

HOLLISTER SCHOOL DISTRICT STUDENT REGISTRATION FORM

SCHOOL: _____

1. STUDENT INFORMATION (PRINT)

Date: _____

STUDENT ID #: _____

Last Name	First Name	M.I.	Nickname
_____ M ___ F ___		_____	
Other name if different from above		Birthplace (City, State, Country)	
_____		_____	
Birthdate	Grade	First entered any USA school: _____	First entered CA school: _____
_____		_____	
Home Address	Apt#	City/State/Zip	Home Phone
_____		_____ () _____	

2. HOME LANGUAGE INFORMATION

Which language did the student learn when he/she first began to talk? _____

What language does the student most use at home? _____

What language do you use most frequently to speak to the student? _____

Name the language most often spoken by adults at the home of the student. _____

Signature of Parent/Legal Guardian: _____

Do you prefer Spanish or English correspondence to home?: _____

3. RACE & ETHNICITY DATA

Ethnicity (*Select one*) ___ Hispanic or Latino ___ not Hispanic or Latino

Race (*Select one or more, regardless of Ethnicity*):

___ American Indian or Alaskan Native ___ Black or African American ___ Asian

___ Native Hawaiian or Other Pacific Islander ___ White ___ Other _____

4. SPECIAL PROGRAMS

Please check if the student has received any special services or participated in any of the following programs:

___ 227 Choice (*Alternative Bilingual*) ___ Resource Specialist ___ Special Day Class

___ Gifted and Talented ___ Migrant Education ___ Speech/Language

___ Free & Reduced Lunch Program ___ Title 1 ___ Adaptive P.E.

___ Other _____

5. PARENT/LEGAL GUARDIAN INFORMATION

The Student resides with: ___ Both Parents ___ Mother ___ Father ___ Step-parent ___ Legal Guardian ___ Other _____

Education Level	First Name	Middle Name	Last Name	Email	Work Number
Mother					
Father					
Step Parent					
Guardian					
Other					

Restraining Orders/Custody Papers Affecting this Child? Yes ___ No ___ The school will need a copy of these papers, with updated information forthcoming regularly. Please specify _____

Alternate Address: _____ (If different than student home address)

STUDENT REGISTRATION FORM

Student: _____

Last Name

First Name

MI

6. HEALTH INFORMATION (PRINT)

Does the student have any of the following?

Asthma

Serious Allergy (required medical treatment)

Diabetes

Seizures

Other Serious Health Problems: _____

Hearing Loss (wears hearing Aids? Yes No

Does Student Require Medication at School? Yes No (Plan: _____)

Doctor's Name: _____ Doctor's Address: _____ Doctor's Phone#: _____

7. EMERGENCY INFORMATION (This will be used if the Emergency Card is not available)

If I cannot be reached, I authorize the District to contact the person listed below. I further authorize the District to release the student to the person listed below:

Name: _____ Phone: (____) _____

I ALSO GIVE MY CONSENT FOR EMERGENCY MEDICAL OR DENTAL TREATMENT, INCLUDING TRANSPORTATION TO THE NEAREST EMERGENCY AID FACILITY IF I OR THE PERSON LISTED ABOVE CANNOT BE REACHED.

Signature of Parent/Legal Guardian _____ Date _____

PREVIOUSLY ATTENDED HOMESCHOOL? _____ Yes _____ No

PREVIOUSLY ATTENDED HOLLISTER SCHOOL DISTRICT? _____ Yes _____ No

8. PREVIOUS SCHOOL

School Name City/State Date left previous school

District Name Address/City/State/Zip

Phone (____) _____ Check one: Retained: Yes No If yes, which grade? _____

9. WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Check *one* box only) This information will be used to determine if your child qualifies for any additional assistance under the "No Child Left Behind Act of 2001".

In a single family residence

With more than one family in a house or apartment due to economic hardship

With more than one family in a house or apartment not due to economic hardship

In a shelter or transitional housing program

In a motel, car or campsite

In a foster care placement or group home

DO NOT WRITE BELOW

EMERGENCY CARD CSIR DATE CUM REQUESTED: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

Verifications: By _____ Immunization: By _____ Date: _____
Date _____ Conditional Unconditional

Birth Certificate Passport
 Baptismal Transfer

Address

Refugee Alien ID/I-94: _____ Inter-District Transfer Date: _____

Distribution: District Office, Food Service, Nurse, Data

For Preschool Programs only: State Preschool ECE Preschool Migrant Education Date Exited: _____