

NOVATO UNIFIED STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

▶ **Has your child ever attended Novato public schools before?** Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date:		Student Nickname:	

	Month	Day	Year	()	()
				Cell Phone	Other Phone
				()	()

Parent/Guardian Last Name	First Name	Home Phone	Work Phone
		()	()
		Cell Phone	Other Phone
		()	()

Parent/Guardian Last Name	First Name	Home Phone	Work Phone

Mailing Address (P.O Box or house # & street name)	Apt#	City	State	Zip

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? *The question 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 your child’s race. If your child is multiracial, you may select two or more races.*

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

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 your child first attended school <u>in the U.S.</u>		
Month	Day	Year
Date your child first attended school <u>in California</u>		
Month	Day	Year

STUDENT BIRTHPLACE: City: _____ State: _____ Country: _____

Student Last Name:

First Name:

Permanent ID:

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 permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="checkbox"/> Temporarily unsheltered (car/campsite) |
| <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> Other (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:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____
2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

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 code:** _____

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 ever been suspended? Yes No Has your child ever been expelled? 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: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Assigned Grade:	Enroll Date:	Notes:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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