

TODAY'S DATE

2020-2021

GRADE

NEW DESIGNS CHARTER SCHOOL - STUDENT PRE-REGISTRATION

Student Last Name:

▶ Has your student ever attended NEW DESIGNS CHARTER SCHOOL before?  Yes  No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name      Legal Middle Name      Legal Last Name      Other Legal Name (if applicable)

Male     Female    Birth date:    Month    Day    Year

Parent/Guardian First Name      Last Name      Home Phone      Work Phone

Parent/Guardian First Name      Last Name      Home Phone      Work Phone

Mailing Address      Apt#    City      State    Zip

Residence Address (house # & street name) (IF DIFFERENT)      Apt #    City      State    Zip

(P.O Box or house # & street name)

First Name:

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.

- American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America )
 Chinese (201)
 Japanese (202)
 Korean (203)
 Vietnamese (204)
 Asian Indian (205)
 Laotian (206)
 Cambodian (207)
 Hmong (208)
 Other Asian (299)
 Hawaiian (301)
 Guamanian (302)
 Samoan (303)
 Tahitian (304)
 Other Pacific Islander (399)
 Filipino/Filipino American (400)
 African American or Black (600)
 White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Date:

PARENT EDUCATION – Check the response that describes the education level of the most educated parent. (Must choose one)

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

Date Student first attended school in the U.S.

Month      Day      Year

Date Student first attended school in California

Month      Day      Year

STUDENT BIRTHPLACE:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Is the Student a U.S. Citizen?  Yes  No

In which language do you wish to receive written communications from the school?  English  Spanish

Student Last Name:

**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

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # ( \_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_ (jdoe@xxxx.com) Cell phone # ( \_\_\_\_ ) \_\_\_\_\_  
2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # ( \_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_ (jdoe@xxxx.com) Cell phone # ( \_\_\_\_ ) \_\_\_\_\_

**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: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED (MUST BE COMPLETED):**

School	Address/City/State/Zip	Grade(s)	Date(s)

New Designs Charter Schools is requesting this information for evaluation and planning of services for the student only and not as an admission criteria.

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) \_\_\_\_\_

**For High School Students only:**

If you are a returning High School student, please check the pathway that you were a part of:

Medical Science  Law & Diplomacy  Information Technology  Finance

All new incoming students check the pathway you would like to be a part of for the 2015-2016 school year:

Medical Science  Law & Diplomacy  Information Technology  Finance

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

First Name:

Permanent ID:

**FOR OFFICE USE ONLY**

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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