

Today's Date: \_\_\_\_\_

**SISKIYOU COUNTY OFFICE OF EDUCATION**  
**Student Information Form**

Please Print

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
<input type="radio"/> Male <input type="radio"/> Female			
<b>Birthdate:</b> Month _____ Day _____ Year _____			
<b>Birthplace:</b> City: _____ State: _____ Country: _____			
U.S. Citizen: <input type="radio"/> Yes <input type="radio"/> No			
Parent /Guardian First Name	Last Name	( ) _____ Home Phone	( ) _____ Work Phone
Mailing Address		City	State      Zip
Residence Address		City	State      Zip
<b>WHAT IS YOUR CHILD'S ETHNICITY?</b> (Please check one):			
<input type="radio"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)			
<input type="radio"/> Not Hispanic or Latino			

**WHAT IS YOUR CHILD'S RACE?** (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="radio"/> American Indian or Alaskan Native (100) (persons having origins in any of the original people of North, Central or South America)	<input type="radio"/> Laotian (206) <input type="radio"/> Cambodian (207) <input type="radio"/> Hmong (208) <input type="radio"/> Other Asian (299) <input type="radio"/> Hawaiian (301) <input type="radio"/> Guamanian (302) <input type="radio"/> Samoan (303)	<input type="radio"/> Tahitian (340) <input type="radio"/> Other Pacific Islander (399) <input type="radio"/> Filipino/Filipino American (400) <input type="radio"/> African American or Black (600) <input type="radio"/> White (700) (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
--	---	--

Date first attended school in U.S.: \_\_\_\_\_

Date first attended school in CA: \_\_\_\_\_

**HOME LANGUAGE SURVEY:** Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)?  
 Yes     No     I don't know

In which language do you wish to receive written communications from the school?     English  Spanish  Other

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM**

**Residence** – where is your child/family currently living? (federally mandated by NCLB) **Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (please specify) \_\_\_\_\_

**Parent/Guardianship information (with whom the student lives) – check all that apply**

- Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_

Is the above (checked) person(s) the student’s LEGAL guardian?  Yes  No If No, please complete a “Caregiver Affidavit”

If there is a legal custody agreement regarding this student, please check on:  Joint Custody  Sole Custody  Guardian (and attach)

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**HIGHEST EDUCATION LEVEL:**  Graduate Degree or Higher (10)  College Graduate (11)  Some College or Associate’s Degree (12)  High School Graduate (13)  Not a High School Graduate (14)  Declined to state/unknown (15)

2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**HIGHEST EDUCATION LEVEL:**  Graduate Degree or Higher (10)  College Graduate (11)  Some College or Associate’s Degree (12)  High School Graduate (13)  Not a High School Graduate (14)  Declined to state/unknown (15)

**DUPLICATE MAILING** – If divorced/separated & Joint custody allows duplicate mailing/information to be given to other parent, please include their name, address and phone number:

Full Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grades(s)	Date(s)

Are there psychological or confidential reports available from your child’s former school?  Yes  No

Does your child have a medical condition that could become an emergency at school? If yes, please describe:

\_\_\_\_\_

Does your child take any medications at home on a regular basis? If yes, please list:

\_\_\_\_\_

Will your child need to take any medications during the school day? If yes, please list:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Please return this form to your child’s teacher as soon as possible.**

**BELOW FOR SCHOOL USE ONLY**

Assigned Grade:	District of Residence:
-----------------	------------------------