



# Kneeland School District

## Pupil Registration Form

Pupil's Name \_\_\_\_\_  Male  Female  Non Binary  
Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
School District of Residence \_\_\_\_\_  
School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all the boxed that apply)  
Special education:  Resource (RSP)  Speech/language  504  IEP  
Other:  GATE  Remedial Math  Remedial Reading  Counseling  English Language Development

**FATHER:** Lives with student: YES / NO

Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_  
Education Level:  Grad School  College Grad  Some College  High School Grad  not a high school Grad

**MOTHER:** Lives with student: YES / NO

Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_  
Education Level:  Grad School  College Grad  Some College  High School Grad  not a high school Grad

**STEP-PARENT/GUARDIAN:** Lives with student: YES / NO

Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Parent or guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard on active duty or full-time National Guard duty.

**List siblings under age 18 and living at home:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

- In a single-family permanent residence (house, apartment, condo, mobile)  In a motel/hotel
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)  Unsheltered (car/campsite)
- In a shelter or transitional housing program  Other \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an accident and we cannot contact you, may the school take your child to the doctor? YES NO

Any special medical concerns/health problems/allergies and/or physical handicaps:

Does your child take any daily medications: YES NO Please specify: \_\_\_\_\_

Administer Non-Aspirin YES NO

In case of emergency or illness, please name a responsible adult to whom your child may be sent if you are not home. This should be someone who has a phone and is willing to come for your child.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

***Home Language Survey***

The CA Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

**Language Background**

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child use most frequently at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

What language is most often spoke by the adults at home? \_\_\_\_\_

If a language other than English is indicated above, please answer this question:

Has your child ever received formal instruction in English language? YES \_\_\_\_\_ NO \_\_\_\_\_

If your child was not born in the United States, please answer the following questions:

When did you arrive in the United States? Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you arrive in Humboldt County? Month: \_\_\_\_\_ Year: \_\_\_\_\_

***Federal Race and Ethnicity Survey***

**Part A. Is this student Hispanic or Latino?** \_\_\_\_\_ No, not Hispanic or Latino \_\_\_\_\_ Yes, Hispanic or Latino

*Part A is about ethnicity, no race. No matter what you selected above, please continue to answer Part B. by marking one or more spaces to indicate what you consider the students race to be.*

**Part B. What is your child's race? Check one or more.**

\_\_\_\_ 100 American Indian or Alaskan Native \_\_\_\_ 301 Hawaiian \_\_\_\_ 304 Tahitian \_\_\_\_ 202 Japanese

\_\_\_\_ 600 Black or African American \_\_\_\_ 302 Guamanian \_\_\_\_ 399 Other Pacific Islander \_\_\_\_ 203 Korean

\_\_\_\_ 700 White \_\_\_\_ 303 Samoan \_\_\_\_ 201 Chinese \_\_\_\_ 204 Vietnamese

\_\_\_\_ 205 Asian Indian \_\_\_\_ 206 Laotian \_\_\_\_ 207 Cambodian \_\_\_\_ 400 Filipino \_\_\_\_ 208 Hmong

\_\_\_\_ 299 other Asian

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_