

Gold Trail Union School District
KINDERGARTEN
STUDENT REGISTRATION FORM

Check One
_____ All Day
_____ Half Day

- OFFICE USE ONLY**
 Student No: _____
 Enrollment Date _____
 _____ Proof of Birth Date
 _____ Proof of Residence
 _____ Immunizations
 _____ Health Exam
 _____ Dental Exam
 _____ Records Requested

LEGAL NAME _____
Last First Middle

Entering Grade _____ **Birth Date** _____ **Gender M F**
mm/dd/yyyy Circle one

Birth Place _____
City / State / Country

Home Physical Address _____
Number & Street City State ZC

Home Mailing Address _____
Number & Street City State ZC

Parent/Guardian Email Address _____

Today's Date _____



Have you ever attended school in this district? Yes No If yes, school name _____

Last School Attended _____
Name of School Last Date Attended

Last School's Address _____
Number & Street City State Zip Code



Student Lives With Father Mother Step-father Step-mother Legal Guardian Other (check all that apply)

Name of Father /Guardian: _____ Phones: Home: _____ Cell: _____
(circle one)

Home Address _____ Work Phone (____) _____
Number & Street City State Zip Code

Employer _____ Occupation _____



Name of Mother /Guardian: _____ Phones: Home: _____ Cell: _____
(circle one)

Home Address _____ Work Phone (____) _____
Number & Street City State Zip Code

Employer _____ Occupation _____



Name of Step Father /Step Mother: _____ Phones: Home: _____ Cell: _____
(circle one)

Home Address _____ Work Phone (____) _____
Number & Street City State Zip Code

Employer _____ Occupation _____



Name(s) of sibling(s) currently attending this school:

ETHNICITY

Is the student Hispanic or Latino? Circle One Yes No

Please continue to answer the following by marking one or more boxes to indicate student member's race.

RACE

- American Indian or Alaskan
- Chinese
- Hmong
- Other Asian
- Vietnamese
- Asian Indian
- Filipino
- Japanese
- Other Pacific Islander
- White
- Black/African American
- Guamanian
- Korean
- Samoan
- Cambodian
- Hawaiian
- Laotian
- Tahitian



SPECIAL PROGRAMS

Was your son/daughter identified as a *Gifted and Talented (GATE)* student in a former school? Yes No

Did your child have a *504 Plan*? Yes No If yes, please specify:

Did your student receive *Special Education* services in a former school? Yes No
If yes please circle: RSP SDC CH ED Speech APE Other: _____



HOME LANGUAGE SURVEY The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.

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

If you were born in a country other than the United States, when did you first begin school in the US? _____ In Calif? _____
mm / yr mm / yr



Were you a refugee or immigrant to the United States within the last three years? Yes No

Do you or your spouse: **Live** on Federal property? Yes No **Work** on Federal property? Yes No

Currently serve as a member of the uniformed/military service? Yes No

RESIDENCE: Where is your child/family currently living? (Check one box only) This information will be used to determine if your child qualifies for any additional assistance under the Federal *No Child Left Behind Act*.

- In a single family residence: house, apartment, condominium or mobile home
- With more than 1 family in a house or apartment
- In a shelter or transitional housing program

- With friends or other family members
- In a motel, car or campsite
- In a group home
- In or awaiting foster care placement



PARENT EDUCATION LEVEL Determination Requirement

In 1997 the State of California established a new law requiring all public schools to administer the Standardized Testing and Reporting (STAR) program. Students in grades 3-8, 9, 10 and 11 are tested in reading, language arts, math, and/or science, and/or history/social science. Student STAR test performance scores are used to rank each public school on the California *Academic Performance Index (API)* scale. The API score for each California public school is ranked on a scale from 200 to 1000. A score of 800 or higher is considered to be “exemplary.”

Each school’s API score is also compared to the API scores of other California schools with similar demographic characteristics. These include the percentage of students in ethnic/racial groups, the percentage of students who are non-English speakers, student mobility, special education students, student attendance, teacher credentials, class size, the percentage of students who participate in the free/reduced lunch program, gender, and the average level of parent education.

Each public school is required to gather information on the highest level of education achieved by either of the parents or guardians of each student. This information is reported only in percentage groupings. All individually identifiable information is kept strictly confidential.

Please check the box that describes the highest level of education of either or both parents/guardians, then sign and date this form. Thank you.

Printed Name of Mother/Guardian

Please check one selection:

- 10. Grad Sch/Post Grad Training
(Earned a Master’s and/or Doctorate degree)
- 11. College Graduate
(Earned a BA or BS degree)
- 12. Some College
(Attended but did not earn BA degree)
- 13. High school graduate
- 14. Not a High School Graduate
- 15. N/A or Decline to state my level of education

Printed Name of Father/Guardian

Please check one selection:

- 10. Grad Sch/Post Grad Training
(Earned a Master’s and/or Doctorate degree)
- 11. College Graduate
(Earned a BA or BS degree)
- 12. Some College
(Attended but did not earn BA degree)
- 13. High school graduate
- 14. Not a High School Graduate
- 15. N/A or Decline to state my level of education

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

GOLD TRAIL UNION SCHOOL DISTRICT

DECLARATION OF RESIDENCY

I, _____, declare under the penalty of perjury under the laws
(name)

of the State of California that the residency information provided below is true and correct.

STUDENT NAME _____

HOME ADDRESS _____

HOME PHONE _____

SCHOOL _____

GRADE _____

WORK PHONE _____

This declaration is made and entered on the _____ day of _____ of _____
(day) (month) (year)

in _____, California
(location, city or county)

(Relationship to Student)

(Signature)

STUDENT HEALTH INVENTORY

Student Name	Birth Date	Grade
Address		Telephone

Family Member Names	Relationship	Birth Date	At Home?	Health Problems
	Father			
	Mother			

Others in Home	Relationship	Birth Date	Health Problems

Past Illnesses (Please check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Asthma*
<input type="checkbox"/> Inhaler Needed at School Form Required*
<input type="checkbox"/> Allergies (Describe Below)*
<input type="checkbox"/> Anemia/Blood Disorder*
<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Bone/Joint Problems*
<input type="checkbox"/> Cancer
<input type="checkbox"/> Cerebral Palsy*
<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Developmental Disorder
<input type="checkbox"/> Diabetes* | <input type="checkbox"/> Ear Problems/Hearing/
Frequent Earaches
<input type="checkbox"/> Eating/Appetite Problems
<input type="checkbox"/> Emotional Disturbances
<input type="checkbox"/> Epilepsy/Seizures/Fainting*
<input type="checkbox"/> Eye/Vision Problems
<input type="checkbox"/> Running Ears
<input type="checkbox"/> Headaches
<input type="checkbox"/> Heart Disease*
<input type="checkbox"/> Hernia(Ruptures)*
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hospitalizations (Describe Below)
<input type="checkbox"/> Kidney/Bladder Problems*
<input type="checkbox"/> Menstrual Difficulties | <input type="checkbox"/> Medications Needed at School Form Required*
<input type="checkbox"/> Measles
<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Speech/Language Difficulties
<input type="checkbox"/> Stomach/Digestive Difficulties*
<input type="checkbox"/> Strep Throat (Repeated)
<input type="checkbox"/> Tuberculosis*
<input type="checkbox"/> Whooping Cough |
|--|---|--|

*An additional Confidential Form and/or Medication Authorization Form may be completed, as well. Please contact the School Nurse at 530.626.2595 for more information.

Has the student ever had a positive skin test for Tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please note on the reverse side of any other serious illness, unusual birth or developmental history, operations (including Tonsillectomy), or injury, providing age when incurred and any permanent after effects. Additional information on the reverse? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician	Address	Telephone
Dentist	Address	Telephone
Glasses/Contacts? Yes No	If yes, date last pair obtained:	From whom?
Form Completed By	Relationship	Date

