

Grade

Yosemite-Wawona Elementary Charter School - Student Registration

PLEASE PRINT - STUDENT'S LEGAL NAME									
Legal First Name		Legal Middle Name			Legal Last Name			Other Legal Name (if applicable)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:		Month	Day	Year	()	()	
Parent/Guardian First Name				Last Name		Home Phone	Work Phone	()	()
Parent/Guardian First Name				Last Name		Home Phone	Work Phone	()	()
Mailing Address (PO Box or house # & street name)					Apt #	City	State	Zip	
Residence Address (house # & street name) (IF DIFFERENT)					Apt #	City	State	Zip	

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 check up to five racial categories)

The above 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 your child's race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) of |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (9203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION - Check the response that describes the education level of the **most educated parent**.

- Graduate Degree of Higher (5)
 College Graduate (4)
 Some College or Associate's Degree (3)
 High School Graduate (2)
 Not a High School Graduate (1)
 Declined to State (6)

Date first attended school in the **U.S.**

Month	Day	Year
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Date first attended school in **California**

Month	Day	Year
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STUDENT'S BIRTHPLACE: _____ State: _____ Country: _____

U.S. CITIZEN: Yes No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 6/14)

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

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

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

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

4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? Yes No 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 by NCLB) - **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) Other (15) (please specify _____)

In a shelter or transitional housing program (10)

Parent/Guardian Information (with whom the student lives) - check all that apply

Father Mother Both Stepfather Stepmother Guardian Foster/Group Home Other

Is the above (checked) person(s) the student's LEGAL guardian? Yes No *If No, please complete a "Caregiver Affidavit"*

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Stepfather/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone _____

1. Mother Stepmother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone _____

DUPLICATE MAILING - If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	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

What special services has your child received? (**please check all boxes that apply**)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ETH <input type="checkbox"/> RACE
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