

GRADE

**CORCORAN UNIFIED SCHOOLS STUDENT REGISTRATION**

Student Last Name:

First Name:

Permanent ID:

► Has your student ever attended CORCORAN public schools before?  Yes  No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Other Cell #'s	Other Phone #'s
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Mailing Address	City / State / Zip	Email Address
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Residence Address (house # & street name) (IF DIFFERENT)	City / State / Zip	Email Address
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**WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not 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)<br><small>(Persons having origins in any of the original people of North, Central or South America )</small> | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)   |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)   |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)   |
| <input type="checkbox"/> Korean (203)  | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Vietnamese (204)  | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Asian Indian (205)  | <input type="checkbox"/> Guamanian (302)   |   |
|  | <input type="checkbox"/> Samoan (303)      |   |

Is a parent or guardian an active member of the Armed Forces or full-time National Guard duty?  Yes  No

**Residence – where is your child/family currently living? (federally mandated by ESSA) – Please check appropriate box:**

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel (09)
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)	<input type="checkbox"/> Unsheltered (car/campsite) (12)
<input type="checkbox"/> In a shelter or transitional housing program (10)	<input type="checkbox"/> Other (15) (please specify) _____

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_

Is the above (checked) person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)
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Student Last Name:

**In case my child is ill or there is an emergency and I cannot be reached, you may call or release my child to:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Does your child have a diagnosed history of : (check all that apply)**

- Asthma     Convulsions     Speech Problems     Allergies List:  
 Diabetes     Heart Problems     Hearing Problems     Vision Problems : Glasses \_\_\_\_\_ Contact Lens \_\_\_\_\_  
 A shunt     Kidney/bladder Problems     Attention Deficit (ADD/ADHD)  
 Surgeries / Operations    Please List: \_\_\_\_\_

Your Child's Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_ Group# \_\_\_\_\_ Policy# \_\_\_\_\_

I give permission to have my Health Insurance billed for reimbursable health services:     Yes     No

Does your Child take Medications regularly?     Yes     No    If yes, please explain: \_\_\_\_\_

**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:

Full Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Please list all children in your household, school attending and grade**

NAME	M/F	BIRTH DATE	GRADE	NAME	M/F	BIRTH DATE	GRADE

Are there psychological or confidential reports available from your child's former school?     Yes     No

Has your child been suspended?     Yes     No    Has your child ever been expelled?     Yes     No

What special services has your child received? **(please check all boxes that apply)**

**Special Education:**     Resource (RSP)     Special Day Class (SDC)     Speech/Language     504

**Other:**     Gifted (GATE)     Remedial Math     Remedial Reading     Counseling     English Language Development

Help to Improve Attendance/ Behavior     Other (Specify) \_\_\_\_\_

**PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent**.

- Graduate Degree or Higher (10)     Some College or Associate's Degree (12)     High School Graduate (13)  
 College Graduate (11)     Not a High School Graduate (14)

**INTERNET PERMISSION**

I/We have read and signed the Internet Use Agreement. I understand that this access is designed for educational purposes. I hereby give permission to issue an internet/network account for my child. Yes  No

**MEDIA PERMISSION**

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes  No

**EMERGENCY MEDICAL AUTHORIZATION**

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative for the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental hospital or surgical care to the above named student.

**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.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

First Name:

Permanent ID:

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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