



LIBERTY UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

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

Student Last Name:

- 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)
<input type="checkbox"/> Male	<input type="checkbox"/> 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
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____				

First Name	Last Name	Home Phone	Work Phone	Cell Phone
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> 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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First Name:

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) Other (Specify) _____

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. Name the language most often spoken by the adults at home _____
5. Has your child ever been given the CELDT (Calif. English Language Development Test)? Yes No I don't know
6. Has your child received English Language Development Services? Yes No
7. In which language do you wish to receive communications from the school? English Spanish

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: _____

STUDENT'S CITIZENSHIP: U.S. Citizen Not a U.S. Citizen Exchange Student Non-Immigrant Other _____

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 _____

Date your child first attended school in California

Month _____ Day _____ Year _____

RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB) Please check appropriate box:

- | | |
|--|---|
| <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) _____ |

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: