

LAKESIDE UNION SCHOOL DISTRICT REGISTRATION *SCHOOL NAME:*

<i>FOR OFFICE USE ONLY:</i> TEACHER				<i>FOR OFFICE USE ONLY:</i> PERM ID #		<i>FOR OFFICE USE ONLY:</i> SSID#		<i>FOR OFFICE USE ONLY:</i> DATE ENROLLED:				
STUDENT LAST NAME:				FIRST NAME:			MIDDLE NAME:		GRADE:			
GENDER: <i>Check-X</i>		MALE	FEMALE	SOCIAL SECURITY#		LANGUAGE SPOKEN AT HOME		PARENT E-MAIL				
BIRTHDATE: <i>MO/DAY/YR</i>			BIRTH CITY		BIRTH STATE		BIRTH COUNTRY		BIRTH VERIFICATION			
Is student Hispanic/ Latino? <i>Check -X</i>		YES	NO	NICK NAME/ALIAS (AKA)		Secondary Race <i>CHECK/CIRCLE ONE</i>						
STREET ADDRESS:				20-AMERICAN INDIAN OR ALASKA NATIVE		46 ASIAN- KOREAN	47 ASIAN- LAOTIAN	40 ASIAN- OTHER	63 PACIFIC ISLANDER- SAMOAN			
				44 FILIPINO		43 ASIAN CHINESE		48 ASIAN- VIETNAMESE	42 ASIAN- CAMBODIAN	62 PACIFIC ISLANDER- HAWAIIAN		
				30 BLACK		45 ASIAN- JAPANESE		41 ASIAN- INDIAN	49 ASIAN- HMONG	64 PACIFIC ISLANDER- TAHITIAN		
				10 WHITE		61 PACIFIC ISLANDER-GUAMANIAN				60 PACIFIC ISLANDER- OTHER		
CITY		STATE		ZIP		Student Residential Status (Check /Circle One): Parent/Legal Guardian Foster Family Home Foster Group Home Homelessness-(living with someone due to financial hardship) Homelessness-hotel/motel Homelessness- sheltered Homelessness-unsheltered Residential Facility Hospital (not state hospital) Other						
MAILING ADDRESS-IF DIFFERENT FROM ABOVE						SCHOOL STUDENT LAST ATTENDED:						
PRIMARY PHONE NUMBER:						ADDRESS:			GRADE LEVEL			
SECONDARY PHONE NUMBER:						CITY		STATE/ZIP		PHONE NUMBER		
HAS YOUR CHILD EVER BEEN ENROLLED IN THIS DISTRICT? Y N												
WAS STUDENT IN A SPECIAL EDUCATION PROGRAM IN PREVIOUS SCHOOL? Y N				DOES STUDENT HAVE AN ACTIVE IEP? Y N		HEALTH ISSUES						
FATHER'S LAST NAME:			FIRST NAME:		EMPLOYER:		WORK PHONE:		STUDENT LIVES WITH THIS PARENT YES NO PART-TIME			
MOTHER'S LAST NAME:			FIRST NAME:		EMPLOYER:				STUDENT LIVES WITH THIS PARENT YES NO PART-TIME			
PARENT WITH THE HIGHEST LEVEL OF EDUCATION: <i>REQUIRED IN ACCORDANCE WITH CALIFORNIA STATE LAW PLACE AN X IN THE HIGHEST LEVEL COMPLETED</i>				<u>DID NOT COMPLETE HIGH SCHOOL</u>		<u>HIGH SCHOOL GRADUATE</u>		<u>SOME COLLEGE</u>		<u>COLLEGE GRADUATE</u>		<u>POST GRADUATE</u>
LIST CHILDREN IN FAMILY UNDER AGE 18		NAME		AGE	NAME		AGE	NAME		AGE		
EMERGENCY CONTACT:		NAME			HOME PHONE			CELL PHONE				
PARENT/GUARDIAN SIGNATURE								TODAY'S DATE				