

Nicasio School District

Student Registration

Student's Legal Name				Residence (Where student resides at least 50% of the time)							
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Street</i>		<i>City</i>		<i>Zip</i>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate		Age		SSN		Home Phone			
Previous School Attended (<i>name and address</i>)				Entering Grade				Parent/Guardian #1 Name			
				Last Grade Attended				Work Phone		Cell Phone	
		Household # 1		Household # 2		Employer Name & Address					
Student lives with: <i>(please check all that apply)</i>		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		Parent/Guardian #2 Name					
If there is a legal custody agreement, please provide the following information:						Address (if different than above) <i>Street</i>		<i>City</i>		<i>Zip</i>	
Who has legal custody of the student? <i>(please check all that apply)</i>		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		Home Phone (if different than above)		Cell Phone			
Who has physical custody of the student? <i>(please check all that apply)</i>		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian		Employer Name & Address					
						Work Phone					
Parent/Guardian with highest level of education: <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Postgraduate											
Which language did your child learn when they first began to talk? _____						Siblings living at home:					
What language does your child most frequently use at home? _____						Name		Birthdate		Male/Female	
What language do you use most frequently to speak to your child? _____											
What language is most often spoken by the adults at home: _____											
Are there psychological /confidential reports available from student's former school? _____											
Check the special services your child has received:											
<input type="checkbox"/> Special Education/Handicapped <input type="checkbox"/> Title I (Chapter 1) <input type="checkbox"/> GATE/Gifted <input type="checkbox"/> Remedial Reading or Math <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Other (Specify) _____											

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Student birthplace (<i>city, state, country</i>)	If place of birth is NOT USA: USA entry date: ____/____/____ Date first entered California ____/____/____ Date first attended school in USA: ____/____/____
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California state law requires both PART I and PART II be completed for each student:

PART I	Is student Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;"><i>Note: Hispanic/Latino refers to a classification of people who trace their origin to Spanish-speaking countries. If student is Hispanic or Latino, you are also required to select one or more races that apply from PART II.</i></p>																		
PART II	<p><i>Please identify one or more races that apply to student. When selecting from the list of races, consider your child's ancestry. For example, if they are a descendant of white, European Spaniards, check the box "White".</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> American Indian / Alaskan</td> <td style="width: 33%;"><input type="checkbox"/> Laotian</td> <td style="width: 33%;"><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Black or African American</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> White</td> </tr> </table>	<input type="checkbox"/> American Indian / Alaskan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> White
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Signature of Parent/Guardian	Proof of Birth (<i>type</i>)																		
Date	Verified by:																		