Yosemite-Wawona Elementary Charter School - Student Registration

### PLEASE PRINT - STUDENT'S LEGAL NAME

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Legal Last Name</th>
<th>Other Legal Name (if applicable)</th>
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<tr>
<th>Male</th>
<th>Female</th>
<th>Birth Date:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tr>
<th>Parent/Guardian First Name</th>
<th>Last Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
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<tr>
<th>Mailing Address (PO Box or house # &amp; street name)</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Residence Address (house # &amp; street name) (IF DIFFERENT)</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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### 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.

- [ ] American Indian or Alaskan Native (100)
  (Persons having origins in any of the original people of North, Central or South America)

- [ ] Chinese (201)
- [ ] Japanese (202)
- [ ] Korean (293)
- [ ] Vietnamese (204)
- [ ] Asian Indian (205)

- [ ] Laotian (206)
- [ ] Cambodian (207)
- [ ] Hmong (208)
- [ ] Other Asian (299)
- [ ] Havalian (301)
- [ ] Guamanian (302)
- [ ] Samoan (303)

- [ ] Tahitian (304)
- [ ] Other Pacific Islander (399) of Filipino/Filipino American (400)
- [ ] African American or Black (600)
- [ ] White (700) (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 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.

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<thead>
<tr>
<th>Month</th>
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<th>Year</th>
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### Date first attended school in California

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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
□ Unsheltered (car/campsite)(12)
□ Other (15) (please specify) _________________

Parent/Guardian Information (with whom the student lives) - check all that apply
□ Father □ Mother □ Both □ Stefather □ 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 □ Stefather/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:

<table>
<thead>
<tr>
<th>School</th>
<th>Address/City/State/Zip</th>
<th>Grade(s)</th>
<th>Date(s)</th>
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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: ___________ □ Verifly by: ___________ □ Verifly by: ___________
Proof of Residence: □ Type: ___________ □ Verifly by: ___________ □ Verifly by: ___________
Proof of Immunization: □ Type: ___________ □ Verifly by: ___________ □ Verifly by: ___________
Entry Reason: ___________ Enroll Date: ___________ Assigned Grade: ___________ Permanent ID: ___________

Bank: □ 9TH □ 12TH □ HACE

(REV 8/13)