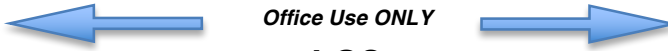


- Proof of Residency
- Birth Certificate
- Immunization Records
- Health Information Record
- Oral Form/Waiver (K/1st)
- Online Registration OK



Office Use ONLY

**LOS
GATOS UNION SCHOOL DISTRICT**
17010 Roberts Rd., Los Gatos, CA 95032
NEW STUDENT REGISTRATION FORM #1

SCHOOL _____
Date of Entry _____
Eligible for Grade _____
Teacher _____
Student I.D.# _____
Records Requested _____

STUDENT INFORMATION – Please Print Clearly (Please complete Side 2 of this form)

Student's Last Name: _____ First Name: _____ Middle Name: _____ Male Female

Student's Preferred Name: _____ Student's Birth date: _____
mm/dd/yyyy

- Students born *on or before* 9/1/2013 are eligible to attend Kindergarten.
- Students born from 9/2/2013 to 12/2/2013 are eligible for Transitional Kindergarten.

Birthplace: _____ Entering grade: _____
City State Country**

If Country of birth is **not the United States, please provide the Month: _____ Day _____ Year: _____
that the student entered the United States. *MM* *DD* *YYYY*

Street Address: _____ City _____ State: CA Zip: _____
(REQUIRED)

Mailing Salutation: _____ ex: *Fred & Sally Jones*

Home Phone: _____ Cell (Father): _____ Cell (Mother): _____

STUDENT RESIDES WITH:

- Both Father & Mother
- Father
- Mother
- Stepparent
- Legal Guardian
- Other: _____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS?

- Yes Explain: _____
 - No _____
- (The District Nurse will contact you)

SNAPCODE REQUEST FOR ONLINE REGISTRATION:

- Email my SnapCode when available to:

Email: _____

2nd MAILING ADDRESS INFORMATION

If parents are divorced, who has **LEGAL** custody of the student? _____

Does other parent require school information mailed separately? Yes No

Name/Alternate Address for 2nd mailing: _____

_____ Street _____ City _____ State _____ Zip _____

Does student sometimes reside at the alternate address listed above? Yes No

PLEASE NOTE: Extra mailings are intended only for parents who reside at separate addresses.

LEGAL PARENT/GUARDIAN INFORMATION

Please CHECK – Highest Education Level Attained by either parent

- Not H.S. Grad H.S. Grad Some College College Grad/AA Grad/Post Grad School

1st Parent/Guardian: Mother Father
Name: _____
Occupation: _____
Bus. Phone: _____
Cell Phone: _____
Email: _____

2nd Parent/Guardian: Mother Father
Name: _____
Occupation: _____
Bus. Phone: _____
Cell Phone: _____
Email: _____

SIBLING INFORMATION

Other children in Family – Name	Birth Date	Relationship to Pupil	School of Attendance

FORMER SCHOOL INFORMATION

School Name: _____ School District: _____ Date Left: _____
(Include Preschool if applicable)

Address: _____ Street _____ City _____ State _____ Zip _____ Phone: _____
 Fax: _____

What grade was your student in last? _____ Has your student ever been retained? _____
 If yes, what grade? _____

What date was your student first enrolled in a United States school? Month _____ Year _____

SPECIAL PROGRAMS

Please check if the student has received or has participated in any of the following:

- Gifted and Talented (GATE)
- Has Been Assessed for Special Education Services
- Speech & Language
- English Language Development (ELD)
- Special Day Class
- Resource Specialist
- Other: _____

HOME LANGUAGE SURVEY *NOTE: English proficiency will be assessed if any of the first 3 questions are anything other than English*

Which language did the student learn when he/she first began to talk? _____

What language does the student most use at home? _____

What language do you use most frequently to speak to the student? _____

Language most often spoken by adults at the home of the student? _____

STUDENT'S ETHNIC/RACE GROUP - Please provide an answer for both Ethnicity & Race

Ethnicity: (Select one)	Race: (Please continue to answer the following – up to 5 boxes)		
Is this student Spanish or Latino? <input type="checkbox"/> No, not Spanish or Latino <input type="checkbox"/> Yes, Spanish or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian	<input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White



Signature of Parent/Legal Guardian _____ Relationship to Student _____ Date _____