

LEUSD STUDENT REGISTRATION 2015-16

Student ID: _____

First Initial: _____ Last Name: _____

Student Information

School: _____ Enrollment Date: _____ Home Phone: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (Mo/Day/Year): _____ Female Male Grade Level for 2015-16: TK K 1 2 3 4 5 6 7 8 9 10 11 12

Ethnicity

Hispanic or Latino
 Not Hispanic or Latino

Race (Select all that apply, do not leave blank)

American Indian or Alaskan Native
 Chinese
 Japanese
 Korean
 Vietnamese
 Asian Indian
 Laotian
 Cambodian
 Hmong
 Other Asian
 Filipino
 Black or African American
 Hawaiian
 Guamanian
 Samoan
 Tahitian
 Other Pacific Islander
 White

Birth City: _____ Birth State: _____ Birth Country: _____

Date first attended school in U.S. (Month) _____ (Year) _____

Date first attended school in CA (Month) _____ (Year) _____

Father/Guardian Name: _____

Highest Education of Father/Guardian:

Graduate School/Post Graduate training
 College Graduate
 Some College
 High School Graduate
 Not a High School Graduate

Mother/Guardian Name: _____

Highest Education of Mother/Guardian:

Graduate School/Post Graduate training
 College Graduate
 Some College
 High School Graduate
 Not a High School Graduate

School Last Attended:

Name: _____

City: _____

State: _____

Did you previously attend a CA school?

No Yes

School District: _____

Is student under expulsion orders from any school district?

No Yes

School District: _____

Special Services Student Has Received:

Section 504 Plan
 Current IEP
 ELD
 Bilingual Program
 Gifted and Talented Education Program (GATE)
 Counseling
 Resource Specialist Program
 Special Education Class
 Speech/Language Therapy
 Adaptive PE
 Other

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet the requirement is requested. Please answer the following questions:

1. What language did your child learn when she/he first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults in the home: _____

Parent/Guardian Signature: _____ Date: _____