



STUDENT REGISTRATION

TODAY'S DATE ____/____/____

PLEASE PRINT

- *Has the student ever been enrolled in an Elk Grove Unified School District school? Y / N
- *Is this student currently expelled or pending an expulsion hearing in EGUSD or any other district? Y / N

 *Student's Legal Last Name *First Name Middle Name (Suffix: Jr. Sr.) SSN ____-____-____

 (Nick Name) AKA First Name AKA Middle Name AKA Last Name AKA Suffix

*Student's Home Telephone ____-____-____ Phone Unlisted? Y / N *Grade Level: ____ *Gender: Male / Female
 (Area Code)

*Birth Date ____/____/____ *Birthplace ____ (City) ____ (State) ____ (Country)
 MM / DD / YYYY

Foreign Born United States Citizen? Y / N If Foreign Born, does student have three years of cumulative enrollment in the United States? Y / N

*What special services has your child received? Check all that apply: Special Ed. Program? GATE? 504? ESL/Bilingual?

*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? (Please show one or more) The question above is about ethnicity, not race. No matter what you selected above, please select a race that best represents your heritage for group data by selecting **one or more** of the races located in the Race Codes chart on page 4.
 Race codes #____, #____, #____, #____, #____

HOME LANGUAGE SURVEY (Questions for "new" student registration only)

- *Which language did your son or daughter learn when he or she first began to talk? _____
- *What language does your son or daughter most frequently use at home? _____
- *What language do you use most frequently to speak to your son or daughter? _____
- *Name the language most often spoken by the adults in the home: _____

*Residence _____
 Address (Street Number) (Street Name) (Apt#) (City) (State) (Zip Code)
 Address Unlisted? Y / N

*Mailing Same as residence? Y / N If no _____
 Address (Street Number) (Street Name) (Apt#) (City) (State) (Zip Code)

*Is student currently:

Foster Youth?
 If Foster Youth, where is your child/family currently living?
 (Please check only one of the following)
 Foster Family Home or Kinship Placement (210)
 Licensed Children's Institution (Group Home) (220)

Homeless?
 If Homeless, where is your child/family currently living?
 (Please check only one of the following)
 Temporary Shelter (100)
 Hotels/Motel (110)
 Temporarily Doubled Up (120)
 Temporarily Unsheltered (130)

FOR OFFICE USE ONLY

EGUSD Student Number _____	Birth Date Verified <input type="checkbox"/>	Enrollment Permit Code _____
School Enrollment Date ____/____/____	Birthplace Verified <input type="checkbox"/>	Enrollment Permit Reason _____
School Name _____	Legal Name Verified <input type="checkbox"/>	Immunizations Complete? Y / N
Address Verification Method _____	Date Birth Info Verified ____/____/____	Parent Highest Ed Level (see pg 2 & 3) _____
Date Address Verified ____/____/____	Birth Place Verification Method _____	
Track <input type="checkbox"/>	Restrictions? Y / N	Primary Language (see pg 4 chart) <input type="checkbox"/>
Enrolled by _____	Date entered ____/____/____	

STUDENT ENROLLMENT INFORMATION continued

DAY CARE INFORMATION (Applies to Elementary/Middle School Students Only)

Day Care Provider Name Cell Phone Home Phone Work Phone (Area Code) (Area Code) (Area Code)

Day Care Address (Street Number) (Street Name) (Apt#) (City) (State) (Zip Code)

*LAST SCHOOL ATTENDED (School Name) Phone# (Area Code)

School Address (Street Number) (Street Name) (City) (State) (Zip Code)

STUDENT MISC INFORMATION (Questions for "new" student registration only)

*What month, day and year did your child first enroll in the U. S. school system not including Preschool? MM / DD / YYYY

*What month, day and year did your child enter (or enroll) in a California Public School? MM / DD / YYYY

Did your child attend preschool (for at least 6 months) immediately prior to enrolling in Kindergarten? Yes / No

If yes, please check the type of Preschool Program:

- Elk Grove Unified School District-Preschool Program (Head Start, Title 1, State Preschool)
Other public Preschool outside EGUSD - Name of Program
Partners Preschool through EGUSD Adult Education
Private Preschool

DOES YOUR STUDENT HAVE ACCESS TO THE INTERNET FROM HOME? Yes / No

LEGAL PARENT/GUARDIAN INFORMATION (1)

*Legal Guardian Relationship to student *Live with student? Y / N
Do you wish to receive school mailings? Y / N Do you wish to participate in EGUSD Portal in lieu of certain mailings? Y / N

*Guardian's Last Name *First Name Middle Initial (Suffix: Jr. Sr.)

* Guardian Address (Street Number) (Street Name) (Apt#) (City) (State) (Zip Code)

* Guardian's Home Phone# Cell Phone# Pager/Cell# (Area Code) (Area Code) (Area Code)

Email Address

PARENT/GUARDIAN MISC INFO (1)

Primary Language (see page 4 chart) Language assistance needed? Y/N Driver's License # State

Name of Employer Employer Phone# (Area Code) (Ext)

* PARENT/GUARDIAN EDUCATIONAL LEVEL (Check the response that describes parent/guardian (1) education level)

- College Graduate
Graduate Degree or Higher
High School Graduate
Not a High School Graduate
Some College or Associate's Degree

STUDENT ENROLLMENT INFORMATION continued

LEGAL PARENT/GUARDIAN INFORMATION (2)

*Legal Guardian Relationship to student _____ *Live with student? Y / N
Do you wish to receive school mailings? Y / N Do you wish to participate in EGUSD Portal in lieu of certain mailings? Y / N

*Guardian's Last Name _____ *First Name _____ Middle Initial _____ (Suffix: Jr. Sr.)
* Guardian _____
Address (Street Number) (Street Name) (Apt#) (City) (State) (Zip Code)
* Guardian's Home Phone# _____ - _____ - _____ Cell Phone# _____ - _____ - _____ Pager/Cell# _____ - _____ - _____
Email Address _____

PARENT/GUARDIAN MISC INFO (2)

Primary Language _____ (see page 4 chart) Language assistance needed? Y/N Driver's License # _____ State _____
Name of Employer _____ Employer Phone# _____ - _____ - _____ (Area Code) (Ext)

* PARENT/GUARDIAN EDUCATIONAL LEVEL (Check the response that describes parent/guardian (2) education level)

- College Graduate
Graduate Degree or Higher
High School Graduate
Not a High School Graduate
Some College or Associate's Degree

*EMERGENCY CONTACT (Other than Legal Parent/Guardian to child)

If I cannot be reached, I authorize the school to call, release my child to, or take my child to the following individual(s). This consent is effective until revoked in writing. *Initial here _____

1. Relationship to Child _____ *Last Name _____ *First Name _____ Middle Initial _____ (Suffix: Jr. Sr.)
Cell Phone# _____ - _____ - _____ Home Phone# _____ - _____ - _____ Work Phone# _____ - _____ - _____ (Area Code) (Area Code) (Area Code) (Ext)

2. Relationship to Child _____ *Last Name _____ *First Name _____ Middle Initial _____ (Suffix: Jr. Sr.)
Cell Phone# _____ - _____ - _____ Home Phone# _____ - _____ - _____ Work Phone# _____ - _____ - _____ (Area Code) (Area Code) (Area Code) (Ext)

OTHER CONTACT

Social Worker/Case Worker Name _____ Phone# _____ - _____ - _____ Probation Officer Name _____ Phone# _____ - _____ - _____ (Area Code) (Area Code)

MEDICAL INFORMATION

Name of Insured _____ Last Name _____ First Name _____ Middle Initial _____ (Suffix: Jr. Sr.)
Name of Health Insurance _____ Medical ID#/Policy# _____ Phone# _____ - _____ - _____ (Area Code)
Phone# _____ - _____ - _____ Phone# _____ - _____ - _____ (Area Code) (Area Code)

SPECIAL HEALTH ISSUES

Allergies _____ Medical Problems/Chronic Illness _____ Other Comments/Information _____

In an emergency, when I cannot be reached, I authorize the school authorities to take my student, at my expense, to my family doctor, licensed physician, nearest hospital or emergency first-aid station for treatment. This consent is effective until revoked in writing.
*Initial here _____ Yes, I do give permission for treatment OR *Initial here _____ No, I do not give permission for treatment

SIBLING INFORMATION

Last Name	First Name	Birthday (MO/ DAY/ YR)	Gender (M / F)	Track	School	Grade Level

I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information.

Date ____/____/____

***Signature**

***Race Codes**

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original peoples of North, Central or South America) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
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Primary Language Codes

Language	Code	Language	Code	Language	Code	Language	Code
Albanian	56	French	17	Kurdish	51	Somali	60
American Sign Language	37	German	18	Lahu	47	Spanish	01
Arabic	11	Greek	19	Lao	10	Taiwanese	46
Armenian	12	Gujarati	43	Mandarin (Putonghua)	07	Tamil	63
Assyrian	42	Hebrew	21	Marathi	64	Telugu	62
Bengali	61	Hindi	22	Marshallese	48	Thai	32
Burmese	13	Hmong	23	Mien(Yao)	44	Tigrinya	57
Cantonese	03	Hungarian	24	Mixtexo	49	Toishanese	53
Cebuano (Visayan)	36	Ilocano	25	Pashto	40	Tongan	34
Chaldean	54	Indonesian	26	Polish	41	Turkish	33
Chamorro (Guamanian)	20	Italian	27	Portuguese	06	Ukrainian	38
Chaozhou (Chaochow)	39	Japanese	08	Punjabi	28	Urdu	35
Dutch	15	Kannada	65	Rumanian	45	Vietnamese	02
English	00	Khmer (Cambodian)	09	Russian	29	All Other Non-English	99
Farsi (Persian)	16	Khmu	50	Samoan	30		
Filipino (Tagalog)	05	Korean	04	Serbo-Croatian (Bosnian)	52		

PRIMARY RESIDENCE CODE CHART

*Primary Residence Codes (Federally mandated by NCLB)		
Temporary Shelters	100	A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.
Hotels/Motels	110	A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
Temporarily Doubled Up	120	A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.
Temporarily Unsheltered	130	A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.
Permanent Housing	200	A type of fixed and regular residence that is owned, rented, or sublet.
Foster Family Home or Kinship Placement	210	A family residence that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes "Small Family Homes" as described in Health and Safety Code Section 1502(c) (6) (Education Code Section 56155.5[b]), or an "Approved Home" of a relative. An "Approved Home" means the home of a relative or non-relative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title 22, Div.6, Article 3. This is not the same as a Licensed Children's Home.
Licensed Children's Institution	220	A residential facility that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide non-medical care to children, including, but not limited to, individuals with exceptional needs. Licensed children's institution includes a group home as defined by subdivision (g) of Section 80001 of Title 22 of the California Code of Regulations. As used in this article and Article 3 (commencing with Section 56836.16) of Chapter 7.2, a "licensed children's institution" does not include any of the following: (1)A juvenile court school, juvenile hall, juvenile home, day center, juvenile ranch, or juvenile camp administered pursuant to Article 2.5 (commencing with Section 48645) of Chapter 4 of Part 27. (2)A county community school program provided pursuant to Section 1981. (3)Any special education programs provided pursuant to Section 56150. (4)Any other public agency.
Residential School/Dormitory	230	A nonsectarian school where a student with exceptional needs resides on a 24-hour basis and receives special education and related services at the school. This includes both public and private facilities. This is not the same as an Incarceration Institution or a Licensed Children's Institution.
Health Institution	240	A public hospital, state licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes. (E.C 56167(a)). It does not state hospitals operated by the California Department of Developmental Services.
Incarceration Institution	250	Individuals who have been adjudicated by the juvenile court, for placement in a juvenile hall or juvenile home, day center, ranch, or camp, or for individuals placed in a county community school (E. C. 56150); includes placement in the Department of Corrections – Division of Juvenile Justice (formerly California Education Authority or California Youth Authority), and other public correctional institutions.
Development Center	260	A residential facility providing services to individuals who have been determined by the Department of Developmental Services (DDS) regional centers to require programs, training, care, treatment and supervision in a structured health facility setting on a 24-hour basis. This is not the same as Residential School/Dormitory, Health Institution, or State Hospital.
State Hospital	270	A state hospital is a residential facility operated by the California Department of Mental Health (DMH). This is not the same as Residential School/Dormitory, Health Institution, or Development Center.
Other	300	Any other type of residence not referenced in any other Primary Residence Category.
Unknown	310	The primary residence of an individual cannot be determined. For example, the information is unavailable or was erroneously reported and is indecipherable.