

Registration Form

School: _____ Grade: _____ School Year: _____

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)											
Legal Last Name:			Legal First Name:			Full Middle Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:
2. Language						3. Date of Birth			4. Country of Birth		
What language do people speak in the home most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____						MM	DD	YYYY		<input type="checkbox"/> United States <input type="checkbox"/> Other _____	
What language does the student speak most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____						US Only - State of Birth:					
What language did the student first speak or understand? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____											
5. Race and Ethnicity (Check all that apply)					6. Student's PRIMARY racial/ethnic identity (choose only one)						
Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Multiracial		
	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White				
	<input type="checkbox"/> Native Hawaiian/Pacific Islander				<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Hispanic/Latino				
7. Home Address											
Residential Address:			City:	State:	Zip:	Mailing Address (if different):			City:	State:	Zip:
8. Parents / Guardians - Must be Legal Guardians –Emergency Contacts listed below											
Parent/Guardian Student Lives With	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?					
	Last Name:			First Name:			Home Phone:		Cell Phone:		Work Phone:
	Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start Date: _____					End Date: _____					
	Email: _____					Employer: _____					
Other Parent/Guardian	<input type="checkbox"/> Also Lives With Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?					
	Last Name:			First Name:			Home Phone:		Cell Phone:		Work Phone:
	Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start Date: _____					End Date: _____					
	Address:		City:	State:	Zip:	Email: _____			Employer: _____		
9. Siblings											
<u>Name (last name, first name)</u>			<u>Date of Birth</u>		<u>School (if attending)</u>			<u>Grade</u>			
_____			_____		_____			_____			
_____			_____		_____			_____			
_____			_____		_____			_____			
10. Other Information (check all that apply)											
<input type="checkbox"/> Foster/DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> Migrant (Agricultural or Forestry Industry Dependent) <input type="checkbox"/> Teen Parent <input type="checkbox"/> Chronic Illness											
11. Emergency Contacts-Persons who will care for/pick up student if parent cannot be reached. (must be over 18 and show photo ID)											
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____											
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language		
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____											
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language		
12. Enrollment History											
Last School Attended: _____ City: _____ State: _____						Has this student ever attended a TUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type: <input type="checkbox"/> TUSD <input type="checkbox"/> Non-TUSD Public/Charter <input type="checkbox"/> Private <input type="checkbox"/> Other _____						If yes, which school? _____					
13. Special Classes, Accommodations or Services (check all that apply past or present)											
<input type="checkbox"/> English Language Development <input type="checkbox"/> GATE/Gifted/Accelerated Program <input type="checkbox"/> 504 Plan-Provide copy <input type="checkbox"/> Special Education <input type="checkbox"/> Current IEP-Provide copy											
<input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other											
14. Transportation											
Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).											
If eligible , will this student ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , student will ride: <input type="checkbox"/> To and From School <input type="checkbox"/> To school only <input type="checkbox"/> From school only											
Office Use Only	Perm ID # _____		SAIS/EdFi ID _____		Neighborhood School Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Enrolled: _____		Entry Code: _____		
	Synergy Entry Date: _____			Entered by: _____			Birthdate Verified by: _____		<input type="checkbox"/> Birth Cert <input type="checkbox"/> Baptism Cert <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Cohort verified by: _____ Special Classes & Accommodations (Box 13) notified by: 504 _____ GATE _____ ELL _____ ExEd _____										
	<input type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunizations <input type="checkbox"/> Health Card <input type="checkbox"/> PHLOTE <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> CUM File Reviewed										

Parent / Guardian Signature _____ Date _____