



Tehachapi Unified School District

Student Registration

School: THS CV Monroe
 GH JMS TE

Grade: _____

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
If not, last school attended: Name:		City and State: Grade/s:	

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

Student currently lives in single family residence
 Student living in alternate situation or is a foster youth (Fill out Student Information Questionnaire)

PARENT/GUARDIAN INFORMATION (with whom the student lives) – check all that apply			
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-parent (name):	<input type="checkbox"/> Adoptive Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Youth Living with Caregiver (name & phone number): (Please complete a "Caregiver Affidavit")		
<input type="checkbox"/> Other: _____			
Is the above-checked person(s) the student's legal guardian?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a legal custody agreement, please check one. <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Legal Guardianship			
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 HISTORY	
<input type="checkbox"/> Not a High School Graduate (14)	Birth City: _____ Birth State: _____ Birth Country: _____ Date student first attended school in the U.S. (MM/DD/YY): _____ Date student first attended school in California (MM/DD/YY): _____		
<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)			

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

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

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)? _____

If your child has ever received English Language services, were they ever reclassified? Yes, Date: _____ No Not Sure

DOES YOUR CHILD HAVE AN ACTIVE INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) OR 504 PLAN? YES NO

What special services has your child received (please check all that apply):

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

Does your child have any medical conditions or allergies that we should be aware of? Yes No

List here:

WHAT IS YOUR CHILD'S ETHNICITY?

Hispanic or Latino * 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.

American Indian or Alaskan Native (100)* Laotian (206) Samoan (303)

Chinese (201) Cambodian (207) Tahitian (304)

Japanese (202) Hmong (208) Other Pacific Islander (399)

Korean (203) Other Asian (299) Filipino/Filipino American (400)

Vietnamese (204) Hawaiian (301) African American or Black (600)

Asian Indian (205) Guamanian (302) 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.*

Has the student ever been suspended? Yes, Date: _____ No

Has the student ever been expelled? Yes, Date: _____ No

PARENT SIGNATURE	DATE

School Use Only:

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