PETALUMA CITY SCHOOLS

STUDENT REGISTRATION INFORMATION (Grades TK-12)

PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS

School of Residence _____ Year 20_____-20_____ Date _____

Schools Requested (in choice order): 1. _____ 2. _____ 3. _____

Student's Legal Name _____ Grade _____
Last First Middle

Birthdate ____ / ____ / ____ Gender: Male ☐ Female ☐ Non Binary ☐ Primary phone _____
MM / DD / YYYY

Mailing Address _____ Apt. # _____ City _____ Zip Code _____

Home Address _____ Apt. # _____ City _____ Zip Code _____

Name of Father/Legal Guardian _____ Employer _____
Last First

Occupation _____ Daytime phone _____ Cell phone _____ Email _____

Name of Mother/Legal Guardian _____ Employer _____
Last First

Occupation _____ Daytime phone _____ Cell phone _____ Email _____

Name of Other Legal Guardian _____ Employer _____
Last First

Occupation _____ Daytime phone _____ Cell phone _____ Email _____

STUDENT LIVES WITH (Check all that apply): Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐
Legal Guardian(s) ☐ Other ☐ Conditions: _____

Are parents separated? Yes ◯ No ◯ If so, may other parent pick up child at school? Yes ◯ No ◯

(SUPPORTIVE LEGAL DOCUMENT REQUIRED) LEGAL CUSTODY PAPERS ON FILE _____

2nd Mailing Address _____ Apt. # _____ City _____ Zip Code _____

Brothers/sisters (living at home)*	Date of Birth	Age	If school age, name of school
Name			
Name			
Name			

*If more than 3 children living at home, please attach a separate sheet.

Previous School Attended _____
Name of School Street Address City State Zip Code

Is your student currently under an expulsion order at another district or being recommended for expulsion? Yes ◯ No ◯

SPECIAL PROGRAMS & SPECIAL EDUCATION

Does your son/daughter have an IEP, 504 plan, or receive speech services? Yes ◯ No ◯ If yes, please specify and attach IEP or 504 _____

Has your son/daughter been identified as a Gifted and Talented Education (GATE) student? Yes ◯ No ◯

Any special health considerations or allergies (please indicate if an EpiPen is prescribed) _____

PETALUMA CITY SCHOOLS

STATE MANDATED COMPLIANCE INFORMATION

PETALUMA CITY (ELEMENTARY) AND JOINT UNION HIGH SCHOOL DISTRICTS

Student's Legal Name _____ Birthdate _____
Last First Middle

I. Parent Education level: Check one response that best applies for each parent/guardian:

Father/guardian:

- ☐ Not a high school graduate
- ☐ High school graduate
- ☐ Some college
- ☐ College graduate
- ☐ Grad school/past grad training
- ☐ Decline to state or unknown

Mother/guardian:

- ☐ Not a high school graduate
- ☐ High school graduate
- ☐ Some college
- ☐ College graduate
- ☐ Grad school/past grad training
- ☐ Decline to state or unknown

II. Ethnicity: Is your student Hispanic or Latino? (Choose only one)

- ◯ Yes, Hispanic or Latino. (This includes all persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- ◯ No, not Hispanic or Latino.

III. Race: What is your student's race? (Mark any that apply.)

- ☐ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, AND who maintains tribal affiliation or community attachment.)
- ☐ Black/African American
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Filipino/Filipino
- ☐ American Guamanian
- ☐ Hawaiian
- ☐ Samoan
- ☐ Tahitian
- ☐ Other Pacific Islander

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

- **In what language do you wish the school to communicate with you?** ◯ **English** ◯ **Spanish** (Please check only one)
- Is at least one parent/guardian of this student active in the United States Armed forces? ◯ Yes ◯ No

I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.

Signature of parent/guardian filling out this form _____ Date _____

OFFICE USE ONLY	**Verification of Residency** _____	**Verified by**	
	Verification of Birthdate _____	**Verified by**	
	Interdistrict Permit Needed? Y____ N____ **Intradistrict Permit Needed? Y____ N____**	**Permanent ID Number**	
	Final School Placement: _____	**Verified by**	

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