

**Davis Joint Unified School District**  
REGISTRATION FORM

Today's Date \_\_\_\_\_ Entering Grade \_\_\_\_\_ School \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Please print) Last First Middle

Home Address \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

Citizenship: U.S. \_\_\_ Other \_\_\_ If other, what nationality? \_\_\_\_\_ Visa type \_\_\_\_\_ Passport No. \_\_\_\_\_

My child has participated in:  Special Education (RSP, SDC, Inclusion)  Speech Therapy  Counseling  
 English Language Development  Title 1  Reading Support  Math Support  GATE  
 Other \_\_\_\_\_

Is there any health, educational, or emotional information (including religious) that is pertinent to your child's welfare at school? Has the child had a serious illness or injury? Explanation: \_\_\_\_\_

<b>Office Use Only</b>	
<b>Student Number:</b> _____	
<b>Proof of Residence Verified by:</b>	
Escrow papers _____	
Rental Agree. _____	
P.G. & E. bill _____	
Home Insur. _____	
<b>Birthdate Verified by:</b>	
Birth Certificate _____	
Passport _____	
Transfer _____	
<b>Immunizations:</b>	
<b>Transcripts provided:</b> _____	
<b>Guardianship forms:</b> _____	
<b>Parent/Guardian ID Verified:</b>	
Drivers' License _____ Passport: _____	
*****	
**Date Enrolled: _____	
Scheduled: _____	
Records Requested: _____	
Name of school employee: _____	

Previous School Attended (include preschool)	School District	City & County	State/Zip	Phone	Dates of Attendance	Public School? Yes /No

Reason for leaving previous school: \_\_\_\_\_

Has student ever been expelled and when? \_\_\_\_\_ Has student ever been retained and when? \_\_\_\_\_

Grade student entered Davis Joint Unified School District (with no break in enrollment) \_\_\_\_\_ Grade student entered Davis High School \_\_\_\_\_

**Student lives with: (check all that apply)**

Father  Mother  Step Father  Step Mother  Foster Parent(s)  Legal Guardians(s)\*\*  Other \_\_\_\_\_\*\*

\*\*If relationship is not parent, a notarized statement from parent(s) giving custodial rights to the guardian(s) must be on file in the school record.

**Student is homeless:** lacks a fixed, regular, and/or adequate nighttime residence (this includes students sharing the housing of other persons due to loss of housing, economic hardship, and/or students living in shelters, or awaiting foster care placement)

Student Resides With:			
1) Parent/Guardian's Name:	Relationship:	Cell phone:	
Employer:	Work phone:	e-mail address:	
<i>This signature will be the only one accepted on school documents</i> →		<b>Signature of Parent/Guardian:</b>	
Educational Level of Parent/Guardian #1	<input type="checkbox"/> Not a high school grad <input type="checkbox"/> High school graduate	<input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/post grad training	<input type="checkbox"/> Some college (includes AA degree) <input type="checkbox"/> Declined to state or unknown
2) Parent/Guardian's Name:	Relationship:	Cell phone:	
Employer:	Work phone:	e-mail address:	
<i>This signature will be the only one accepted on school documents</i> →		<b>Signature of Parent/Guardian:</b>	
Educational Level of Parent/Guardian #2	<input type="checkbox"/> Not a high school grad <input type="checkbox"/> High school graduate	<input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/post grad training	<input type="checkbox"/> Some college (includes AA degree) <input type="checkbox"/> Declined to state or unknown
<b>Parent/Guardian Information</b> - if Different from Where Student Resides <input type="checkbox"/> Check if legal guardian is to receive copies of report cards, PTA newsletters, etc			
3) Parent/Guardian's Name:	Relationship:	Employer:	
Address:	Work phone:	Cell phone:	e-mail address:

**Other Children Living at Home:**

Name	Relationship (i.e. Brother/Sister/Cousin)	Birthdate	School Attending

Student Signature: \_\_\_\_\_  
10<sup>th</sup>-12<sup>th</sup> grade students only

Date: \_\_\_\_\_

## Demographic Information

We are requesting your assistance in obtaining demographic information required by federal and state regulation for the Standardized Testing and Reporting Program (STAR). STAR is a State required academic assessment given to students on an annual basis. The information required is used to compare and rank schools across the State through the Academic Performance Index and is reported only in percentage groupings. In order to provide information that is accurate, we need your help with each of the areas listed below.

Please answer the following questions by placing a check mark in the following boxes

**I. IS YOUR CHILD HISPANIC or LATINO?**  YES  NO

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be:

- American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 African American or Black

**If you have indicated "Asian" or "Pacific Islander," please check/circle one:**

- |                                     |                                       |                                          |                                                 |
|-------------------------------------|---------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Laotian      | <input type="checkbox"/> Guamanian       | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Cambodian    | <input type="checkbox"/> Samoan          |                                                 |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Tahitian        |                                                 |

**II. WHAT LANGUAGE IS MOST FREQUENTLY SPOKEN IN THE HOME? (Please circle one)**

- |                             |                      |                              |
|-----------------------------|----------------------|------------------------------|
| English                     | Hebrew               | Punjabi                      |
| Albanian                    | Hindi                | Rumanian                     |
| American Sign Language      | Hmong                | Russian                      |
| Arabic                      | Hungarian            | Samoan                       |
| Armenian                    | Ilocano              | Serbo-Croatian               |
| Assyrian                    | Indonesian           | (Bosnian, Croatian, Serbian) |
| Bengali                     | Italian              | Somali                       |
| Bosnian                     | Japanese             | Spanish                      |
| Burmese                     | Kannada              | Taiwanese                    |
| Cantonese                   | Khmer (Cambodian)    | Tamil                        |
| Cebuano (Visayan)           | Khmu                 | Telugu                       |
| Chaldean                    | Korean               | Thai                         |
| Chamorro (Guamanian)        | Kurdish              | Tigrinya                     |
| Chaozhou (Chaochow)         | Lahu                 | Toishanese                   |
| Croatian                    | Lao                  | Tongan                       |
| Danish                      | Mandarin (Putonghua) | Turkish                      |
| Dutch                       | Marathi              | Ukrainian                    |
| Farsi (Persian)             | Marshallese          | Urdu                         |
| Filipino (Pilipino/Tagalog) | Mien (Yao)           | Vietnamese                   |
| French                      | Mixteco              | Other Non-English Lang.      |
| German                      | Pashto               | Declined to state            |
| Greek                       | Polish               |                              |
| Gujarati                    | Portuguese           |                              |

**III. NOTE: If a language other than English is indicated, your child must be tested for English proficiency.**

1. What language did the student learn when he/she first began to speak? \_\_\_\_\_
2. What language does the student speak most at home? \_\_\_\_\_
3. What language is most often spoken by adults at home? \_\_\_\_\_
4. What language is most often spoken to the student by the parents? \_\_\_\_\_
5. What date did your child begin to attend school in the United States? \_\_\_\_\_ (mm/dd/yyyy)
6. Language survey date: \_\_\_\_\_

**IV. PLEASE CHECK THE FOLLOWING LIVING SITUATION THAT CURRENTLY APPLIES TO THE STUDENT:**

- Living in home, rented home, or apartment (one family)
- Due to economic hardship, loss of housing, or similar reason, living with friends or relatives. Please explain \_\_\_\_\_
- Living in a shelter or transitional housing
- Living in a hotel or motel
- Living in a campground, park, or car
- Living in a foster care placement
- Living in other circumstances. Please explain: \_\_\_\_\_

**V. PLEASE INDICATE NAME STUDENT GOES BY IF OTHER THAN LEGAL NAME (such as nickname like Bobby for Robert or Jenny for Jennifer)**

\_\_\_\_\_