

Pre-School _____

LIVE OAK CHARTER

Current School _____

STUDENT REGISTRATION FORM SCHOOL YEAR 2021 - 2022

Current Grade _____

School District _____

Application Grade _____

Student Legal Name

_____ Last _____ First _____ Middle _____

Alias _____ Last _____ First _____ Gender: _____

Birth Place _____ City _____ State _____ Birth Date ____/____/____
MM DD YYYY

Household Info

2nd Household Info (if applicable)

Primary Contact _____

Mother Father Legal Guardian Other _____

Cell Phone _____

Secondary Phone _____

Email _____

Occupation _____

Primary Contact _____

Mother Father Legal Guardian Other _____

Cell Phone _____

Secondary Phone _____

Email _____

Occupation _____

Secondary Contact _____

Mother Father Legal Guardian Other _____

Cell Phone _____

Secondary Phone _____

Email _____

Occupation _____

Secondary Contact _____

Mother Father Legal Guardian Other _____

Cell Phone _____

Secondary Phone _____

Email _____

Occupation _____

Residence Address

Street _____

City _____ Zip _____

Mailing Address (if different from home)

Street _____

City _____ Zip _____

Residence Address

Street _____

City _____ Zip _____

Mailing Address (if different from home)

Street _____

City _____ Zip _____

Siblings

_____ Last _____ First _____ Birth Date _____

_____ Last _____ First _____ Birth Date _____

_____ Last _____ First _____ Birth Date _____

Parents Status & Student Custody

Married

Divorced Joint Custody* Sole Custody*

Guardianship* Other _____

* Please submit Legal Custody Agreement

If Separated, may other parent pick up child at school?

Yes No

Student Residential Status

(check all that apply)

Mother

Father

Stepmother

Stepfather

Foster mother

Foster Father

Grandparents

Guardian

Parent 1 Education Level <input type="checkbox"/> Graduate Degree of Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate	Parent 2 Education Level <input type="checkbox"/> Graduate Degree of Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate
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Attendance

Has your child ever been suspended? No Yes

Have you ever received a truancy letter? No Yes

Is your child currently under an expulsion order at another district or being recommended for expulsion? No Yes

Special Programs

Does your child receive Special Education Services (have a IEP?) No Yes (attach documents)

If yes, types of services: Speech/Language RSP
 Special Day Class (SDC) Other _____

Does your child have a 504? No Yes (attach documents)

Does your child have a Behavior Contract? No Yes

Gifted (GATE) ELD (English Language Development) Counseling (specify) _____

Home Language Survey (The California Education Code requires schools to determine the languages spoken at home by your child)

1. What language did your child learn when s/he first began to talk? _____

2. What language does your child use most frequently at home? _____

3. What language do you use most frequently to speak with your child? _____

4. Which language is most often spoken by adults in the home? _____

Has your child ever taken the ELPAC? (English Language Proficiency Assessments for California) No Yes I don't know

Student Ethnicity

Is your child Hispanic or Latino? **No**, Not Hispanic or Latino

Yes, Hispanic or Latino (This includes all persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Race

What is your child's race? (Please answer this question regardless to your ethnicity response above. Check any that apply)

American Indian or Alaskan Native (a person having origins in any of the original peoples of North and South America including Central America, AND who maintains tribal affiliation or community attachment)

Black/African American Other Pacific Islander Vietnamese

Filipino - Filipino American Chinese Hmong

Hawaiian Japanese Laotian

Samoan Korean Cambodian

Guamanian Asian Indian Other Asian

Tahitian

White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Description of Your Child

What are your child's strengths? _____

What are your child's challenges? _____

What activities does your child enjoy most?

Outdoor _____

Indoor _____

Does your child prefer to play quietly or actively? _____

Does your child enjoy books? Yes No How often do you read to your child? _____

Do you limit your child's exposure to media? No Yes Average per day: _____

Does your child use the cell phone/computer and/or video games? No Yes Please specify: _____

Describe how you manage exposure to electronic media in your house: _____

Are there any family events occurring in your child's life that would be helpful for us to know? (For example: divorce, move, new baby, death etc.)

Does your child have any food allergies? _____

PARENT CERTIFICATION

- I agree to become familiar with Live Oak Charter School mission, goals and educational program by regularly reading the Parent Handbook, the *Leaflet* newsletter, and by attending important school events such as Parent Evenings.
- I will support my child’s academic and social development through their consistent attendance at school.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

Attach Photo

School Use Only

- Birth Certificate**
 ____ Verification DOB
 ____ Class Assignment

- Parent Status**
 ____ Custody Agreement

- Special Programs**
 - IEP Documents
 ____ Submitted to RSP
 ____ Submitted to Speech

- 504 Documents

- Home Language Survey**
 ____ ELPAC

- Immunization Status**
 - Unconditional
 - Conditional
 - Permanent Medical Exemption

SchoolWise
SSID # _____
Local ID # _____