEP – From EL Coordinator Date must be entered**

**SPECIAL EDUCATION**  1 = Not Special Ed/504 Plan 3 = DIS-Designated Inst. & Serv. 5 = SDC-Not Severely Handicap  
 2 = RSP-Resource Program  4 = SDC-SH-Severely Handicap. 6 = 504 Plan Speech/Language

**INSURANCE** Healthy Families  No Insurance Other Ins Co \_\_\_\_\_ Medi-Cal \_\_\_\_\_ No Info Provided

**MEDICAL – Health Problems Field** - Any Special Health Problems: \_\_\_\_\_

**MEDICATIONS – Given at Home:** \_\_\_\_\_ **at School:** \_\_\_\_\_

Names of other children living in the home	Birthdate	Relationship to Student	School Attending

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

**For Office Use Only**

School Enter Date: \_\_\_\_\_ School Mobility – Grade: \_\_\_\_\_ Program Code: \_\_\_\_\_ Perm ID #: \_\_\_\_\_  
 District Enter Date: \_\_\_\_\_ District Mobility – Grade: \_\_\_\_\_ Grid Code: \_\_\_\_\_ Counselor: \_\_\_\_\_  
 Locker # \_\_\_\_\_ Last School # \_\_\_\_\_

S – Programs: 23 – Title VII 127-Gifted 132 – Indian Ed 35-Migrant Ed Title 1 (*121-School wide & 122-Targeted*)

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Bus \_\_\_\_\_ Cum Requested \_\_\_\_\_ CSIS \_\_\_\_\_ Blank ET  
RC