



# PASADENA UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please print clearly with black or blue ink.

Teacher's Name: \_\_\_\_\_  
 Room #: \_\_\_\_\_ Date input: \_\_\_\_\_ Stu# \_\_\_\_\_

## STUDENT DATA

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_  /   
 Male / Female

Current Grade \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Age \_\_\_\_\_ AKA/Nickname \_\_\_\_\_

MAILING Address (Street and Apt. #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RESIDENCE Address (Street and Apt. #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State/Province \_\_\_\_\_ Birth Country \_\_\_\_\_ Home Phone Number \_\_\_\_\_

If born outside of the United States, when did your child first enter the United States? (mm/yyyy) \_\_\_\_\_

## FAMILY INFORMATION

Student Lives With:  Both Parents  Mother only  Father and Stepmother  Foster Parents  
 Legal Guardian(s)  Father only  Mother and Stepfather  Other: \_\_\_\_\_

**Mother / Legal Guardian Name:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name, First Name Primary Phone Number Secondary Phone Number  
 This is my  Cell  Home  Work  Other This is my  Cell  Home  Work  Other

**Father / Legal Guardian Name:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name, First Name Primary Phone Number Secondary Phone Number  
 This is my  Cell  Home  Work  Other This is my  Cell  Home  Work  Other

Primary Contact (please check one only):  Mother / Legal Guardian  Father / Legal Guardian  
 Parent's Email Address (one only please): \_\_\_\_\_

**Family Living In:**  
 Permanent Housing  Hotel/Motel  Licensed Children's Institution  
 Foster Family or Kinship Placement  Temporarily Unsheltered  Other: \_\_\_\_\_  
 Temporary Shared Housing  Temporary Shelter in Emergency or Foster Care

Have you or any members of your immediate family worked in agriculture, fishing, or food processing on a temporary basis in the last three years?  Yes  No

## STATE MANDATED INFORMATION

**What is your child's ETHNICITY? (check one)**  **Hispanic or Latino**  
*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*  
 **Not Hispanic or Latino**

**In addition, what is your child's RACE?** Please check AT LEAST ONE and up to five racial categories. The first part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer by making a checkmark in one or more boxes next to what you consider your child's race(s) to be.

American Indian or Alaska Native  Cambodian  Hmong  Native Hawaiian/Pacific Islander  Vietnamese  
 Armenian  Chinese  Japanese  Other Asian  White  
 Asian Indian  Filipino  Korean  Samoan  
 Black or African American  Guamanian  Laotian  Tahitian

**Parent/Guardian Education Level** (please check only the **HIGHEST** education level completed by either parent/guardian):

Graduate school/Post Graduate training  Some college (includes AA degree)  Not a high school graduate  
 College graduate  High school graduate

Did your child attend pre-school?  Yes  No If yes, which pre-school? \_\_\_\_\_

When did your child first enroll in a United States K-12 school? (mm/dd/yyyy) \_\_\_\_\_ Grade \_\_\_\_\_

When did your child first enroll in a California K-12 school? (mm/dd/yyyy) \_\_\_\_\_ Grade \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Enrolling School:</b> _____	<b>Today's Date:</b> _____	<b>Enrollment Date:</b> _____
<b>Verification of Legal Name and Birth date by:</b>		<b>Medical:</b>	<b>Student's Perm. ID #:</b>
<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Hospital Cert	<input type="checkbox"/> Passport/Visa	<b>Form Processed By:</b>
<input type="checkbox"/> Baptism	<input type="checkbox"/> School Records	<input type="checkbox"/> Affidavit	
Immunizations completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		Verified by (name): _____	

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STUDENT LAST NAME \_\_\_\_\_ STUDENT FIRST NAME \_\_\_\_\_ PERM.ID# \_\_\_\_\_

HOME LANGUAGE SURVEY

What was the first language your child learned? \_\_\_\_\_

What language does your child use most frequently at home? \_\_\_\_\_

What language do you use most frequently to speak to your child? \_\_\_\_\_

If possible, in what language would you prefer to receive school communications? \_\_\_\_\_

OTHER CHILDREN LIVING IN THE HOME

\_\_\_\_\_  
Last Name, First Name, Middle Name Relationship Birthdate Current School Grade

\_\_\_\_\_  
Last Name, First Name, Middle Name Relationship Birthdate Current School Grade

\_\_\_\_\_  
Last Name, First Name, Middle Name Relationship Birthdate Current School Grade

\_\_\_\_\_  
Last Name, First Name, Middle Name Relationship Birthdate Current School Grade

ACADEMIC HISTORY

Has your child ever attended a Pasadena Unified School (including Pre-K or summer school)?  Yes  No

My child [disclosure of information is REQUIRED by California Education Code 48915.1(b)]:

is not under an expulsion order or recommended for expulsion from another school district.

is currently under an expulsion order or has been recommended for expulsion from \_\_\_\_\_ School District.

PREVIOUS SCHOOLS ATTENDED - PLEASE INCLUDE ALL PREVIOUS SCHOOLS

\_\_\_\_\_  
Name of Last School School District City State / Country Grade(s)

\_\_\_\_\_  
Name of Last School School District City State / Country Grade(s)

\_\_\_\_\_  
Name of Last School School District City State / Country Grade(s)

SCHOOL AND SPECIALIZED EDUCATION PROGRAMS

My child is receiving or has received services in (please check all that apply):

- 504 Plan  Gifted and Talented Education (GATE)  Title I
- Alternative/Bilingual Program (waiver)  Special Education/IEP, please specify: \_\_\_\_\_  Other, please specify: \_\_\_\_\_
- English Language Development  Speech/Language Services (IEP)  My child has never been enrolled in any of these programs.

EMERGENCY INFORMATION

Doctor's Name / Address / Telephone: \_\_\_\_\_

Name of Other Relative: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION - FERPA PRIVACY AUTHORIZATION

I give consent for Pasadena Unified School District to submit information to the LEA billing option vendor, Paradigm, regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services. All information is kept confidential.

Parent/Guardian Initials \_\_\_\_\_

OTHER HEALTH COVERAGE INQUIRIES

Many private insurance companies do not pay for school health services, but school districts must attempt to bill for those services. If your child has private health insurance (not Medi-Cal) do you give permission to Pasadena Unified School District to bill that insurance? If no, please note that school health services will continue to be provided and parents will never be billed. If yes, please fill out the following:  Yes  No

Private Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone# \_\_\_\_\_

Students will only be released to those named on this form. No treatment will be given other than in a serious emergency without contacting parent/guardian. My signature certifies that all information is accurate. In order to keep my child safe, I will report any changes of address, telephone, or emergency information to the school site within five days.

SIGNATURE OF PARENT/ LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_