

Loomis Basin Charter School

5438 Laird Road, Loomis, CA 95650 (916) 652-2642

For Office Use Only

Date

Time

Initial

STUDENT REGISTRATION FORM

Child's LEGAL Name: _____ M F Grade: _____

DOB: _____ Age: _____ Child's Preferred Name (ALIAS) if different from legal name: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Primary Email: _____

Primary Parent/Guardian Information:

Please complete the following contact information for the two primary parent/guardian's of the child. Any additional contacts can be provided on the backside of this page for other relatives/relationships to the child.

Parent/Guardian Name: _____	Relation to Child: _____	Cell/Phone #: _____
Work #: _____	Occupation: _____	Email: _____
Education Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate/Post Grade Training		
Resident Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other (provide to the right) _____	Street Address _____	City, State _____ Zip _____
Mailing Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other (provide to the right) _____	Street Address _____	City, State _____ Zip _____
Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual the legal guardian of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Name: _____	Relation to Child: _____	Cell/Phone #: _____
Work #: _____	Occupation: _____	Email: _____
Education Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate/Post Grade Training		
Resident Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other (provide to the right) _____	Street Address _____	City, State _____ Zip _____
Mailing Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other (provide to the right) _____	Street Address _____	City, State _____ Zip _____
Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual the legal guardian of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

By providing my e-mail address above, I agree to receive pertinent information generated from the school and district offices.

Is there a current legal agreement related to this student (i.e., custody agreement, restraining order)? If yes, please provide legal documents to the school office. Yes No

Federal Race and Ethnicity Data Collection – Please complete part A & B

A. Is this student Hispanic or Latino? (Select only one) No, not Hispanic or Latino Yes, Hispanic or Latino?

B. What is this student's race? (Select one or more) You must check at least one: If more than one please check all that apply.

White (700) Black or African American (600) American Indian or Alaskan Native (100)

Asian – Specify (see below)

Chinese (201) Laotian (206)
 Japanese (202) Cambodian (207)
 Korean (203) Filipino (400)
 Vietnamese (204) Hmong (208)
 Asian Indian (205) Other Asian (299)

Native Hawaiian or Other Pacific Islander (see below)

Hawaiian (301)
 Guamanian (302)
 Samoan (303)
 Tahitian (304)
 Other Pacific Islander

Home Language Survey

Directions to Parents and Guardians:

The California Education Code requires schools to determine the language(s) spoken in the home of each student. If the Home Language Survey indicates a language other than English on the first three questions, or if it is believed through observation that the student speaks a language other than English, the student will be assessed for their English language proficiency. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently use at home? _____
3. Which language do you use most frequently use to speak with your child? _____
4. Name the language(s) most often spoken by the adults at home? _____

Special Services

Is your child currently enrolled in special education class or receiving special support services? YES NO

If YES, check type of program (s): Resource (RSP) Special Day (SDC) 504 Plan Speech/Language
 Hearing Vision GATE Occupational Therapy English Learner Other: _____

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

Address: _____ Phone: _____

Email: _____

If I cannot be reached in an emergency (accident, illness), I hereby grant permission for my child to be released from school to the contact person(s) listed below:

- 1) _____ Phone _____ Relationship _____
- 2) _____ Phone _____ Relationship _____
- 3) _____ Phone _____ Relationship _____

Family Physician _____ Phone _____

OTHER CHILDREN IN FAMILY ATTENDING LUSD SCHOOLS:

Name	Birth Date	Name	Birthdate

Is your child currently under an Expulsion Order from another school district? YES NO If YES, what district: _____

Student's last school of attendance: _____

Complete Address of School: _____

What action is to be taken if a complication is due to an allergic or health condition? _____

In case of accident/emergency, *if parent or guardian cannot be reached*, I authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon.

YES NO

***I certify that the above information is correct and understand any incorrect information could compromise the enrollment of my student.**

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____