**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)** | | | | | | | | | |
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| **❑ Male ❑Female** | | **Birth date:** | | | | |  | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
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| **Parent/Guardian First Name** | | | | | | **Last Name** | | | | | | | | | | | | | | | | | **Home Phone** | | | | | | | | | **Work Phone** | | | | | | |
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| **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** | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |
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| **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) | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | | | | | | | |
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| Month | | | | | | | | Day | | | | | | | | | Year | | |
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| **Date first attended school in California** | | | | | | | | | | | | | | | | | | | |
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| Month | | | | | | | | Day | | | | | | | | | Year | | |
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| **BIRTHPLACE:** | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | State:\_\_\_\_\_\_ | | | | | | | | | | Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ❑ 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. ❑ Father ❑ Step Father/Guardian (check one) | | | | | | **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
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| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Daytime Phone # ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
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| 1. ❑ Mother ❑ Step Mother/Guardian (check one) | | | | | | **Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
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| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Daytime Phone # ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **Phone #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
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| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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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