**LUCERNE ELEMENTARY SCHOOL DISTRICT**
3351 Country Club Drive, P.O. Box 1083, Lucerne, CA 95458
(707) 274-5578 ~ 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 SSN#

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*<br><br>*REQUIRED BY CDE | ☐ NOT A HIGH SCHOOL GRADUATE<br>☐ HIGH SCHOOL GRADUATE OR G.E.D<br>☐ SOME COLLEGE, NO DEGREE RECEIVED<br>☐ VOCATIONAL TRAINING SCHOOL<br>☐ AA DEGREE - 2 YEAR COLLEGE DEGREE<br>☐ COLLEGE DEGREE – 4 YEAR COLLEGE OR UNIVERSITY<br>☐ GRADUATE SCHOOL/POST GRADUATE TRAINING<br>☐ DECLINED TO STATE OR UNKNOWN | ☐ NOT A HIGH SCHOOL GRADUATE<br>☐ HIGH SCHOOL GRADUATE OR G.E.D<br>☐ SOME COLLEGE, NO DEGREE RECEIVED<br>☐ VOCATIONAL TRAINING SCHOOL<br>☐ AA DEGREE - 2 YEAR COLLEGE DEGREE<br>☐ COLLEGE DEGREE – 4 YEAR COLLEGE OR UNIVERSITY<br>☐ GRADUATE SCHOOL/POST GRADUATE TRAINING<br>☐ DECLINED TO STATE OR UNKNOWN |

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** |
|---|---|
| | |
| | |
| | |
| | |

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?**

| | |
|---|---|
| ☐ NO, NOT HISPANIC OR LATINO | ☐ YES, HISPANIC OR LATINO |

**PART 2: WHAT IS THE RACE OF THIS STUDENT? (SELECT ONE OR MORE)**

| | | |
|---|---|---|
| ☐ AMERICAN INDIAN OR ALASKAN | ☐ TAHITIAN | ☐ FILIPINO |
| ☐ BLACK, AFRICAN AMERICAN | ☐ OTHER PACIFIC ISLANDER | ☐ KOREAN |
| ☐ WHITE | ☐ ASIAN INDIAN | ☐ JAPANESE |
| ☐ HAWAIIN | ☐ LAOTIAN | ☐ VIETNAMESE |
| ☐ GUAMANIAN | ☐ CAMBODIAN | ☐ HMONG |
| ☐ SAMOAN | ☐ CHINESE | ☐ OTHER ASIAN |

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

| | |
|---|---|
| WHICH LANGUAGE DID YOU 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)

| | | |
|---|---|---|
| ☐ SPECIAL DAY CLASS | ☐ GIFTED & TALENTED (GATE) | ☐ SPEECH & LANGUAGE |
| ☐ 504 PLAN | ☐ RESOURCE SPECIALISTS (RSP) | ☐ ENGLISH LEARNER |

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

| | | |
|---|---|---|
| ☐ SPEECH IMPAIRED | ☐ DIET RESTRICTIONS | ☐ MEDICATIONS REQUIRED |
| ☐ VISION IMPAIRED | ☐ ALLERGIES | ☐ PHYSICAL RESTRICTIONS |
| ☐ HEARING IMPAIRED | ☐ DIABETES | ☐ 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 ELEMENTRAY 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 INVLOVING 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.

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SIGNATURE OF PARENT/GUARDIAN DATE

| |
|---|
| ☐ BIRTH CERTIFICATE |
| ☐ SHOT RECORDS |
| ☐ ENTERED |