

# HOLLISTER SCHOOL DISTRICT STUDENT REGISTRATION FORM

SCHOOL: \_\_\_\_\_

**1. STUDENT INFORMATION (PRINT)**

Date: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

Last Name	First Name	M.I.	Nickname
Other name if different from above		M ___ F ___	Birthplace (City, State, Country)
Birthdate	Grade	First entered any USA school: _____	First entered CA school: _____
Home Address	Apt#	City/State/Zip	Home Phone

**2. HOME LANGUAGE INFORMATION**

Which language did the student learn when he/she first began to talk? \_\_\_\_\_

What language does the student most use at home? \_\_\_\_\_

What language do you use most frequently to speak to the student? \_\_\_\_\_

Name the language most often spoken by adults at the home of the student. \_\_\_\_\_

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

Do you prefer Spanish or English correspondence to home?: \_\_\_\_\_

**3. RACE & ETHNICITY DATA**

Ethnicity (*Select one*) \_\_\_ Hispanic or Latino \_\_\_ not Hispanic or Latino

Race (*Select one or more, regardless of Ethnicity*):

\_\_\_ American Indian or Alaskan Native    \_\_\_ Black or African American    \_\_\_ Asian

\_\_\_ Native Hawaiian or Other Pacific Islander    \_\_\_ White    \_\_\_ Other \_\_\_\_\_

**4. SPECIAL PROGRAMS**

Please check if the student has received any special services or participated in any of the following programs:

\_\_\_ 227 Choice (*Alternative Bilingual*)    \_\_\_ Resource Specialist    \_\_\_ Special Day Class

\_\_\_ Gifted and Talented    \_\_\_ Migrant Education    \_\_\_ Speech/Language

\_\_\_ Free & Reduced Lunch Program    \_\_\_ Title 1    \_\_\_ Adaptive P.E.

\_\_\_ Other \_\_\_\_\_

**5. PARENT/LEGAL GUARDIAN INFORMATION**

The Student resides with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step-parent \_\_\_ Legal Guardian \_\_\_ Other \_\_\_\_\_

Education Level	First Name	Middle Name	Last Name	Email	Work Number
Mother					
Father					
Step Parent					
Guardian					
Other					

Restraining Orders/Custody Papers Affecting this Child? Yes \_\_\_ No \_\_\_ The school will need a copy of these papers, with updated information forthcoming regularly. Please specify \_\_\_\_\_

Alternate Address: \_\_\_\_\_ (If different than student home address)

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Student: \_\_\_\_\_  
Last Name

\_\_\_\_\_ MI  
First Name

**6. HEALTH INFORMATION (PRINT)**

Does the student have any of the following?

Asthma

Serious Allergy (required medical treatment)

Diabetes

Seizures

Other Serious Health Problems: \_\_\_\_\_

Hearing Loss (wears hearing Aids? Yes \_\_\_ No \_\_\_)

Does Student Require Medication at School? Yes \_\_\_ No \_\_\_ (Plan: \_\_\_\_\_)

Doctor's Name: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_

**7. EMERGENCY INFORMATION (This will be used if the Emergency Card is not available)**

If I cannot be reached, I authorize the District to contact the person listed below. I further authorize the District to release the student to the person listed below:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I ALSO GIVE MY CONSENT FOR EMERGENCY MEDICAL OR DENTAL TREATMENT, INCLUDING TRANSPORTATION TO THE NEAREST EMERGENCY AID FACILITY IF I OR THE PERSON LISTED ABOVE CANNOT BE REACHED.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

PREVIOUSLY ATTENDED HOMESCHOOL? \_\_\_\_\_ Yes \_\_\_\_\_ No

PREVIOUSLY ATTENDED HOLLISTER SCHOOL DISTRICT? \_\_\_\_\_ Yes \_\_\_\_\_ No

**8. PREVIOUS SCHOOL**

School Name \_\_\_\_\_ City/State \_\_\_\_\_ Date left previous school \_\_\_\_\_

District Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Check one: Retained: Yes \_\_\_ No \_\_\_ If yes, which grade? \_\_\_\_\_

**9. WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Check one box only) This information will be used to determine if your child qualifies for any additional assistance under the "No Child Left Behind Act of 2001".**

In a single family residence

With more than one family in a house or apartment due to economic hardship

With more than one family in a house or apartment not due to economic hardship

In a shelter or transitional housing program

In a motel, car or campsite

In a foster care placement or group home

**DO NOT WRITE BELOW**

\_\_\_\_\_ EMERGENCY CARD \_\_\_\_\_ CSIR \_\_\_\_\_ DATE CUM REQUESTED: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

Verifications: By \_\_\_\_\_ Immunization: By \_\_\_\_\_ Date: \_\_\_\_\_  
Date \_\_\_\_\_ Conditional Unconditional

Birth Certificate  Passport  
 Baptismal  Transfer  
Address \_\_\_\_\_

Refugee Alien ID/I-94: \_\_\_\_\_ Inter-District Transfer Date: \_\_\_\_\_

Distribution: District Office, Food Service, Nurse, Data  
For Preschool Programs only: \_\_\_\_\_ State Preschool \_\_\_\_\_ ECE Preschool \_\_\_\_\_ Migrant Education \_\_\_\_\_ Date Exited: \_\_\_\_\_

# Household Form

The Hollister School District needs to gather information of our students concerning the Siblings. This will help us to complete the data that is required.

Please fill out this form to the best of your knowledge.

Student's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Legal Name: \_\_\_\_\_

Address (If Different From Students): \_\_\_\_\_

Email for Father: \_\_\_\_\_

Mother's Legal Name: \_\_\_\_\_

Address (If Different From Students): \_\_\_\_\_

Email for Mother: \_\_\_\_\_

Please use the following criteria to indicate the educational information of the student's oldest Sibling.

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School/Grade: \_\_\_\_\_ Male / Female

2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School/Grade: \_\_\_\_\_ Male / Female

3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School/Grade: \_\_\_\_\_ Male / Female

## Emergency Contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_