



CABRILLO UNIFIED SCHOOL DISTRICT

NEW STUDENT REGISTRATION FORM – SCHOOL YEAR 2020-2021

1 STUDENT INFORMATION

Last Name First Name Middle Name Date of Birth

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Birthplace (City, State, Country) Gender Male Female Applying for Grade

Has the student enrolled in CA schools? Yes No If yes, last date attended

M	M	Y	Y	Y	Y
---	---	---	---	---	---

 Has the student attended CUSD schools? Yes No Last school attended/Location

Date first attended schools in US

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Is the student currently pending a disciplinary action or under an expulsion order? Yes No If yes, date(s) of expulsion

2 PRESCHOOL INFORMATION (TK and K enrollment)

Did your child attend preschool? Yes No If yes, select preschool

CCP Preschool Jardín de Niños
 Coastside Child Development Center Los Listos Preschool
 Cottage By the Sea Los Niños Nursery School
 Head Start (HMB) Picasso Preschool
 Head Start (Moonridge) Seaside Kids
 Holy Family Other: _____

Hours per week _____ # of months attended _____

3 RACIAL/ETHNICITY IDENTIFICATION

ETHNICITY Is the student Hispanic or Latino? Yes No

RACE Please check one or more of the selections below in addition to ethnicity above

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

4 HOUSEHOLD AND FAMILY INFORMATION (A HOUSEHOLD MEANS MEMBERS OF A FAMILY LIVING AT THE SAME ADDRESS)

If the student lives in **ONLY ONE** household, complete HOUSEHOLD 1. If the student resides in a **SECOND** household some of the time, complete both HOUSEHOLDS.

HOUSEHOLD 1

Does the student reside here? Yes No

Physical Address City Zip Code

Mailing Address (if different from above) City Zip Code

*Parent/Guardian's Last Name First Name Relationship to the Student

Primary Contact # Cell (Preferred) Home Alternative Contact # Cell Home Email Address

Employer Work # Ext #

*Parent/Guardian's Last Name First Name Relationship to the Student

Contact # Cell (Preferred) Home Alternative Contact # Cell Home Email Address

Employer Work # Ext #

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

HOUSEHOLD 2

Does the student reside here? Yes No

Physical Address City Zip Code

Mailing Address (if different from above) City Zip Code

*Parent/Guardian's Last Name First Name Relationship to the Student

Primary Contact # Cell (Preferred) Home Alternative Contact # Cell Home Email Address

Employer Work # Ext #

*Parent/Guardian's Last Name First Name Relationship to the Student

Contact # Cell (Preferred) Home Alternative Contact # Cell Home Email Address

Employer Work # Ext #

--	--	--

PARENT EDUCATION LEVEL Check appropriate box for both parents.

Parent/Guardian 1	<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Some college	<input type="checkbox"/> College graduate	<input type="checkbox"/> Graduate school or post grad studies
Parent/Guardian 2	<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Some college	<input type="checkbox"/> College graduate	<input type="checkbox"/> Graduate school or post grad studies

SIBLINGS

Name(s)	Date of Birth	School	Lives with Student	Household
	M M D D Y Y Y Y		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	M M D D Y Y Y Y		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	M M D D Y Y Y Y		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

5 LANGUAGE INFORMATION The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. For each question, write the name(s) of the language(s) that apply in the space provided. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed. **PLEASE DO NOT LEAVE ANY QUESTION UNANSWERED.**

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please identify the language you would like the district to correspond with you English Spanish
Please indicate if you need translation for teacher's conference, meetings, etc. Yes No

6 SPECIAL PROGRAMS Please CHECK which of the following programs the student received in his/her previous school:

<input type="checkbox"/> Current IEP (Please deliver copy to District Office)	<input type="checkbox"/> Visually Handicapped	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Migrant Education
<input type="checkbox"/> Resource Specialist	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Title I	<input type="checkbox"/> NONE
<input type="checkbox"/> Special Day Classes	<input type="checkbox"/> Special Education Transportation	<input type="checkbox"/> Bilingual Education	

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

*1 Last Name	First Name	Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alternative Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*2 Last Name	First Name	Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alternative Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL CONTACTS AUTHORIZED TO PICK UP THE STUDENT:

The persons mentioned below are authorized to by the undersigned to pick up the student from school in the event that the parent(s) or legal guardian(s) is/are not available.

*1 Last Name	First Name	Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alternative Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*2 Last Name	First Name	Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alternative Contact # <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 MEDICAL INFORMATION

Physician Name	Phone #
<input type="text"/>	<input type="text"/>

Does the student have a medical condition of which the school should be aware? (Allergies, asthma, diabetes, etc.) Yes No (If yes, please specify)

Is the student on any medication? Yes No (Note: Medicine cannot be administered at school except by specific written permission and a physician's statement.)

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

9 GENERAL PERMISSION INFORMATION

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 filmed when participating in school activities. Occasionally these films 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 filmed, 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.

Parent/Guardian Name

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY				
Submitted at	Taken by	Date	Entered by	Date