

Registration Form

School: _____ **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:
2. Language						3. Date of Birth		4. Country of Birth		
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 _____						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)					6. Student's PRIMARY racial/ethnic identity (choose only one)					
Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander					<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					
7. Home Address										
Residential Address:		City:	State:	Zip:	Mailing Address (if different):			City:	State:	Zip:
8. Parents / Guardians - Must be Legal Guardians –Emergency Contacts listed below										
Parent/Guardian 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										
<u>Name (last name, first name)</u>		<u>Date of Birth</u>		<u>School (if attending)</u>			<u>Grade</u>			
_____		_____		_____			_____			
_____		_____		_____			_____			
_____		_____		_____			_____			
10. Other Information (check all that apply)										
<input type="checkbox"/> Active Military Dependent <input type="checkbox"/> Foster/DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> Migrant (Agricultural or Forestry Industry Dependent) <input type="checkbox"/> Teen Parent <input type="checkbox"/> 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? _____				
13. Special Classes, Accommodations or Services (check all that apply past or present)										
<input type="checkbox"/> English Language Development <input type="checkbox"/> GATE/Gifted/Accelerated Program <input type="checkbox"/> 504 Plan-Provide copy <input type="checkbox"/> Special Education <input type="checkbox"/> Current IEP-Provide copy <input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other										
14. Transportation										
Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).										
If eligible, will this student ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, student will ride: <input type="checkbox"/> To and From School <input type="checkbox"/> To school only <input type="checkbox"/> From school only										
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