

# LAKESIDE UNION SCHOOL DISTRICT

## REGISTRATION FORM

The first line is for office staff only:

SCHOOL:	DATE ENROLLED:	PERM ID:	SSID:
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### Student Information

STUDENTS LAST NAME:	FIRST NAME:	MIDDLE NAME:	
AKA STUDENT NAME:	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	BIRTH DATE:	GRADE:
BIRTH CITY:	BIRTH STATE:	BIRTH COUNTRY:	
HAS YOUR CHILD EVER BEEN ENROLLED IN THIS DISTRICT: Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, WHERE WAS THEIR LAST ENROLLMENT:	
DOES YOUR CHILD HAVE AN ACTIVE IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>		WAS YOUR CHILD IN A SPECIAL EDUCATION PROGRAM IN A PREVIOUS SCHOOL: Yes <input type="checkbox"/> No <input type="checkbox"/>	
STUDENTS RESIDENTIAL STAUS (Check One): Parent/Legal Guardian: <input type="checkbox"/> Foster Family Home: <input type="checkbox"/> Foster Group home: <input type="checkbox"/> Homeless (living with someone due to financial hardship): <input type="checkbox"/> Homeless (hotel/motel): <input type="checkbox"/> Homeless (sheltered): <input type="checkbox"/> Homeless (unsheltered): <input type="checkbox"/> Hospital (not state hospital): <input type="checkbox"/> Other: <input type="checkbox"/>			
SCHOOL STUDENT LAST ATTENDED:	GRADE:	PHONE #:	

### Parent/Guardian Information

PARENT NAME: <i>(first &amp; last)</i>	PARENT EMAIL:			
PRIMARY PHONE #:	SECONDARY PHONE #:	STUDENT LIVES WITH THIS PARENT: Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/>		
PARENT ADDRESS:	CITY:	STATE:	ZIP:	
PARENT NAME: <i>(first &amp; last)</i>	PARENT EMAIL:			
PRIMARY PHONE #:	SECONDARY PHONE #:	STUDENT LIVES WITH THIS PARENT: Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/>		
PARENT ADDRESS (if different):	CITY:	STATE:	ZIP:	
PARENT WITH THE HIGHEST LEVEL OF EDUCATION (required in accordance with the California state law) PLACE AN X IN THE HIGHEST LEVEL COMPLETES:				
Did Not Complete High School: <input type="checkbox"/>	High School Graduate: <input type="checkbox"/>	Some College: <input type="checkbox"/>	College Graduate: <input type="checkbox"/>	Post Graduate: <input type="checkbox"/>
PARENT/GUARDIAN SIGNATURE:			DATE:	