

Cabrillo Unified School District New Student Registration Form

School Year 2011-12

Please write or circle the appropriate information. Verify and sign at the bottom.

Student Legal Name: last _____ first _____ middle _____

Birthdate ____/____/____ Grade _____ Gender: M or F Birthplace _____

Student email address: (gr 6-12) _____

Name of pre-school and number of years student attended _____

Has student attended school in Cabrillo before? Yes No If yes, give last date attended? _____

Last School Attended (name and location) _____

Has your child been expelled from another school? **Yes or No**

1. **Student Ethnicity:** Yes **Hispanic or Latino** Not **Hispanic or Latino**

2. **RACE** Please circle one or more of the selections below in addition to ethnicity above

American Indian or Alaskan native	Asian Indian	Pacific Islander Native Hawaiian	African American or Black
Asian Chinese	Asian Laotian	Pacific Islander Guamanian	Filipino
Asian Japanese	Asian Cambodian	Pacific Islander Samoan	White
Asian Korean	Other Asian	Pacific Islander Tahitian	
Asian Vietnamese		Other Pacific Islander	

LANGUAGE INFORMATION

California Ed code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students.

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

What language is spoken most often by the adults at home? _____

Do you want mailings sent home in English or Spanish? _____

Household and Parent/Guardian Information:

A HOUSEHOLD MEANS MEMBERS OF A FAMILY LIVING AT THE SAME ADDRESS. If the student lives in only one household complete the 1st box. If the student resides in a second household some of the time, complete both boxes.

HOUSEHOLD 1 Home telephone: () _____ - _____ Does the student reside here Yes [] No []

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Parent/Guardian 1 Last _____ First _____ Middle _____ Relationship: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ ext. _____

Employer _____ Email address: _____

Parent/Guardian 2 Last _____ First _____ Middle _____ Relationship: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ ext. _____

Employer _____ Email address: _____

If a student should not be released to an immediate parent, legal papers must be on file at the school.

HOUSEHOLD 2 Home telephone: () _____ - _____ Does the student reside here Yes [] No []

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Parent/Guardian 1 Last _____ First _____ Middle _____ Relationship: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ ext. _____

Employer _____ Email address: _____

Parent/Guardian 2 Last _____ First _____ Middle _____ Relationship: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ ext. _____

Employer _____ Email address: _____

Other siblings:

RELATIONSHIP	NAME	BIRTHDATE	SCHOOL	LIVES w/ PUPIL?	Household 1 or 2

Education level	Father	Mother
1 Not a high school graduate		
2 High school graduate		
3 Some college		
4.College graduate		
5 Graduate school or post grad studies		

SPECIAL PROGRAMS: Please CHECK which of the following programs your child received in his/her previous school:
 Resource Specialist Visually Handicapped Hearing Impaired
 Special Day Classes Bilingual Education Title I
 Gifted & Talented Speech/Language Current IEP
 Handicapped Transportation Migrant Education NONE

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, LOCAL CONTACTS ARE:

Emergency Contact 1

- Name _____
- Address _____ City _____
- Emergency phone () _____ - _____

If it is deemed necessary by the school authorities and after reasonable efforts to reach the parent or designated adult have failed, your child will be taken by ambulance to the nearest hospital at the parent's expense.

Emergency Contact 2

- Name _____
- Address _____ City _____
- Emergency phone () _____ - _____

ADDITIONAL CONTACTS AUTHORIZED TO PICK UP YOUR CHILD:

 Name and phone _____ Name and Phone _____

Does your child have a medical condition of which the school should be aware? (allergies, asthma, diabetes, etc.) **Yes No**

If yes, specify _____

Is your child on any medication? _____ If so, name of medication: _____

Note: Medicine cannot be administered at school except by specific written permission and a physician's statement.

Physician Name _____ **Phone #** () _____ - _____

Students are occasionally photographed and interviewed when participating in school activities. These photographs and quotes may appear in such publications as local newspapers as well as other outlets. In addition students may be videotaped when participating in school activities. Occasionally these videotapes may be distributed in some manner to members of the general public, such as being shown on cable TV.

If you do **NOT** want your child to be photographed or videotaped, or to be quoted in any publication, please notify the school office in writing.

If you do **NOT** want your student contact name, address, email and phone number included in school or class directories, please notify the school office in writing.

If you do **NOT** want your child to receive individual vision, hearing, dental or scoliosis screenings, please notify the school office in writing.

If you do **NOT** want your child to go on any walking field trips during the school year, please notify the school office in writing.

The California Education Code requires that the school district notify you of your rights under the law, including your right to exclude your child from certain designated activities and your right to inspect and challenge school records (see ANNUAL NOTIFICATION TO PARENTS). Your school may not offer all of the activities set forth in detail in the Education Code. **Your signature below is only acknowledgement of the receipt of this notification. It does not signify your consent or withholding of consent to any of the activities.**

I have been informed of my rights and options provided by the California Education Code. I have received a copy of the Uniform Complaint Procedures brochure in my child's fall packet for school.

(Signature of Parent/Guardian) **(Date)**