



Teaching • Understanding • Serving • Developing

# Tehachapi Unified School District

## Student Registration

- |                                 |                             |
|---------------------------------|-----------------------------|
| <input type="checkbox"/> THS    | <input type="checkbox"/> CV |
| <input type="checkbox"/> Monroe | <input type="checkbox"/> GH |
| <input type="checkbox"/> JMS    | <input type="checkbox"/> TE |

Has your student ever attended Tehachapi Unified public schools before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, which school(s): <input type="checkbox"/> THS <input type="checkbox"/> Monroe <input type="checkbox"/> JMS <input type="checkbox"/> CV <input type="checkbox"/> GH <input type="checkbox"/> TE	

STUDENT'S LEGAL LAST NAME		LEGAL FIRST NAME			M.I.
GENDER		DATE OF BIRTH		STUDENT'S HOME PHONE	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Month	Day	Year	
PARENT/GUARDIAN LAST NAME		FIRST NAME		DAYTIME PHONE NUMBER	CELL NUMBER
PARENT/GUARDIAN LAST NAME		FIRST NAME		DAYTIME PHONE NUMBER	CELL NUMBER
STUDENT'S HOME ADDRESS (Physical Address)				APT. #	CITY
STUDENT'S MAILING ADDRESS (If different from the physical address.)				CITY	ZIP CODE

PARENT/GUARDIAN INFORMATION (with whom the student lives) – check all that apply			
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Step-Father (name): _____
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster/Group Home		<input type="checkbox"/> Step-Mother (name): _____
<input type="checkbox"/> Other: _____			
Is the above-checked person(s) the student's legal guardian?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please complete a "Caregiver Affidavit". If there is a legal custody agreement, please check one.			
<input type="checkbox"/> Joint Custody		<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Guardian

CAREGIVER'S LAST NAME	FIRST NAME	DAYTIME PHONE NUMBER	CELL NUMBER

PARENT EDUCATION (Check the response that describes the education level of the Most-Educated Parent)	STUDENT'S BIRTH COUNTRY
<input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Some College or Associate's Degree (12) <input type="checkbox"/> College Degree (11) <input type="checkbox"/> Graduate Degree or Higher (10)	Date student first attended school in the U.S. Month   Day   Year
	Date student first attended school in California. Month   Day   Year

AUTO DIAL PHONE NUMBER PREFERENCE	AUTO DIALER LANGUAGE (Check one)
	<input type="checkbox"/> English <input type="checkbox"/> Spanish
PRIMARY EMAIL ADDRESS FOR CORRESPONDENCE	CORRESPONDENCE LANGUAGE (Check one)
	<input type="checkbox"/> English <input type="checkbox"/> Spanish

**Please complete the information on the other side of the form.**

WHAT IS YOUR CHILD'S ETHNICITY?	
<input type="checkbox"/> Hispanic or Latino *	<input type="checkbox"/> Not Hispanic or Latino
* A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.	

WHAT IS YOUR CHILD'S RACE? (please number according to your preference 1 -5)		
The previous question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by numbering one or more boxes to indicate what you consider your child's race to be.		
<input type="checkbox"/> American Indian or Alaskan Native (100)*	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700) **
* Persons having origins in any of the original peoples of North, Central or South America and who maintain tribal affiliation or community attachment.		
** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.		

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:
1. What language/dialect did your child learn when he/she first began to speak? _____
2. What language/dialect does your child most frequently use at home? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT (CA English Language Development Test)? _____

MOST RECENT SCHOOL ATTENDED	CITY AND STATE	GRADE	DATE(S)

DOES YOUR CHILD HAVE AN INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
What special services has your child received (please check all that apply)	<table border="1"> <tr> <th colspan="2">Has your High School student passed the CAHSEE?</th> </tr> <tr> <th>Math</th> <th>English</th> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Has your High School student passed the CAHSEE?		Math	English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your High School student passed the CAHSEE?							
Math		English					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> 504 <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech/Language <input type="checkbox"/> Remedial Math							
Does your child have any medical conditions or allergies that we should be aware of? _____	In which school did the student take the CAHSEE: _____ _____						
<input type="checkbox"/> Has the student ever been expelled?	<input type="checkbox"/> Has the student ever been suspended?						

PARENT SIGNATURE	DATE

School Use Only:							
Expulsion Date: _____	EL: _____	Hml: _____	Sped: _____	Start Date: _____	Perm. ID: _____	Input Comp. _____	