



SOUTH BAY UNION SCHOOL DISTRICT

6077 LOMA AVENUE • EUREKA, CA 95503
707.476.8549 FAX: 707.476.8968

PINE HILL SCHOOL
5230 Vance Avenue, Eureka, CA 95503
707.443.4596 • Fax 707.443.1312
www.pinehillschool.org

SOUTH BAY SCHOOL
6077 Loma Avenue, Eureka, CA 95503
707.443.4828 • Fax 707.444.3690
www.southbayschool.org

STUDENT REGISTRATION FORM

NAME OF SCHOOL: _____

Teacher: _____

Student's LEGAL Name: _____
(from birth certificate) Last Name First Name Middle Name

Date of Birth: _____
Mo/Day/Year

Male
 Female

_____] _____] () ()
Last Name Father Step Father Guardian First Name Home Phone Cell/Work Phone

Mailing Address City State ZIP

Residence Address (IF DIFFERENT) City State ZIP

E-mail Address

_____] _____] () ()
Last Name Mother Step Mother Guardian First Name Home Phone Cell/Work Phone

Mailing Address City State ZIP

Residence Address (IF DIFFERENT) City State ZIP

E-mail Address

PARENTS' EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s).

Father

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/post graduate training

Mother

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/post graduate training

DUPLICATE MAILING — If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address and phone number.

_____] _____] () ()
Last Name/Relationship to Student First Name Home Phone Cell/Work Phone

Mailing Address City State ZIP

Residence Address (IF DIFFERENT) City State ZIP

Student Birthplace: _____ City/State/Country If not born in the U.S. what month/year did your child enter U.S.? ____ / ____
Mo./Year

What month and year did your child first enroll in a U.S. School? ____ / ____ In a California School? ____ / ____

Last School Attended: _____ Last Date of Attendance: _____
Name of School City/State Phone

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes, name of school: _____ Location: _____ Date Expelled: _____

SPECIAL SERVICES: What special services has your child received? *(Please check all boxes that apply)*

- Special Education:** Resources (RSP) Special Day Class Speech/Language 504 Accommodation Plan
- Other:** Gifted (GATE) Remedial Math Remedial Reading Counseling
- English Lang Dev. Medical Health Plan

MEDICAL INFORMATION — Are there medical issues that the school should be aware of? Yes No

If yes, please describe: _____

Medication taken at home? Yes No If yes, please describe: _____

Medication taken at school? Yes No If yes, please submit the Medication Form signed by doctor at time of registration.

Allergies the school should be aware of? Yes No If yes, please describe: _____

HOME LANGUAGE SURVEY

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

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by adults at home: _____

Must answer both questions

ETHNICITY: *Mark the ethnicity with which the student most closely identifies. Please check one:*

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Non Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? *(Please check up to five racial categories)* The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<i>(Person having origins in any of the original peoples of North and South America (including Central America)</i> | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
| | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) | |
| | <input type="checkbox"/> Hmong (208) | | |
| | <input type="checkbox"/> Other Asian (299) | | |

OTHER CHILDREN IN THE FAMILY

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____