



Registration Form

Grade:

School Year:

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name:	Legal First Name:	Full Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
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2. Language

Primary language used in the home regardless of the language spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Language most often spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Language that the student first acquired? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	3. Date of Birth			4. Country of Birth	
	MM	DD	YYYY	<input type="checkbox"/> United States <input type="checkbox"/> Other _____	
				US Only - State of Birth:	

5. Race and Ethnicity (Check all that apply)

Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	6. Student's PRIMARY racial/ethnic identity (choose only one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino		
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7. Home Address

Residential Address:	City:	State:	Zip:	Mailing Address (if different):	City:	State:	Zip:
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8. Parents / Guardians - Must be Legal Guardians -Emergency Contacts listed below

Parent/Guardian Lives With Student Lives With	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?			
	Last Name:		First Name:		Home Phone:	Cell Phone:	Work Phone:
	Email:				Employer:		
Other Parent/Guardian	<input type="checkbox"/> Also Lives With Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?			
	Last Name:		First Name:		Home Phone:	Cell Phone:	Work Phone:
	Address:	City:	State:	Zip:	Email:	Employer:	

9. Siblings

Name (last name, first name)	Date of Birth	School (if attending)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Information (check all that apply)

Active Military Dependent Foster/DCS Refugee Status Migrant (Agricultural or Forestry Industry Dependent) Teen Parent Chronic Illness

11. Emergency Contacts-Persons who will care for/pick up student if parent cannot be reached. (must be over 18 and show photo ID)

Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language

12. Enrollment History

Last School Attended: _____ City: _____ State: _____	Has this student ever attended a TUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> TUSD <input type="checkbox"/> Non-TUSD Public/Charter <input type="checkbox"/> Private <input type="checkbox"/> Other _____	If yes, which school? _____

Classes, Accommodations or Services (check all that apply past or present)

English Language Development GATE/Gifted/Accelerated Program 504 Plan-Provide copy Special Education Current IEP-Provide copy
 Resource Self-Contained Speech Therapy Occupational/Physical Therapy Other



Office Use Only	Perm ID # _____ SAIS/EdFi ID _____ Neighborhood School Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Enrolled: _____ Entry Code: _____
	Synergy Entry Date: _____ Entered by: _____ Birthdate Verified by: _____ <input type="checkbox"/> Birth Cert <input type="checkbox"/> Baptism Cert <input type="checkbox"/> Other _____
	<input type="checkbox"/> Cohort verified by: _____ Special Classes & Accommodations (Box 13) notified by: 504 _____ GATE _____ ELL _____ ExEd _____
	<input type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunizations <input type="checkbox"/> Health Card <input type="checkbox"/> PHLOTE <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> CUM File Reviewed

Parent / Guardian Signature

Date

