**STUDENT REGISTRATION FORM**

**LIVE OAK CHARTER**

**SCHOOL YEAR 2020 - 2021**

**Pre-School**

**Current School**

**School District**

**Current Grade**

**Application Grade**

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### Student Legal Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Alias**

**Gender**

**Birth Place**

**City**

**State**

**Birth Date**

**MM**

**DD**

**YYYY**

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### Household A

**Primary Contact**

- [ ] Mother
- [ ] Father
- [ ] Legal Guardian
- [ ] Other

**Primary Phone**

**Secondary Phone**

**Email**

**Occupation**

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**Secondary Contact**

- [ ] Mother
- [ ] Father
- [ ] Legal Guardian
- [ ] Other

**Primary Phone**

**Secondary Phone**

**Email**

**Occupation**

---

**Residence Address - Household A**

**Street**

**City**

**Zip**

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**Mailing Address (if different from home)**

**Street**

**City**

**Zip**

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### Household B

**Primary Contact**

- [ ] Mother
- [ ] Father
- [ ] Legal Guardian
- [ ] Other

**Primary Phone**

**Secondary Phone**

**Email**

**Occupation**

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**Secondary Contact**

- [ ] Mother
- [ ] Father
- [ ] Legal Guardian
- [ ] Other

**Primary Phone**

**Secondary Phone**

**Email**

**Occupation**

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**Residence Address - Household B**

**Street**

**City**

**Zip**

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**Mailing Address (if different from home)**

**Street**

**City**

**Zip**

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### Siblings

**Last**

**First**

**Birth Date**

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### Parents Status & Student Custody

- [ ] Married
- [ ] Divorced
- [ ] Guardianship
- [ ] Joint Custody
- [ ] Sole Custody

* 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
- [ ] Foster mother
- [ ] Grandparents

**Parent Education Level**

(Indicate the highest level of the most educated parent/legal guardian)

- [ ] Graduate Degree of Higher
- [ ] College Graduate
- [ ] Some Graduate or AA Degree
- [ ] High School Graduate
- [ ] Not a High School Graduate
### Attendance

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child ever been suspended?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever received a truancy letter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child currently under an expulsion order at another district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or being recommended for expulsion?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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? ____________________________________________________

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)

### U.S. Citizen

- Yes
- No

If not a U.S. citizen, please indicate date student first attended school in U.S. ______/_____/______

### 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
- Filipino - Filipino American
- Hawaiian
- Samoan
- Guamanian
- Tahitian

- Other Pacific Islander
- Chinese
- Japanese
- Korean
- Asian Indian
- Other Asian

- Vietnamese
- Hmong
- Laotian
- Cambodian

- 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.)
________________________________________________________________________________
________________________________________________________________________________
STUDENT REGISTRATION FORM

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 Back-To-School Night and 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 ______________

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
☐ Medical Exemption
☐ Conditional

SchoolWise
  SSID # ___________________
  Local ID # ___________________

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