

**Linden Unified School District**

**Student Registration Form**

(Please complete both sides)

SSID # _____	Perm. ID # _____
<b>OFFICE USE ONLY</b>	

**Student Information**

\_\_\_\_\_  
Last Name First Name Middle

Gender: M F Date of Birth: \_\_\_\_\_ Enrollment Grade \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Place \_\_\_\_\_  
City State OR Country

If student was born outside of the US, provide date of entry \_\_\_\_\_

**Student Lives With: (circle one)**

Mother Stepmother Guardian Other \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other: Please Explain \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Occupation

\_\_\_\_\_  
Mailing Address Street City Zip

\_\_\_\_\_  
Physical Address Street City Zip

\_\_\_\_\_  
Place of Employment Employment Address Employment Phone

\_\_\_\_\_  
Home Phone Cell/Alternate Phone EMAIL Address

**Student Lives With: (circle one)**

Father Stepmother Guardian Other \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other: Please Explain \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Occupation

\_\_\_\_\_  
Mailing Address Street City Zip

\_\_\_\_\_  
Physical Address Street City Zip

\_\_\_\_\_  
Place of Employment Employment Address Employment Phone

\_\_\_\_\_  
Home Phone Cell/Alternate Phone EMAIL Address

**Special Education**

(please circle all services your student has received or is receiving)

RSP SDC LH SH ED Speech

**Was your Student ever retained?** If yes in what grade(s) \_\_\_\_\_

**Does this student have a 504 Plan?** YES NO

**Previous Enrollment Information**

Has student ever been enrolled in Linden Unified School District? YES NO

If yes, what was the original date of entry into the district? \_\_\_\_\_

**PLEASE INDICATE MOST RECENT SCHOOL or PRESCHOOL ATTENDED:**

\_\_\_\_\_  
School Name City and State Phone

**Has student ever been suspended or expelled from school?** YES NO

**Home Language Survey**

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping the school meet this important requirement is requested.

Please answer the following questions:

Language first spoken by child? \_\_\_\_\_

Language most spoken by child at home? \_\_\_\_\_

Language most spoken to child at home? \_\_\_\_\_

Language most spoken by adults at home? \_\_\_\_\_

Does parent/guardian need to receive notices in a language other than English? YES NO

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**ETHNICITY: Please select one**

- Hispanic or Latino
- Not Hispanic or Not Latino

Above 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 this student's race to be.

**RACE: Select one or more**

What is this student's race?

- American Indian or Alaskan Native  
(Includes North American, South American, Central American and Native American)

**Asian (please select all that apply)**

- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Filipino
- Hmong
- Other Asian

**Native Hawaiian or Other Pacific Islander (please select all that apply)**

- Hawaiian
- Guamanian
- Samoan
- Tahitian
- Other Pacific Islander

**Black or African American**

**White** (Includes European, Middle Eastern, North African)

**MEDICAL INFORMATION**

Health Issues \_\_\_\_\_

Medication \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Insurance provider \_\_\_\_\_

**Who shall we contact in case of an emergency?**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number(s)

**Other Children Living in the Home:**

\_\_\_\_\_  
Child Name Date of Birth

\_\_\_\_\_  
Child Name Date of Birth

\_\_\_\_\_  
Child Name Date of Birth

**Other Family Information:**

**Is there a birth parent not living in the home?** YES NO  
(If yes, please provide the information requested below)

\_\_\_\_\_  
Last Name First Name Telephone

\_\_\_\_\_  
Address City State Zip Code

Is the school authorized to release child to this parent? YES NO

Is there a court order regarding custody of this child? YES NO  
(If yes, you must provide the school with a copy of the most current court order)

Is there a restraining order? YES NO Date of expiration \_\_\_\_\_  
(If yes, please provide the school with a copy of the restraining order)

**Additional Mailings**

Such as report cards, progress reports, newsletters to this birth parent? YES NO

**Education Level**

Select the response that best describe the parent/guardian with the highest education level

- Post College Graduate (Masters or Doctorate Degree, etc.)
- High School Graduate
- College Graduate (B. A. or B. S. Degree – 4 year university)
- Not High School Graduate
- Some College (two or four year college-not vocational or technical)
- Declined or unknown

**Please contact the school immediately when there any changes.**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE