### Amador County Public Schools Student Registration

#### Student

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Last Name</td>
<td></td>
</tr>
<tr>
<td>Legal First Name</td>
<td></td>
</tr>
<tr>
<td>Legal Middle Name</td>
<td></td>
</tr>
<tr>
<td>Other Legal Names</td>
<td></td>
</tr>
</tbody>
</table>

#### Grade

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td></td>
</tr>
</tbody>
</table>

#### Parent/ Guardian

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Primary Phone</td>
<td>( )</td>
</tr>
<tr>
<td>Work Phone</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Primary Phone</td>
<td>( )</td>
</tr>
<tr>
<td>Work Phone</td>
<td>( )</td>
</tr>
</tbody>
</table>

#### Mailing Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

#### Residence Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address Same as</td>
<td></td>
</tr>
<tr>
<td>above</td>
<td></td>
</tr>
<tr>
<td>IF DIFFERENT PLEASE FILL</td>
<td></td>
</tr>
<tr>
<td>IN BELOW</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

#### Parent/ Guardian E-mail

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Has your student ever attended Amador County Public Schools Before?

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>School &amp; Year</td>
</tr>
</tbody>
</table>

#### Date your student first attended school in California

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

#### Parent Education

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Degree or Higher</td>
<td>Graduate Degree or Higher</td>
</tr>
<tr>
<td>College Graduate</td>
<td>College Graduate</td>
</tr>
<tr>
<td>Some College or Associate's Degree</td>
<td>Some College or Associate's Degree</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>High School Graduate</td>
</tr>
<tr>
<td>Not a High School Graduate</td>
<td>Not a High School Graduate</td>
</tr>
</tbody>
</table>

#### What is your child’s ethnicity?

- [ ] Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture / origin, regardless of race)
- [ ] Not Hispanic or Latino

#### What is your Child’s Race?

Please √ CHECK up to five (5) racial categories

- [ ] American Indian or Native Alaskan (100)
- [ ] Chinese (201)
- [ ] Japanese (202)
- [ ] Korean (203)
- [ ] Vietnamese (204)
- [ ] Asian Indian (205)
- [ ] Laotian (206)
- [ ] Cambodian (207)
- [ ] Hmong (208)
- [ ] Other Asian (299)
- [ ] Hawaiian (301)
- [ ] Guamanian (302)
- [ ] Samoan (303)
- [ ] Tahitian (304)
- [ ] Other Pacific Islander (399)
- [ ] Filipino / Filipino American (400)
- [ ] African American or Black (600)
- [ ] White (700)

#### Please complete the information on the other side of the form

(Rev. 02/2021)
**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)**
   - Yes
   - No
   - I don’t know

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**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:**

- [ ] In a single family permanent residence (house, apartment, condo, mobile home)
- [ ] Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
- [ ] In a shelter or transitional housing program
- [ ] In a motel/hotel
- [ ] Unsheltered (car/campsite)
- [ ] 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

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

- [ ] Father
- [ ] Step Father/Guardian (check one)
- Full Name:
- [ ] Mother
- [ ] Step Mother/Guardian (Check One)
- Full Name:

**Employer:**

- [ ] Father
- [ ] Step Father/Guardian (check one)
- Full Name:
- [ ] Mother
- [ ] Step Mother/Guardian (Check One)
- Full Name:

- **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:
- Mailing Address:
- **City:**
- **State:**
- **ZIP:**
- **Phone:** ( )

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**MOST RECENT SCHOOL ATTENDED:**

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

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**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

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

**Special Education:**

- [ ] Resource (RSP)
- [ ] Special Day Class (SDC)
- [ ] Speech/Language
- [ ] 504

**Other:**

- [ ] Gifted (GATE)
- [ ] Remedial Math
- [ ] Remedial Reading
- [ ] Counseling
- [ ] English Language Development
- [ ] Help to improve Attendance/Behavior
- [ ] Other (Specify)

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**Signature of Parent/Guardian**

**Date:**

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**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:**