



LIBERTY UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Liberty HS Freedom HS Heritage HS La Paloma HS Independence HS Gateway

- PLEASE PRINT -

▶ **Has student attended a school within Liberty Union High School District before?** Yes No
If Yes, which school: _____ Date(s) attended: _____

STUDENT'S LEGAL NAME:

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male Female | Birth date: | | | | Nickname(s):
Month Day Year

PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES
Are you 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

First Name	Last Name	Home Phone	Work Phone	Cell Phone
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Email
Relationship: Father Mother Step-Father Step-Mother Guardian Authorized Caregiver# Other _____

First Name	Last Name	Home Phone	Work Phone	Cell Phone
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Email
Relationship: Father Mother Step-Father Step-Mother Guardian Authorized Caregiver# Other _____

Residence Address – House # & Street Name	Apt#	City	State	Zip
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Mailing Address (IF DIFFERENT) – PO Box or House # & Street Name	Apt #	City	State	Zip
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Current Living Situation (please check all boxes that apply)
In a single family permanent residence (house, apartment, condo, mobile home)
 Homeless-"doubling up" (living with another family)* Homeless-sheltered* Homeless-unsheltered*
 Homeless-hotel/motel* Unaccompanied Youth Foster Family Home Foster Group Home
**Temporarily living situation due to financial hardship*

Has the student ever received special education services? (if so, please check all the following boxes that apply):

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
Other: Gifted (GATE) Other (Specify) _____

Military (check if applicable): Active Duty Dept of Defense

Student Last Name: _____
First Name: _____
Permanent ID: _____

In accordance with California Department of Education and Federal guidelines, collection of the following information is required.

WHAT IS YOUR CHILD'S ETHNICITY? – Please check one:

- Hispanic or Latino
 (Persons 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? – Please check up to five racial categories:

The above part of the question 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 your race to be.

- | | | |
|--|---|--|
| <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"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| | <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"/> Guamanian (302) | |

BIRTHPLACE: City: _____ State: _____ Country: _____

PARENT EDUCATION –

Please check the response that describes the highest level of education obtained by any parent/guardian:

- 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 in the U.S.

Month	Day	Year
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Date your child first attended school in California

Month	Day	Year
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LAST SCHOOLS ATTENDED:

_____		_____ / _____
School Name	Grade Level(s)	Date Student Left
_____	_____	_____
Street	City	State Zip
_____		_____ / _____
School Name	Grade Level(s)	Date Student Left
_____	_____	_____
Street	City	State Zip

Has your child been suspended? Yes No **Has your child ever been expelled?** Yes No

Signature of Parent/Guardian: _____ Date: _____

Student Last Name:

First Name:

Permanent ID: