**SANTA YNEZ VALLEY CHARTER SCHOOL STUDENT REGISTRATION**

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| **▶ PLEASE PRINT – STUDENT’S LEGAL NAME ENTERING GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021-2022**  |
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|  |  |  |  |  |
| **Legal Last Name** | **Legal First Name** | **Legal Middle Name** | **Other Legal Name (if applicable)** |
|  |  |  |  |  |
| **❑ Male ❑Female** | **Birth date:** |  |  |  |  |
|  | **Month** | **Day** | **Year** |  |
|  |  |  |  |  |
|  |  | **( )**  | **( )**  |
| **Parent/Guardian First Name** | **Last Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  | **( )**  | **( )** |
| **Parent/Guardian First Name** | **Last Name** | **Home Phone** | **Work Phone** |
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|  |  |  |  |  |
| **Residence Address**  | **Apt#** | **City** | **State** | **Zip** |
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|  |  |  |  |  |
| **Mailing (IF DIFFERENT)** | **Apt #** | **City** | **State** | **Zip** |
| **E-mail Address** |  |  |  |
|  |
| **WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): ❑** Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  **❑** Not Hispanic or Latino |
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| **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.** |
| **❑** American Indian or Alaskan Native(100)(Persons having origins in any of the original people of North, Central or South America )**❑** Chinese (201)**❑** Japanese (202)**❑** Korean (203)**❑** Vietnamese (204)**❑** Asian Indian (205) | **❑** Laotian (206)**❑** Cambodian (207)**❑** Hmong (208)**❑** Other Asian (299)**❑** Hawaiian (301)**❑** Guamanian (302)**❑** Samoan (303) | **❑** Tahitian (304**❑** Other Pacific Islander (399)❑ Filipino/Filipino American (400)❑ African American or Black (600)❑ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|  |
| **PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent.**❑ 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) |  | **Date first attended school in the U.S.** |
|  |  |  |  |
| Month | Day | Year |
|  |
| **Date first attended school in California** |
|  |  |  |
| Month | Day | Year |
|  |  |  |  |
|  |  |  |  |
| **BIRTHPLACE:**  | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:\_\_\_\_\_\_ | Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **U.S. Citizen: ❑ Yes ❑ No** |  |  |  |  |
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| **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. What language/dialect do you most frequently speak to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Has your child ever been given the CELDT Test (Calif English Language Development Test)? **❑ Yes ❑ No ❑ I don’t know**
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| In which language do you wish to receive written communications from the school? ❑ English ❑ Spanish |
|  |  |  |  |  |
| **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)  | ❑ In a motel/hotel (09) |
| ❑ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | ❑ Unsheltered (car/campsite) (12)❑ Other (15) (please specify) **\_\_\_\_\_\_\_\_\_\_** |
| ❑ In a shelter or transitional housing program (10) |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **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 one: ❑ Joint Custody ❑ Sole Custody ❑ Guardian  |
|  |
| **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 # ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| 1. ❑ Mother ❑ Step Mother/Guardian (check one)
 | **Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Daytime Phone # ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |
| **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 code:\_\_\_\_\_\_\_\_\_** |
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| **MOST RECENT SCHOOL ATTENDED:**  |
| School  | Address/City/State/Zip | Grade(s) | Date(s) |
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| Are there psychological or confidential reports available from your child’s former school? ❑ Yes ❑ No  |
| Has your child been suspended? ❑ Yes ❑ No Has your child ever been expelled? ❑ Yes ❑ No  |
| What special services has your child received? (**please check all boxes that apply**) |
| **Special Education:** ❑ Resource (RSP) ❑ Special Day Class (SDC) ❑ Speech/Language ❑ 504  |
| **Other:** ❑ Gifted (GATE) ❑ Remedial Math ❑ Remedial Reading ❑ Counseling ❑ English Language Development ❑ Help to Improve Attendance/ Behavior ❑ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**How did you hear about SYVCS and why have you chosen this school for your child?**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**