

# PJUSD STUDENT REGISTRATION

GRADE
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▶ Has your student ever attended Princeton Jt. Unified School District public schools before?  Yes  No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Month	Day	Year
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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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Mailing Address	Apt #	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

**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

**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.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)<br><small>(Persons having origins in any of the original people of North, Central or South America )</small><br><input type="checkbox"/> Chinese (201)<br><input type="checkbox"/> Japanese (202)<br><input type="checkbox"/> Korean (203)<br><input type="checkbox"/> Vietnamese (204)<br><input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)<br><input type="checkbox"/> Cambodian (207)<br><input type="checkbox"/> Hmong (208)<br><input type="checkbox"/> Other Asian (299)<br><input type="checkbox"/> Hawaiian (301)<br><input type="checkbox"/> Guamanian (302)<br><input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)<br><input type="checkbox"/> Other Pacific Islander (399)<br><input type="checkbox"/> Filipino/Filipino American (400)<br><input type="checkbox"/> African American or Black (600)<br><input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
|--|--|--|

**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
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**Date first attended school in California**

Month	Day	Year
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**CHILDS BIRTHPLACE:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**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? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)?  Yes  
 No  I don't know

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:**

- |   |  |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)                      | <input type="checkbox"/> In a motel/hotel (09)             |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12)   |
| <input type="checkbox"/> In a shelter or transitional housing program (10)  | <input type="checkbox"/> Other (15) (please specify) _____ |

**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 # ( \_\_\_\_ )** \_\_\_\_\_
2.  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:** \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

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)**

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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