

# Murrieta Valley USD Registration

## Student Information For School Records

<input type="checkbox"/> Female	<input type="checkbox"/> Male	Social Security # (optional)
Student Last Name	First	Middle
Birthdate (Mo/Day/Yr)		Birth/City/State/Country of Origin
Address		Apt. #
City/State/Zip	Zip Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mailing Address (if different)		
Primary Phone	Current Grade <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Parent Email		
Student Email		
School Last Attended		
School Address		
City/State/Zip		
Reason for leaving: <input type="checkbox"/> Moved <input type="checkbox"/> Homeless <input type="checkbox"/> Expulsion <input type="checkbox"/> Other		
<input type="checkbox"/> Inter-district transfer <input type="checkbox"/> Intra-district transfer		
Has the student ever been expelled? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: _____		

**Ethnicity:**  
Is this student Hispanic or Latino? (Select only one)  
 No, not Hispanic or Latino  
 Yes, Hispanic or Latino  
*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.*  
**Race: What is the race of this student? (Select one or more)**  
 American Indian or Alaskan Native  
 Asian Indian  Korean  
 Black or African American  Laotian  
 Cambodian  Other Asian  
 Chinese  Other Pacific Islander  
 Guamanian  Samoan  
 Hawaiian  Tahitian  
 Hmong  Vietnamese  
 Japanese  White

**Special Programs**

Title I  
 English Lang. Dev  
 Gifted Prog. (GATE)  
 Counseling  
 Current 504 Plan  
 Current IEP for:  
 Special Day Class  
 Resource Specialist  
 Speech/Language  
 Adaptive PE  
 County Program  
 Non-Public School  
 Behavior Class

Do you have results from:  
 Star  CELDT  
 CAHSEE

Are there any legal custody issues:  Yes  No  
 (Please provide court documents for proper enforcement)  
 Student lives with:  Mother  Father  Guardian  
 Step-Mother  Step-Father  Foster Parent  
 Parent/guardian active duty military?  Yes  No

Father's (Guardian's) Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if other than student's) \_\_\_\_\_

Employer \_\_\_\_\_

Mother's (Guardian's) Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if other than student's) \_\_\_\_\_

Employer \_\_\_\_\_

**Highest Education of a Parent/Guardian: (check one)**

Not a High School Graduate  Graduate School, Post  
 High School Graduate  Graduate Training  
 Some College  Decline to State  
 College Graduate

Other children in home. (List oldest child first.)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Write the date on which your child was first enrolled in a:  
 School in the USA \_\_\_\_\_  
 School in California \_\_\_\_\_

**Residence:** where is your child/family currently living? (Federally mandated by NCLB) - **Please check the 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 or loss (11)  
 In a shelter or transitional housing program (10)  
 Unshelter (car/campsite) (12)  In a hotel/motel (09)  
 Other (15) Please Specify \_\_\_\_\_

**Home Language Survey**  
 Check the language preferred for school papers to be sent home.  English  Spanish  
 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:

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. \_\_\_\_\_

**For Office Use Only: (Check if completed/received):**  Birth Cert.  Imm. Rec.  Emer. Card  Physical  GATE  Intra/Interdistrict  Court Order  SSN  Insurance  Address Verification  Title 1  Bilingual  Spec. ED: Check all that apply:  SDC  RSP  Speech  DDS Counseling  IEP\* (\*provide copy of IEP) **STU ATD/ATP HNL IMM PRM EMG**

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Enrollment Date (Mo/Day/Yr)** \_\_\_\_\_ **Revised Feb 2014**