

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

▶ Has this student ever attended No. Monterey Co. Unified School District schools before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME:

Last Name	First Name	Middle Name	Other Legal Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (Month/Day/Year): / /		

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Federally-mandated information) Please 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 the student’s race to be.

- | | | | |
|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Korean | <input type="checkbox"/> Hmong | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Filipino/Filipino American |
| | <input type="checkbox"/> Laotian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> African American or Black |
| | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Samoan | <input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |

PARENT EDUCATION – Check the response that describes the education level of the **parent with the most education.**

Graduate Degree or Higher (10) High School Graduate (13)
 College Graduate (11) Not a High School Graduate (14)
 Some College or Associate’s Degree (12)

Date first attended school in the U.S.

Month/Day/Year: / /

Date first attended school in California

Month/Day/Year: / /

BIRTHPLACE: City: _____ State: _____ Country: _____

HOME LANGUAGE SURVEY: Indicate the **ONE** language used most frequently for each question:

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

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

What language/dialect do you most frequently speak to your child? _____

Has your child ever been given the CELDT Test (California English Language Development Test)? Yes No I don’t know

In which language do you wish to receive written communications from the school? English Spanish

RESIDENCE – where is your child/family currently living? (Federally-mandated information) – Please check appropriate box:

In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel (09)
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) Unsheltered (car/campsite) (12)
 In a shelter or transitional housing program (10) Other (15) (please specify) _____

HEALTH INFORMATION: Medical Concerns: Other (Specify): _____

Taking Medication Hearing Asthma Diabetes Doctor Name: _____
 Orthopedic Vision Allergy Seizures Doctor Telephone: _____

Comments:

PREVIOUS SCHOOL ENROLLMENT INFORMATION:

Name/Address/City/State/Zip of most recent school attended	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child’s former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

Has your child been retained? Yes No If so, at which grade? (Specify) _____

What special services has your child received? Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language
 Other: Migrant 504 Remedial Math Remedial Reading English Language Development Counseling Gifted (GATE)
 Help to Improve Attendance/ Behavior Other (Specify) _____

PRIMARY HOUSEHOLD INFORMATION:				
Name of Adult		Relationship	Legal Guardian <input type="checkbox"/>	
Contact: Home ()		Work ()	Cell ()	
School Communication Access: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Web Portal E-mail Address:				
Name of Adult		Relationship	Legal Guardian <input type="checkbox"/>	
Contact: Home ()		Work ()	Cell ()	
School Communication Access: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Web Portal E-mail Address:				
Residence Address		Apt #	City	State Zip
Mailing Address (if different)		Apt #	City	State Zip
Other children living in this household - Name:	Date of Birth	Name:	Date of Birth	
If there is a legal custody agreement for this student, please check one and provide: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian				
Is there a court order prohibiting access to your child?: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide a copy of the court document.)				

SECONDARY HOUSEHOLD INFORMATION – if applicable:				
Name of Adult		Relationship	Legal Guardian <input type="checkbox"/>	
Contact: Home ()		Work ()	Cell ()	
School Communication Access: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Web Portal E-mail Address:				
Name of Adult		Relationship	Legal Guardian <input type="checkbox"/>	
Contact: Home ()		Work ()	Cell ()	
School Communication Access: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Web Portal E-mail Address:				
Residence Address		Apt #	City	State Zip
Mailing Address (if different)		Apt #	City	State Zip
Other children living in this household - Name:	Date of Birth	Name:	Date of Birth	

When the principal determines that a minor needs emergency medical treatment, he or she will make reasonable attempts to contact the parent/guardian and/or 911. If the parent or guardian cannot be reached, we authorize the following adults to be our agents during an emergency (NMCUSD Board Policy 5510):

EMERGENCY CONTACT INFORMATION/AUTHORIZATION TO PICK UP STUDENT – other than parents:				
Name:	Relationship	Home Phone	Work Phone	Cell Phone

Signature of Parent/Guardian:	Date:
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Office Use	Teacher	Homeroom	Designation: <input type="checkbox"/> EO <input type="checkbox"/> EL <input type="checkbox"/> FEP <input type="checkbox"/> RFEP	<input type="checkbox"/> FEP <input type="checkbox"/> EL <input type="checkbox"/> RFEP
			Program: <input type="checkbox"/> ME <input type="checkbox"/> SEI <input type="checkbox"/> BL <input type="checkbox"/> TWI	Date:

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 9/09)

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