



**Robla School District  
STUDENT REGISTRATION FORM**

*Please fill out completely and write "N/A" if a section/question does not apply.*

**STUDENT INFORMATION**

Legal Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  Male  Female

Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

House number and Street name Apt. City Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has student previously attended a California public school?  Yes  No Date last attended \_\_\_\_/\_\_\_\_/\_\_\_\_

Prior school \_\_\_\_\_ City/State \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child  Father  Mother  Stepfather  Stepmother  Legal Guardian  Foster Parent

Lives With Child  Email \_\_\_\_\_

Address \_\_\_\_\_

House number and street name Apt. City Zip Code

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child:  Father  Mother  Stepfather  Stepmother  Legal Guardian  Foster Parent

Lives With Child  Email \_\_\_\_\_

Address \_\_\_\_\_

House number and street name Apt. City Zip Code

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CHILDREN IN FAMILY**

Name	Birthdate	Relationship	Lives in home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT ETHNICITY/RACE**

**Part 1 – Ethnicity.** Is student Hispanic or Latino?  Yes  No

**Part 2 – Race.** What is the student's race? (No matter what you marked above, please select one or more boxes below.)

- American Indian or Alaskan Native
- Asian**
  - Chinese  Japanese
  - Korean  Vietnamese
  - Asian Indian  Laotian
  - Cambodian  Other Asian: \_\_\_\_\_
  - Hmong
- Black or African American
- Filipino/Filipino American
- Pacific Islander**
  - Hawaiian  Samoan
  - Guamanian  Tahitian
  - Other Pacific Islander: \_\_\_\_\_
- White (not Hispanic or Latino)
- Other Race (including Hispanic): \_\_\_\_\_

**PARENT/GUARDIAN HIGHEST EDUCATION LEVEL**

- Not a high school graduate
- High school equivalent (GED or CHAPE)
- High school graduate
- Some college
- College graduate
- Graduate school/post graduate training
- Decline to state

*My signature certifies that all of the information provided in this form is accurate and that I agree to report any changes in address, phone numbers and/or emergency information to school personnel immediately.*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Cum Request \_\_\_\_\_  Entry date \_\_\_\_\_
- Address verified \_\_\_\_\_
- Birthdate verified \_\_\_\_\_
- Immunizations verified \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Grade \_\_\_\_\_

## STUDENT EMERGENCY INSTRUCTIONS

In the event of an accident or emergency when a parent/guardian is unavailable, I authorize school personnel to make necessary arrangements for my child to receive medical or hospital care, including transportation. Under the above circumstances, I authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. I agree to pay all costs incurred

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Health Coverage: \_\_\_\_\_ Medical record #: \_\_\_\_\_

I do not choose the above statement and in the event of an accident or emergency, I desire the following action: \_\_\_\_\_

## STUDENT HEALTH/MEDICATION

**Physical Exam.** California requires a physical examination for all children starting school. This may be done within six months before your child enters kindergarten, and up to 90 days after he/she enters first grade. Please mark if this has been done:  Yes  No

If Yes, date of examination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Doctor / Clinic: \_\_\_\_\_

**Medication.** California law requires that the legal guardian of any pupil on continuing medication inform the school. If your child receives medication, complete the following:

Medication/Dosage: \_\_\_\_\_

Supervising Doctor/Phone No.: \_\_\_\_\_

*(If medication must be given during school hours, a **Medication Release Form** must be obtained from the school office and completed by the parent/guardian and physician.)*

**Health Conditions.** Has your child had any of the following conditions? **(Check all that apply.)**

- Asthma (date of last attack) \_\_\_\_\_
- Bee sting allergy  Diabetes
- Epilepsy  Heart condition  Hepatitis
- Hyperactive (ADHD)  Seizures  Vision / hearing problems
- Other serious allergies *(describe)* \_\_\_\_\_
- Chronic health condition *(describe)* \_\_\_\_\_
- Mental health condition \_\_\_\_\_
- Other health condition(s) \_\_\_\_\_
- Specialized health care procedures \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature

Date

## STUDENT SERVICES/SPECIAL EDUCATION

Was your child enrolled in a special education class or receiving special support services at his/her previous school?  Yes *(Check type of services below)*  No

- Resource (RSP)  Counseling
- Special Day Class (SDC)  Attendance improvement
- Speech  Behavior improvement
- 504 Plan  Homeless services
- GATE (Gifted and Talented Education)  Tutoring
- English Learner  Other: \_\_\_\_\_

## HOUSING

Where is your child/family currently living? (Check one box only.)

*We will use this information to determine if your child qualifies for additional assistance.*

- With friends or family members in a house or apartment due to loss of housing or other economic hardship.
- Living in a motel, hotel, automobile or camp ground due to lack of alternative adequate accommodations.
- Living in emergency or transitional shelters.
- In a foster care placement.
- None of the above applies.

## STUDENT RETENTION/DISCIPLINE

Has your child been **retained** (held back) in any school?  Yes  No

**If Yes**, list grade(s)? \_\_\_\_\_

Has student ever been **expelled** from another school district?  Yes  No

**If Yes**, list date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of school/district: \_\_\_\_\_

## EMERGENCY CONTACTS

If my child is ill or has an accident/emergency and I cannot be reached, please call and release my child to (must be over 18 years old and show ID):

Name	Relationship	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____