



Amador County Public Schools Student Registration

School:		Grade:	
Student			
Legal Last Name:		Legal First Name:	
		Legal Middle Name:	
		Other Legal Names:	
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Non-binary	Birth Date	
		Month:	
		Date:	
		Year:	
Parent/ Guardian			
Last Name:		First Name:	
		Primary Phone:	
		()	
		Work Phone:	
		()	
Last Name:		First Name:	
		Primary Phone:	
		()	
		Work Phone:	
		()	
Mailing Address:		City:	
		ZIP	
Residence Address Same as above <input type="checkbox"/>		IF DIFFERENT PLEASE FILL IN BELOW	
Residence Address:		City:	
		ZIP	
Parent/ Guardian E-mail:			
Has your student ever attended Amador County Public Schools Before?		City and state of student's birth	
If yes school and year. No <input type="checkbox"/> Yes <input type="checkbox"/> School & Year			
Parent Education –			
Parent 1		Parent 2	
<input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate	
		Date your student first attended school in California	
		Month:	Year:
		Day:	
What is your child's ethnicity?			
<input type="checkbox"/> Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture / origin, regardless of race)			
<input type="checkbox"/> Not Hispanic or Latino			
What is your Child's Race? Please ✓ CHECK up to five (5) racial categories			
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.			
<input type="checkbox"/> American Indian or Native Alaskan (100)		<input type="checkbox"/> Laotian (206)	
<input type="checkbox"/> Chinese (201)		<input type="checkbox"/> Samoan (303)	
<input type="checkbox"/> Japanese (202)		<input type="checkbox"/> Cambodian (207)	
<input type="checkbox"/> Korean (203)		<input type="checkbox"/> Tahitian (304)	
<input type="checkbox"/> Vietnamese (204)		<input type="checkbox"/> Hmong (208)	
<input type="checkbox"/> Asian Indian (205)		<input type="checkbox"/> Other Pacific Islander (399)	
		<input type="checkbox"/> Filipino / Filipino American (400)	
		<input type="checkbox"/> Other Asian (299)	
		<input type="checkbox"/> Hawaiian (301)	
		<input type="checkbox"/> African American or Black (600)	
		<input type="checkbox"/> Guamanian (302)	
		<input type="checkbox"/> White (700)	

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:	
1. What language/ dialect does your son/daughter most frequently use at home?	
2. Which language/ dialect did your son/daughter learn when he/she first began to talk?	
3. What language/ dialect do you most frequently speak to your child?	
4. Which language is most often spoken by the adults in the home? (Parent, Guardian, Grandparent or any other adults).	
5. Has your child ever been given the ELPAC Test? (English Language Proficiency Assessment CA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

In which language do you wish to receive written attendance communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check the appropriate box:

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)	<input type="checkbox"/> Unsheltered (car/campsite)
<input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> Other (please specify) _____

Parent/Guardianship information (with whom the student lives) - check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other

Is the above (checked) person(s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

Is a parent or guardian of the student an active member of the Armed Forces? Yes No

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

<input type="checkbox"/> Father <input type="checkbox"/> Step Father/Guardian (check one)	Full Name:
Employer:	City: Daytime Phone: ()
<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother/ Guardian (Check One)	Full Name:
Employer:	City: Daytime Phone: ()
DUPLICATE MAILING – If divorced/separated & joint custody allows mailing/information to be given to other parent. Please include their name, address, and phone number:	
Full Name:	Phone: ()
Mailing Address:	City: State: ZIP

MOST RECENT SCHOOL ATTENDED:

School:	Address/City/State/ZIP	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child **ever** been expelled? Yes No

What special services has your child received? (please check all that apply)

Special Education:	<input type="checkbox"/> Resource (RSP)	<input type="checkbox"/> Special Day Class (SDC)	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> 504
Other:	<input type="checkbox"/> Gifted (GATE)	<input type="checkbox"/> Remedial Math	<input type="checkbox"/> Remedial Reading	<input type="checkbox"/> Counseling <input type="checkbox"/> English Language Development
<input type="checkbox"/> Help to improve Attendance/Behavior				
<input type="checkbox"/> Other (Specify)				

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

BELOW FOR SCHOOL USE ONLY				
Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date:	Permanent ID:

