

CAMPTONVILLE UNION ELEMENTARY SCHOOL DISTRICT

P.O. Box 278 Camptonville, CA 95922 ♦ Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

STUDENT REGISTRATION - 2020-2021

LEGAL NAME OF STUDENT: _____ Sex: M F Grade: _____
Last *First* *Middle*

Date of Birth: ____/____/____ Place of Birth: _____ Proof of Birth: _____

Residence Address: _____

Mailing Address: _____ Phone: _____

Social Security #: _____ - _____ - _____ (This information is optional.)

Ethnic Code: (check one) White (not of Hispanic origin) Hispanic/Latino Asian/Asian American
 Black/African American Pacific Islander Native American Other _____

Please check all services/programs student is currently enrolled in:

Special Day Class (SDC) Resource Program (RSP) Speech Program Title I Gifted & Talented (GATE)

STUDENT LIVES WITH:

NOTE: If student lives with a non-legal guardian, then a caregivers affidavit must be filled out by the relative with whom the student lives. If the guardian is not a relative, a notarized letter from the legal guardian must be on file with the school office:

Name: _____ Relationship: _____ Phone: _____

Employer: _____ Work Phone: _____

Name: _____ Relationship: _____ Phone: _____

Employer: _____ Work Phone: _____

If special circumstances exist, please fill in information below.

* Legal restrictions are:

***A current signed court order must be provided.**

IN CASE OF AN EMERGENCY, we will first attempt to notify parents/guardians. If you cannot be reached, please give the names of persons who will assume temporary responsibility for your student: (Someone in the area. Student will be only released to persons indicated below.)

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In case of emergency, and in the event none of the above can be reached, do you give permission for school authorities to obtain medical aid or ambulance service at your expense? Yes [] No []

If not, what do you want school authorities to do? _____

Doctor: _____ Address: _____ Ph. _____

Dentist: _____ Address: _____ Ph. _____

OTHER CHILDREN IN FAMILY:

Given Name	Sex	Birth Date	Living at Home?	Adults other than parents living in home and relationship to student.

LAST SCHOOL ATTENDED:

_____ Mailing Address:

 City/Town: _____ State: _____ Zip Code: _____

Has student ever been expelled? [] Yes [] No

Has student ever been suspended? [] Yes [] No

HOME LANGUAGE SURVEY:

The California 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 instruction for all students. Please answer the questions below:

Which language did your student learn when he/she first began to talk? _____

Which language does your student use most frequently at home? _____

Which language do you (the parents or guardians) most frequently speak to your student? _____

Which language is spoken most often by the adults at home? _____

If a language other than English is indicated on any line above, does your child:

Understand this language? [] Yes [] No

Speak this language? [] Yes [] No

Read this language? [] Yes [] No

Write this language? [] Yes [] No

How many years of instruction has your child had in a language other than English? _____

HOMELESS STATUS: (If applicable):

(The term "homeless student" means students who lack a fixed, regular, and adequate nighttime residence.) Completion of this information is optional. If you have any questions, or are not comfortable completing this section but would like information about services available, contact the school at 288-3277.)

[] Student is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.

[] Student is living in motel, hotel, trailer park, shelter, or awaiting foster care placement.

- Student has primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Student is living in car, park, public space, abandoned building, substandard housing, or similar settings.

Parent/Guardian Education Level: (education level of most educated parent):

- | | | |
|---|---|--|
| <input type="checkbox"/> Graduate School/Post Graduate Training | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Some College |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Not High School Graduate | <input type="checkbox"/> Declined to State |

COMPUTER USAGE AGREEMENT: Access to the Internet is available to students at Camptonville School. Parents and students are required to read, understand, and sign the Computer Usage Agreement before students may use any computer on campus. Violation of the terms/conditions of this agreement will result in termination of the privilege.

RESIDENCY VERIFICATION: I declare under the penalty of perjury under the laws of the State of California that the residency address is the correct residence for my student.

I give permission for my child to take walking tours locally with his/her teacher. Yes No

Is there any other pertinent information you feel the school should be made aware of? No Yes (If yes, please explain:)

Military Status: Parent or legal guardian is an active duty member of the Armed Forces. Yes No

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EMAIL ADDRESS: _____

