Office Use Only:
Student I.D. No.____________
SSID No.____________

Bolinas-Stinson Union School District
Registration Form
(To be completed by the parent or guardian)

Anticipated Start Date in BSUSD: ________________ Grade [ ]

Student's LEGAL Name: ______________________ Date of Birth: ____________ Male ☐ Female ☐
(from birth certificate) Last Name First Name Middle Name Mo./Day/Year

__________ | __________ | (____) __________ | (____) __________
Mother's/Guardian's First Name | Last Name | Home Phone | Cell/Work Phone

__________ | __________ | (____) __________ | (____) __________
Father's/Guardian's First Name | Last Name | Home Phone | Cell/Work Phone

____
Mailing Address City State Zip

____
Residence Address (IF DIFFERENT) City State Zip

Last School Attended: ______________________ Last Day of Attendance__________
Name of School City/State Phone No.

Student's Birthplace: ______________________ If not born in the U.S., what month/year did your child enter U.S.? ____/____
City/State /Country Mo./Year

What month and year did your child first enroll in a *U.S.* school? ____/____ In a *California* school? ____/____
Mo. / Year Mo. / Year

ETHNICITY: ***Mark the ethnicity with which the student most closely identifies: Please check one:***

☐ Hispanic/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

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)** (Person having origins in any of the original people of North and South America (including Central 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)
☐ African American or Black (600)
☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk?__________

What language does your son/daughter most frequently use at home?__________

What language do you use most frequently to speak to your son/daughter? __________

Name the language most often spoken by the adults at home:__________

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

☐ Not a high school graduate
☐ High school graduate
☐ Some college (includes AA degree)
☐ College graduate
☐ Graduate school/post graduate training

What special services has your child received? *(Please check all boxes that apply)*

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development ☐ Medical Health Plan

Has the student been expelled or is the student in the process of being expelled from any school? Yes ☐ No ☐

If yes: Name of school:__________ Location:__________ Date:__________

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, loss, or other reasons)
☐ In a sheltered or transitional housing program
☐ In a motel/hotel
☐ Unsheltered (car/campsite)
☐ Other__________

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship

HEALTH PROBLEMS ***(Check all that apply)***

Diagnosed ADD or ADHD ☐
Asthma ☐
Bladder Problems ☐
Bleeding Disorder ☐
Color Vision Deficiency ☐
Diabetes ☐
Eczema/Skin Trouble ☐
History of Ear Problem ☐ Describe ____
Heart Problem ☐ Describe ____
Head Injury ☐ Describe ____
History of Fractures ☐ Describe ____
History of Hospitalization ☐ Describe ____
History of Surgery ☐ Describe ____
Known Hearing Loss ☐ Right ☐ Left ☐
Known Vision Loss ☐ Right ☐ Left ☐
Physical Limitations ☐ Describe ____
Wears Contact Lens ☐
Wears Glasses ☐ For close work ☐ For distance only ☐ At all times ☐

Epilepsy ☐
Eye Injury ☐
Hypoglycemia ☐
Frequent Nosebleeds ☐
Scoliosis ☐
Seizure Disorder ☐
Chicken Pox ☐

Other or further details ____

ALLERGIES ***(Check all that apply)*** None: ☐

Animals ☐ Drugs ☐
Insects ☐ Food ☐
Bee Stings ☐ Plants ☐
Other ☐

List specific item(s) student is allergic to: ____

Describe allergic reaction and/or treatment: ____
Explain: ____

CURRENT MEDICATION(S) No ☐ Yes ☐ Epi-Pen ☐ If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: ____ Signature of Parent/Guardian: ____

Revised: