

Morgan Hill Unified School District New Student Registration Form for Grades TK-8 (Page 1)

Office Use Only: Student's Perm ID: _____ Date Enrolled: _____ School: _____

Student's Legal Name: _____
Last First Middle

Other Name Student Uses: _____ Nickname: _____ Registering for this Grade Level: _____ Male Female

Birthdate: _____ Birthplace _____
City State County

Last School Attended: _____
School Name Address City State Zip Code District

Residence Address: _____ Phone #: _____
Address and Street Name City State Zip Code Home or cell (circle one)

Location of Home: _____ between _____ and _____ Side of Street: North South
Street/Road Cross Street Cross Street East West

Mailing Address: _____ Student Email: _____
Street or P.O. Box City State Zip

Mother/Father Name: _____ Check here if student lives with this parent:
 Natural Address: _____
 Step Home Phone: _____ Cell Phone: _____ E-Mail: _____
 Foster Occupation: _____ Employer: _____ Work Phone: _____

Armed Forces (Full-Time Military Duty): No **If yes:** Army Navy Air Force Marine Corps Coast Guard

Mother/Father Name: _____ Check here if student lives with this parent:
 Natural Address: _____
 Step Home Phone: _____ Cell Phone: _____ E-Mail: _____
 Foster Occupation: _____ Employer: _____ Work Phone: _____

Armed Forces (Full-Time Military Duty): No **If yes:** Army Navy Air Force Marine Corps Coast Guard

Guardian or Name: _____ Check here if student lives with guardian:
Caregiver if Address: _____
Applicable Home Phone: _____ Cell Phone: _____ E-Mail: _____
 Occupation: _____ Employer: _____ Work Phone: _____

Case Worker (if Foster Child) Name: _____ **Court File Number:** _____ **Phone #:** _____

Ethnicity and Race

Is your student **Hispanic or Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 No, **not** Hispanic or Latino
 Yes, Hispanic or Latino

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer by marking one or more of the following to indicate what you consider the student's race to be.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America/Mexico and who maintains a tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southern Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. Mark all that apply:
 Chinese Korean Cambodian Japanese Hmong
 Asian Indian Filipino Vietnamese Loatian Other

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
 Hawaiian Tahitian Samoan Guamanian Other

Black or African American (A person having origins in any of the Black racial groups of Africa.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Language

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any questions unanswered. The language options are listed below.

1. Which language did your child learn when he/she first began to talk?

2. Which language does your child most frequently speak at home?

3. Which language do you (the parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)

I attest that all of the information on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ **Date:** _____

For Office Use Only

Verification of Birth	Immunizations &	Verification of Residence	Inter-District
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Transfer <input type="checkbox"/> Caregiver Affidavit <input type="checkbox"/> Other	TB <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt	<input type="checkbox"/> PG&E Utility Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Escrow Papers <input type="checkbox"/> Lease Document <input type="checkbox"/> Other Bill	Name of Resident District: _____ <input type="checkbox"/> Incoming Transfer Request Resident School: _____ Court Order: _____ (Please attach Documentation)

Date cum requested: _____ Date cum Received: _____ Date cum sent out to district: _____ Cum sent to: _____

Morgan Hill Unified School District New Student Registration Form for Grades TK-8 (Page 2)

Student's Perm ID (*Office use only*): _____ Student's Legal Name: _____

Last

First

Middle

Emergency Information

The following information is desired for the use in the event that your student becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. In cases of minor nature, first aid will be administered. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian.

Indicate the action you want the school to take if the injury is of a serious nature:

Student should be placed in care of personal physician/dentist? (as indicated on form) Yes No

If physician/practitioner/dentist cannot be reached immediately, what action should be taken? _____

Physician/Practitioner Name: _____ Phone #: _____

Address: _____ Hospital: _____

Insurance Company: _____ Policy Number: _____ Subscriber Name: _____

Dentist Name: _____ Phone #: _____

Address: _____ Hospital: _____

Insurance Company: _____ Policy Number: _____ Subscriber Name: _____

If you cannot be reached in the event of an emergency, please list two persons to whom your student may be released:

1. Name: _____ Relationship: _____ Address: _____ Phone: _____
2. Name: _____ Relationship: _____ Address: _____ Phone: _____

List any medical conditions your student has:	List any allergies your student has:	List any medication your student takes regularly:

Please sign below to indicate:

1. *That you have been notified of your rights as a parents or guardian. (Your signature does not indicate consent to participate in any particular program.)*
2. *That you authorize the school to obtain medical care for your student, as specified above, in an emergency.*

Signature of Parent/Guardian: _____ **Date:** _____

Academic Information

Grade your student will enter the Morgan Hill School District: _____ Grade your student first entered his/her last school, if any: _____

If your student was born outside of the United States, what is the date of entry into the United States? _____ (mm/dd/yy)

If your student was born outside of the United States, what is the date enrollment at a school in the United States _____ (mm/yy)

Has your student ever been retained? No Yes If yes, what grade(s) _____

Has your student ever been expelled? No Yes If yes, please attach official documentation

Check the level that describes the education of your student's most educated parent: Grad School/Post Grad Training
 College Graduate (BA or BS) Some College (AA or less) High School Graduate Not a High School Graduate Decline to State or Unknown

Is your student currently on a Section 504 plan? No Yes If yes, please attach a copy

<p>Is your student currently enrolled in a special education program? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check all that apply and attach a copy of your student's current IEP.) <input type="checkbox"/> Resource Specialist Program <input type="checkbox"/> Special Day Class <input type="checkbox"/> Designated Instructional Services (Speech, Adaptive PE, Etc.) <input type="checkbox"/> Other _____</p>	<p>Has your student been identified eligible as: <input type="checkbox"/> GATE <input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Other _____</p>
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List all brothers and sisters under the age of 18:

Name	Birth Date	School Attending

Note: Your student's placement in a particular school, classroom or grade level configuration is subject to change as dictated by enrollment patterns.

I attest that all of the information on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ **Date:** _____