

MODESTO CITY SCHOOLS STUDENT REGISTRATION FORM

School Name _____ MCS ID# _____

Enrollment Date _____ Grade _____ SSID _____

Student's Legal Name _____
Last First Middle

Also Known As (if different) _____
Last First Middle

Birth Date _____ Gender M F

Primary Phone _____ Student Cell Phone _____

Home Street Address _____

Apt # _____ City _____ Zip Code _____

Mailing Address (if different) _____

Sibling 1 _____ Sibling 2 _____
Last First Last First

Is student enrolling at this school due to any of the reasons listed below? Check all that apply

- Conduct Code Violation (56) Pregnant Minor Program (42) Student Welfare (61)
 TRF from Charter School (30) Release from Juvenile Hall (63) Deficient Credits (51)

PREVIOUS ENROLLMENT INFORMATION

Has student ever:

Yes No Been enrolled in Modesto City Schools (including preschool)? ID# _____

Yes No Been retained? Grade _____ School Year _____

Yes No Been expelled? If yes, from which school?

_____ School District Grade

Last School Attended

_____ School Name City

_____ State Country Date Entered Date Left Grade

Enrolling in 7th or 9th? Last 6th or 8th school attended _____
School City

First enrollment in a U.S. School _____
Date Entered Grade

First enrollment in a CA School _____
Date Entered Grade

SPECIAL EDUCATION SERVICES NEEDED (check one)

- IRS LH SH ED Speech None Is there a 504 Plan? Yes No

Birth City _____ Birth State _____

Birth Country _____ If born outside of U.S., U.S. Entry Date: _____

ETHNICITY

Yes No Is the student Hispanic or Latino?

RACE IDENTIFICATION (check up to five (5) racial categories that apply)

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

HOME LANGUAGE SURVEY

This information is essential in order for schools to provide meaningful instruction for all students.

Language first spoken by child _____

Language most spoken by child at home _____

Language most spoken to child at home _____

Language most spoken by adults at home _____

Yes No Do parents need to receive notices in a language other than English?

If yes, what language? _____

Parent/Guardian Signature _____

Date _____

SITE USE ONLY

Birth Verification Sources

- Previous School Rec (0) Baptismal Certificate (5) Birth Certificate (1)
 Notarized Affidavit of Birth (3) Physician's Certificate (6) Passport (A)
 Pending Verification (P) County Recorder's Cert (8) Family Bible (B)

Interviewed by _____

Date Entered in SIS _____ Initials _____

WHO DOES THE STUDENT LIVE WITH?

1. Mother Stepmother Guardian Foster Mother Caregiver (affidavit required)
 Other _____

 Last First Employer

 Work Phone Cell Phone / msg

 Email Address

2. Father Stepfather Guardian Foster Father Caregiver (affidavit required)
 Other _____

 Last First Employer

 Work Phone Cell Phone / msg

 Email Address

PARENT NOT LIVING AT PRIMARY RESIDENCE

 Last First Home Phone

 Work Phone Cell Phone / msg Email Address

 Mailing Address City State Zip Code

- Yes No Receives mailings (If yes, provide full mailing address)
 Yes No Is there a court order regarding custody of this child? (If yes, you must provide the school with a copy of the most recent court order)
 Yes No Is the school authorized to release child to this parent? (If no, you must provide the school with a copy of the most recent court order)

EMERGENCY CONTACT INFORMATION (if parent is not available)

Child will only be released to the custodial parent/legal guardian (i.e. the parent/guardian who enrolled the child in school and with whom the child lives) or his/her designee identified below. The designee must be 18 years of age or older. *Please provide no more than three (3) contacts.*

 Last First Relationship Cell Phone

 Last First Relationship Cell Phone

 Last First Relationship Cell Phone

PARENT EDUCATION LEVEL (check the box representing the most educated parent)

- Not a high school graduate (14) Some college (includes AA) (12)
 High school graduate (13) College graduate (four year degree) (11)
 Technical school/training (13) Graduate school/post graduate training (10)

STUDENT / FAMILY RESIDENCE Where is your student / family currently living?

- In a hotel or motel (110) In a shelter or transitional housing program(100)
 Temporarily Unsheltered (130) Temporarily in another family's house or apartment, due to loss of housing or financial problems (such as: loss of job, foreclosure, loss of housing) (120)
 None of these apply

MILITARY FAMILY

- Yes No Does the student have a parent/guardian who is a full-time active member of the Armed Forces? (Army, Navy, Air Force, Marine Corps, Coast Guard, and National Guard)

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Type of Health Insurance

- Medi-Cal Healthy Families School Insurance
 Private Insurance HMO Insurance None

Medical Conditions (check all that apply)

- ADHD Eating Disorder Migraine Headaches
 Asthma Emotional Disorder Muscular Dystrophy
 Asthma Inhaler Gastric Tube Muscular/Skeletal
 Autism Hearing Aid/Tubes Prosthetic Device
 Blood Disorder Hearing Problems Seizure Disorder
 Cancer Heart Problem Skin Problem
 Chronic Ear Infections Hernia Stomach Problem
 Cranial Shunt Hyperglycemia Thyroid Condition
 Cystic Fibrosis Kidney/Bladder Tourette Syndrome
 Diabetes Menstrual Problem Vision / Glasses

- Bee Sting Allergy (Has Epi-Pen? Yes No)

- Allergies: _____ (Has Epi-Pen? Yes No)

- Other Condition: _____

Regular Medication(s)

 Name Dosage (How much?) Times Given

 Name Dosage (How much?) Times Given

 Name Dosage (How much?) Times Given