

WESTERN SIERRA CHARTER SCHOOLS
MOUNTAIN HOME SCHOOL CHARTER
STUDENT REGISTRATION FORM

ED: _____
TCH: _____
ATT: _____ LIB _____
REC REQ _____

The following information is required before registration can be completed:

- _____ Proof of Residence (Utility bill copy showing address section)
- _____ Birth Certificate
- _____ Current, Complete Immunization Record (Card/Dr. Form) Immunizations required: 5 DTP; 4 Polio; 3 Hepatitis B; 2 MMR; 1 Varicella (or had Chicken Pox); or signed waiver
- _____ TB skin test within 90 days of enrollment or signed waiver
- _____ For Kindergarten only (or 1st grade if Kindergarten not attended): Physical Exam and Oral Assessment record (or signed waiver)

Student's Legal Name: _____ Grade: _____

Legal Last Name
Legal First Name
Legal Middle Name

AKA/Nickname: _____ Male _____ Female _____ Age _____

Birth date: ____/____/____ Birth Place: _____ U.S. Citizen: Yes No
City State

Social Security #: _____ Home Phone: () _____ Cell: () _____

Parent Email: _____

Mailing Address: _____
Street # / P.O. Box City State Zip

Residence Address: _____
Street # City State Zip

School District of Residence: _____ County of Residence: _____

Father's Name: _____ Stepfather's Name: _____

Mother's Name: _____ Stepmother's Name: _____

Guardian(s): _____ (Please attach a copy of the court order)

Student lives with: () Mother () Father () Stepmother () Stepfather () Guardian

Has this student previously enrolled in this school? ____ Yes ____ No

Date first attended school in the U.S. _____ Date first attended school in California _____

Name/City of school last attended: _____

List all children living in the home now:

Name:	Age	Current School

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Pre-enrollment Information:

Are there psychological or confidential reports available from your child's former school? Yes No
Has your child 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 Remedial Math Remedial Reading Counseling English Language Development
 Help to improve attendance / behavior? Other: (specify) _____

The following are California and /or Federal mandated surveys:

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. Please answer the following questions.

1. Which language did your child learn when she/he first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Has your child ever been give the CELDT Test (CA English Language Development Test) Yes No

PARENT EDUCATION LEVEL: (For the parent with the highest level of education.)

- | | |
|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Not a High School graduate | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High School graduate | <input type="checkbox"/> Graduate Degree or higher |
| <input type="checkbox"/> Some College or Associate's Degree | <input type="checkbox"/> Decline to state or unknown |

RESIDENCE: - where is your child/family currently residing? (Federally mandated by No Child Left Behind)

- | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="checkbox"/> Unsheltered(car/campsite) |
| <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> Other (please specify) _____ |

STUDENT ETHNICITY : Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)
 Not Hispanic or Latino

STUDENT RACE: The above question is about ethnicity, not race. Please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be. (You may check up to five racial categories)

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

Parent / Guardian Signature

Date