

**LUCERNE ELEMENTARY SCHOOL DISTRICT**  
 3351 Country Club Drive, P.O. Box 1083, Lucerne, CA 95458  
 (707) 274-5578 ~ [www.lucerne.k12.ca.us](http://www.lucerne.k12.ca.us)

OFFICE USE ONLY

Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
 ID# \_\_\_\_\_ SSID # \_\_\_\_\_  
 Cum Req'd \_\_\_\_\_ Cum Rec'd \_\_\_\_\_

**REGISTRATION FORM**

DATE \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Last First Middle*

GENDER \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

CURRENT STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ PHONE \_\_\_\_\_

HAS STUDENT EVER BEEN EXPELLED? **YES / NO** HAS STUDENT EVER REPEATED A GRADE(S)? **YES / NO** (IF YES, WHICH GRADE?) \_\_\_\_\_

CHILD IS LIVING WITH: ( ) BOTH PARENTS ( ) FATHER ( ) STEPFATHER ( ) MOTHER ( ) STEPMOTHER ( ) GUARDIAN ( ) FOSTER

IS THERE A CURRENT RESTRAINING OR COURT ORDER THAT AFFECTS THIS STUDENT? **YES / NO**  
 (IF YES, PLEASE GIVE THE SCHOOL OFFICE A COPY OF LEGAL DOCUMENTS AFFECTING THIS STUDENT)

CIRCLE ONE →	FATHER / STEPFATHER / GUARDIAN / FOSTER	MOTHER / STEPMOTHER / GUARDIAN / FOSTER
NAME		
ADDRESS		
CITY/STATE/ZIP		
HOME PHONE	( )	( )
CELL PHONE	( )	( )
E-MAIL		
EMPLOYER		
WORK PHONE	( )	( )
PARENT EDUCATION LEVEL*	<input type="checkbox"/> NOT A HIGH SCHOOL GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE OR G.E.D <input type="checkbox"/> SOME COLLEGE, NO DEGREE RECEIVED <input type="checkbox"/> VOCATIONAL TRAINING SCHOOL <input type="checkbox"/> AA DEGREE - 2 YEAR COLLEGE DEGREE <input type="checkbox"/> COLLEGE DEGREE - 4 YEAR COLLEGE OR UNIVERSITY <input type="checkbox"/> GRADUATE SCHOOL/POST GRADUATE TRAINING <input type="checkbox"/> DECLINED TO STATE OR UNKNOWN	<input type="checkbox"/> NOT A HIGH SCHOOL GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE OR G.E.D <input type="checkbox"/> SOME COLLEGE, NO DEGREE RECEIVED <input type="checkbox"/> VOCATIONAL TRAINING SCHOOL <input type="checkbox"/> AA DEGREE - 2 YEAR COLLEGE DEGREE <input type="checkbox"/> COLLEGE DEGREE - 4 YEAR COLLEGE OR UNIVERSITY <input type="checkbox"/> GRADUATE SCHOOL/POST GRADUATE TRAINING <input type="checkbox"/> DECLINED TO STATE OR UNKNOWN

\*REQUIRED BY CDE

LIST THE NAME(S) OF ANYONE OTHER THAN PARENT WHO **HAS PERMISSION** TO PICK UP YOUR CHILD IN CASE OF EMERGENCY:

FULL NAME	RELATIONSHIP TO STUDENT	CONTACT PHONE#

LIST THE NAME(S) OF ANYONE YOU **DO NOT** GIVE PERMISSION TO PICK UP OR HAVE CONTACT WITH YOUR CHILD:

FULL NAME	RELATIONSHIP TO STUDENT

Over →

LIST THE NAMES OF OTHER CHILDREN LIVING AT HOME:

FULL NAME	RELATIONSHIP TO STUDENT	BIRTHDATE	GRADE IN SCHOOL

**ETHNIC/RACIAL DATA (FEDERAL DATA REPORTING REQUIREMENT)**

**PART 1: IS THIS STUDENT HISPANIC OR LATINO?**

<input type="checkbox"/> NO, NOT HISPANIC OR LATINO	<input type="checkbox"/> YES, HISPANIC OR LATINO
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**PART 2: WHAT IS THE RACE OF THIS STUDENT? (SELECT ONE OR MORE)**

<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN	<input type="checkbox"/> TAHITIAN	<input type="checkbox"/> FILIPINO
<input type="checkbox"/> BLACK, AFRICAN AMERICAN	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> KOREAN
<input type="checkbox"/> WHITE	<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> JAPANESE
<input type="checkbox"/> HAWAIIAN	<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> GUAMANIAN	<input type="checkbox"/> CAMBODIAN	<input type="checkbox"/> HMONG
<input type="checkbox"/> SAMOAN	<input type="checkbox"/> CHINESE	<input type="checkbox"/> OTHER ASIAN

**HOME LANGUAGE SURVEY (CALIFORNIA EDUCATION CODE REQUIREMENT)**

WHICH LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE FIRST BEGAN TO TALK?	
WHAT LANGUAGE DOES YOUR CHILD MOST FREQUENTLY USE AT HOME?	
WHAT LANGUAGE DO YOU USE MOST FREQUENTLY TO SPEAK TO YOUR CHILD?	
NAME THE LANGUAGE MOST OFTEN SPOKEN BY THE ADULTS AT HOME.	

**MY CHILD RECEIVES THE FOLLOWING SPECIAL SERVICES (CHECK ALL THAT APPLY)**

<input type="checkbox"/> SPECIAL DAY CLASS	<input type="checkbox"/> GIFTED & TALENTED (GATE)	<input type="checkbox"/> SPEECH & LANGUAGE
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> RESOURCE SPECIALISTS (RSP)	<input type="checkbox"/> ENGLISH LEARNER

**MEDICAL INFORMATION (CHECK ALL THAT APPLY)**

<input type="checkbox"/> SPEECH IMPAIRED	<input type="checkbox"/> DIET RESTRICTIONS	<input type="checkbox"/> MEDICATIONS REQUIRED
<input type="checkbox"/> VISION IMPAIRED	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> PHYSICAL RESTRICTIONS
<input type="checkbox"/> HEARING IMPAIRED	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER

FOR MEDICAL INFORMATION CHECKED ABOVE, PLEASE GIVE A BRIEF EXPLANATION \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

I, \_\_\_\_\_, THE UNDERSIGNED PARENT OR GUARDIAN OF \_\_\_\_\_

DO HEREBY AUTHORIZE THE LUCERNE ELEMENTARY SCHOOL DISTRICT OR ITS AUTHORIZED AGENT TO RETAIN THE SERVICES OF MY FAMILY PHYSICIAN, OR IF HE/SHE IS NOT AVAILABLE, ANY LICENSED PHYSICIAN, IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS INVOLVING THE ABOVE NAMED CHILD. THIS AUTHORIZATION IS GIVEN WITHOUT RESERVATION. FOR THOSE STUDENTS COVERED BY MEDI-CAL; I HEREBY AUTHORIZE THE LUCERNE ELEMENTARY SCHOOL DISTRICT OR ITS AUTHORIZED AGENT TO BILL MEDI-CAL FOR MEDICAL SERVICES PROVIDED TO THOSE STUDENTS WHO RECEIVE MEDI-CAL BENEFITS.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> SHOT RECORDS <input type="checkbox"/> ENTERED
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