

Galt Joint Union High School District

Registration Information

12945 Marengo Rd, Galt, CA 95632-1733 (209)745-3061 (209)745-0881 Fax www.ghsd.k12.ca.us

- Estrellita
- Galt High
- Liberty Ranch

Student Number: _____

Grade _____

Student Information

Student's Complete Legal Name (Last) _____ (First) _____ (Middle) _____

Residence Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Other Name(s) Used: _____

Mailing Address (if different) _____ City _____ Zip Code _____

Gender M F Birth Date _____ Birth Place: City _____ State _____ Country _____

Date or grade student first enrolled in a U.S. school _____

Previous Enrollment Information

Last School Attended _____ Comprehensive Continuation Community Day Other

Telephone _____ FAX _____ Address _____

City _____ State _____ Date Entered _____ Date Left _____ Grade _____

Has student ever been accelerated (advanced a grade earlier than expected)? Yes No Grade Level(s) _____

Has student ever been retained? Yes No Grade Level(s) _____

Has student been suspended from school in the last three years for any reason (EC 49079)? Yes No Reason _____

Has student been expelled from any previous school district? Yes No Is expulsion pending? Yes No

If yes, reason _____

If yes, from which school? _____ Is student currently on Juvenile Probation? Yes No

Has this student ever been enrolled in GJUHSD schools before? No Yes If yes, last year and/or grade enrolled: _____

I authorize the release of all records including special education. Parent/Guardian Signature: _____

Parent Information (those living with student)

Check One Mother Stepmother Guardian Foster Other _____
(Please state your relationship)

Mrs. Ms. Miss Dr. Other _____

Last Name _____ First Name _____

Employed By _____ City _____ Work Phone & Ext. (_____) _____

Cell/Message Phone (_____) _____ * Emergency Contact # (_____) _____ *Email _____

Check One Father Stepfather Guardian Foster Other _____
(Please state your relationship)

Mr. Dr. Other _____

Last Name _____ First Name _____

Employed By _____ City _____ Work Phone & Ext. (_____) _____

Cell/Message Phone (_____) _____ *Emergency Contact #(_____) _____ *Email _____

Please indicate the highest level of education in the household - Check One

- Not a high school graduate (includes GED)
- High School Graduate
- Some college (includes AA and vocational school)
- College graduate (four year degree)
- Graduate school (MA, PhD, etc.)
- Declines to state

Registration Form

Other Family Information

Is there a birth parent not residing in the home? If yes, please complete below. Deceased Parent? Yes No
 Last Name _____ First Name _____ Telephone _____
 Address _____ City _____ State _____ ZIP _____

- Need Extra Mailing? Yes No
- Is there a court order regarding custody of this child? Yes No
- Is there a restraining order regarding a birth parent or other party? Yes No
- If yes, you must provide the school with a copy of the most current court order within 10 days of registering your child (Please initial) _____
- If no court order is provided, information will be released to this parent upon request. Court orders must be resubmitted to the school at the beginning of each school year.

Race and Ethnicity

The federal government now requires school districts to collect data on students' race and ethnicity. In addition, California law requires that data on Asian and Pacific Islander subgroups be collected. Please answer both questions.

1. Is this child Hispanic/Latino?

Yes No

2. You must indicate at least one Race

Race	Primary (Mark only 1)	Other (Mark all that apply)
American Indian or Alaska Native		
Asian	X	X
Chinese		
Japanese		
Korean		
Filipino		
Cambodian		
Laotian		
Vietnamese		
Asian Indian		
Hmong		
Other Asian		
Native Hawaiian or Other Pacific Islander	X	X
Hawaiian		
Samoa		
Tahitian		
Guamanian		
Other Pacific Islander		
Black/African American		
White		

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 this important requirement is requested. Please answer the following questions:

Language first spoken by child _____

Language most spoken by child at home _____

Language most spoken to child at home _____

Language most spoken by adults at home _____

Do parents need to receive notices in a language other than English? Yes No

If yes, what language? _____

Is the pupil currently in a Special Program? Yes No

If Yes, please indicate which program:

- Communicatively (speech, language)
- Learning Handicapped, RSP, ED (Please submit copy of child's current IEP)
- 504 (Please submit copy of child's current 504)
- Gate
- Foster
- Other

Residence: Where is your child/family currently living? Please check the appropriate box (This question is federally mandated by NCLB)

- Single Family permanent residence (house, apartment, condo, mobile home) (200)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)
- In a shelter or transitional housing program (100)
- In a motel/hotel (110)
- Foster Family Home or Kinship Placement 210
- Unsheltered (car/campsite) (130)
- Other (please specify) (300) _____

Registration Form

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Galt Joint Union High School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor.

I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

Preferred Doctor _____ Phone No. (_____) _____ Preferred Hospital _____

Health Insurance Carrier _____ Group No. _____ Policy No. _____

- In the event of an accident or emergency, I give permission for school staff or emergency contact to obtain necessary emergency medical care for my child.
- I do not consent to medical care for my child *I release the school/district from liability* . Please initial. _____

Medical/Health Information: Parent/Guardian Signature _____

Registration Signature

Parent/Guardian Signature _____ **Print Name** _____ **Date** _____

OFFICE USE ONLY Clearance ____ Residency ____ Transcript ____ Shot Records ____ Guardianship ____ Birth Certificate ____
Residence School _____ Date of Entry _____ Grade Level _____ Records Requested _____
Student Enrolled By: Parent/Guardian Foster Care Giver *(Copy of Affidavit must be attached)* Intra District Inter District
School Assigned _____ Reason: Residence Overflow Choice SPED Registered By _____