

WSCUHSD STUDENT REGISTRATION

GRADE

West County Charter Middle School

▶ Has your student ever attended school in this district before? Yes No

Student Last Name:

First Name:

PLEASE PRINT – STUDENT’S LEGAL NAME (name on birth certificate)

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

Male Female Birthdate: MAIN PHONE #() _____

Month Day Year

Parent/Guardian First Name Last Name Cell Phone Work Phone

Parent/Guardian First Name Last Name Cell Phone Work Phone

Mailing Address Apt City State Zip w/extension

Residence Address (IF DIFFERENT) Apt City State Zip w/extension

(P.O Box or house # & street name)

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check)

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 your race to be.

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

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

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

Date Student first attended school in the U.S.

Month Day Year

Date Student first attended school in California

Month Day Year

BIRTHPLACE: City: _____ State: _____ Country: _____

Student Last Name:

First Name:

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 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 by NCLB) – Please check appropriate box:

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

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother 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 Step Father/Guardian (check one) **Full Name:** _____

E-Mail _____ **Daytime Phone #** (____) _____
(please print clearly)

2. Mother Step Mother/Guardian (check one) **Full Name:** _____

E-Mail _____ **Daytime Phone #** (____) _____
(please print clearly)

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:** _____ - _____

Parent Military Info: Branch: _____ Rank: _____ Status: active/veteran/reserve Parent: M/F

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/dismissed? 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: Gifted (GATE) 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	Proof of Residence	Proof of Immunization:	Comp Entry	Enroll Date	Record Req	SSID#
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 11/13)