

**Fremont Unified School District
Transitional Kindergarten/
Kindergarten-Grade 12 Registration Form**

HOME SCHOOL _____

PLEASE PRINT

Grade _____ School Year _____ Date _____ Home Phone Number _____

Student's Legal Name _____ Male or Female _____
Last First Middle

Student's Address _____ Apt _____ Zip _____ Birthdate _____

City of Birth _____ State of Birth _____ Country of Birth _____

Lives with both parents? Yes/No If no, with whom? _____
 If divorced, which parent has authority to make school/child decisions? _____

NAME:	Last	First	Employer Name/Work Phone #	Cell Phone #
Father/Guardian	_____	_____	_____ (____) _____	(____) _____
Mother/Guardian	_____	_____	_____ (____) _____	(____) _____
Emergency Contact <i>Other than Parent</i>	_____		Relationship to student _____	Phone: _____

CHILD'S LAST SCHOOL ATTENDED:
 Name _____ Address _____ City/State/Zip _____
 Phone Number (____) _____ Fax Number (____) _____

SIBLINGS IN FREMONT SCHOOLS:

Name	School	Grade
_____	_____	_____
_____	_____	_____

PARENT EDUCATION LEVEL:		SCHOOL/DISTRICT MOBILITY Has your child ever attended or registered at an FUSD school before? Yes ___ No ___ Date entered U.S. school (K-12)? _____ Date entered California school (K-12) _____ When did student first attend FUSD school? _____ Grade? _____ If student withdrew from U.S. schools, what is the most recent date of re-entry to U.S. schools (K-12)? _____
FATHER	MOTHER	
____(10) Graduate school	(10) _____	
____(11) College graduate	(11) _____	
____(12) Some college/AA degree	(12) _____	
____(13) High school graduate	(13) _____	
____(14) Not a H.S. graduate	(14) _____	
____(15) Decline to state	(15) _____	

Primary Language Spoken by Child: _____ Primary Language Spoken by Parent(s): _____ ETHNICITY: Is this student Hispanic or Latino? (Select only one) ___ NO, not Hispanic or Latino ___ YES, Hispanic or Latino RACE: What is the race of this student? Select one or more. If you select more than one, please indicate the PRIMARY race with a "P": ___ 1. <i>American Indian or Alaskan Native</i> —a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. ___ 2. <i>Asian</i> —a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent (circle) Chinese 01 Japanese 02 Korean 03 Vietnamese 04 Asian Indian 05 Laotian 06 Cambodian 07 Other Asian 08 ___ 3. <i>Pacific Islander</i> —a person having origins in any of the original peoples of the Polynesian, Micronesian or Melanesian Islands (circle) Hawaiian 01 Guamanian 02 Samoan 03 Tahitian 04 Other Pacific Islander 99 ___ 4. <i>Filipino American</i> —a person having origins in any of the original Philippine Islands ___ 6. <i>Black or African American</i> ___ 7. <i>White</i>	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade? _____ Has your child ever been given the CELDT Test? <input type="checkbox"/> Yes <input type="checkbox"/> No (California English Language Development Test) What service is your child currently receiving? <input type="checkbox"/> None <input type="checkbox"/> Special Education (I.E.P.) <input type="checkbox"/> 504 <input type="checkbox"/> Gifted/GATE <input type="checkbox"/> Other (specify) _____ Is your child currently expelled or pending expulsion from any school? _____ If yes, name of school and district: _____
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FOR SCHOOL USE ONLY	Proof of Birth <input type="checkbox"/> Birth Cert <input type="checkbox"/> VISA <input type="checkbox"/> Other: _____ Verified by: _____	Proof of Residence <small>(copies att.)</small> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> DR <input type="checkbox"/> MKV Verified by: _____	Immunizations <input type="checkbox"/> County Record <input type="checkbox"/> Yellow Card <input type="checkbox"/> Dr Report <input type="checkbox"/> Other/Type: _____ Verified by: _____	Health Requirements <input type="checkbox"/> Physical Exam <input type="checkbox"/> Dental Exam/Waiver <input type="checkbox"/> Tdap Copies Attached _____	Entry Reason: <input type="checkbox"/> New <input type="checkbox"/> OV from: _____ <input type="checkbox"/> IA from: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Computer Screens Completed <input type="checkbox"/> LAC Home Language Survey Sent: _____	<input type="checkbox"/> Add/Drop List <input type="checkbox"/> Cum/File <input type="checkbox"/> Incoming Book	Cum/Records Request Made: By: _____	Student Number: _____ Family No: _____ Dwelling No: _____ Registration Date/Time: _____ Overload To: _____ To Start: _____
	Parent/Guardian Signature _____ Date _____								