

**South Bay Union School District
Pupil Registration**

Grade _____ Rm # _____
Teacher _____ Bus _____
Hot/Cold Lunch/Explore

Registration Date _____ Proof of Birth _____

Pupil's Last Name _____ First _____ Middle _____

Legal name of Child if Different from Above _____

Pupil Social Security # _____

Birth date _____ Place of Birth (City/State/County) _____

Address/City/Zip Code _____

Mailing address if different than above _____

Father/Stepfather Name _____

Living with pupil? (Yes _____/No _____)

Address if different than students _____

Mother/Stepmother Name _____

Living with pupil? (Yes _____/No _____)

Address if different than students _____

Legal Guardian's Name and address _____

NAME OF SIBLING	BIRTHDATE	GRADE

STUDENT ETHNICITY

CHECK 1

AMER. INDIAN/ALASKAN NATIVE	
ASIAN	
PACIFIC ISLANDER	
FILIPINO	
HISPANIC	
BLACK, NOT HISPANIC ORIGIN	
WHITE, NOT HISPANIC ORIGIN	

**PARENT EDUCATION LEVEL
(MOST EDUCATED PARENT) Check 1**

NOT A HIGH SCHOOL GRAD	
HIGH SCHOOL GRAD	
SOME COLLEGE	
COLLEGE GRAD	
GRAD SCHOOL/POST GRAD TRAINING	
DECLINED TO STATE OR UNKNOWN	

Home Language Survey:

1. Which language did your child first learn? _____
2. What language does your child most frequently use at home? _____
3. What language do parents most frequently speak to child? _____
4. What language do adults at home most often speak? _____

Last School Attended _____ Grade _____

Address/City/State/Zip Code _____

Does this pupil have any special health programs and/or physical handicaps? If so, please specify. _____

Currently in: Speech _____ SDC _____ GATE _____ RST _____

Current IEP/504 Plan _____

History of diseases and medical conditions (check all appropriate boxes)

_____ Asthma _____ Measles _____ Chicken Pox

_____ Diabetes _____ Allergies _____ Epilepsy

Medication Taken Regularly _____

Medication To Be Taken at School _____

(Before medication can be taken at school a Health Care Form must be on file in school office.)

Medi-cal Yes _____ No _____ Policy Number _____

Are there any special custody regulations regarding your child? Yes _____ No _____
If "yes" attach court documents.

Signature of Parent/Guardian: _____