

Sign-In No. _____
Date: _____ Time: _____

San Marino Unified School District Registration Form

The San Marino Unified School District is prohibited by Federal and State law from discriminating on the basis of race, color, national origin, gender or disability in the programs and activities in which it operates. Additional information and/or copy of the Uniform Complaint Procedures may be obtained from the Assistant Superintendent of Instructional Services (626) 299-7000 Extension 320.

Office Use Only! Do Not Write in this Area

Student Number _____ Age Appropriate Grade _____ School _____ Zone _____

() Affidavit of Residence () Caregiver () Inter-district permit

() Escrow Papers () Property Tax Bill () House Lease Agreement*

Utility Bills: () Gas () Electric () Water () Cable Bill () Trash () Phone **(four are required)**

Birth Document: () Birth Certificate () Passport () Baptismal Certificate

****All information is required. Please complete the form carefully and accurately.****

PLEASE PRINT

Student's Legal Name (as on birth certificate or passport): _____
Last First Middle

Student's Nickname/American Name: _____ () Boy () Girl

Student's Social Security Number: _____ - _____ - _____ Home Telephone: () _____

Home Address: _____ City _____ Zip _____

If you should move you are required to submit a change of address and verification to the District Office within 5 working days.

Address Verification

IMPORTANT! Be advised that falsely representing residency to attend San Marino Unified School District will result in immediate dis-enrollment. District/school staff and the San Marino Police Department verify addresses by making home visits as allowed by California law. Parents may be asked to reimburse the District for the cost of educating their child if they are found to have falsified residency. **Note: It is illegal in the City of San Marino to rent/lease rooms in a house.*

Date and Location of Birth

Date of Birth _____ - _____ - _____ Place of Birth _____
Month Day Year City State/Country

School History

What is the first date that your child attended school? In California: _____ In the United States: _____
Month/Day/Year Month/Day/Year

Please list all previous schools student has attended (most recent first):

Years attended	Grade Level	Name of School	Location (city, state, and country)
20 to			

Has your child been found eligible to participate in special education services prior to this year? () YES () NO
If the answer is yes, please request an "exchange of information permission form" from the registrar immediately.

Sign-In No. _____
Date: _____ Time: _____**Demographic Information**

This information is required by the California Department of Education for group reporting purposes to better understand student demographics as related to student achievement.

Ethnicity (check one): Hispanic or Latino? Yes ___ No ___

RACE (Check one or more, regardless of Ethnicity)			
Designation	Check	Designation	Check
Amer. Indian/Alask. Nat.		Filipino	
Chinese		Hawaiian	
Japanese		Other Asian (specify)	
Korean		Black	
Vietnamese		White	
Asian Indian		Other (specify)	
Pacific Islander			

Parent Level of Education	
Check the highest level of education of the custodial parent(s) (Required)	
Level of PARENT Education	Check
High School Graduate	
Some College	
College Graduate	
Graduate School	

Family Information

This student lives with the following at the above address:

(1) Check Relationship to the student () **Father** () **Stepfather** () **Legal Guardian (must provide Court papers)**

() **Caregiver** (Describe relationship to the student) _____

Name _____ Cell Phone: () _____

Occupation: _____ Employer _____

Work Address: _____

Business Phone: _____ E-mail address: _____

(2) Check Relationship to the student () **Mother** () **Stepmother** () **Legal Guardian (must provide Court papers)**

() **Caregiver** (Describe relationship to the student) _____

Name _____ Cell Phone: () _____

Occupation: _____ Employer _____

Work Address: _____

Business Phone: _____ E-mail address: _____

Parental Status (Check one): () Married () Divorced (must provide custody agreement) () Separated
() Widowed () Single

(3) **Others: List all of the children 18 or under who are in this student's family/household**

Name	Birth date	Relationship	School Attending

(4) **If student's father and/or mother are not listed above, please provide their information here:**

Father's Name _____ Home Phone () _____

Home Address _____ Day Phone () _____

Mother's Name _____ Home Phone () _____

Home Address _____ Day Phone () _____

School Directory

Do you give your permission to publish the above student's name, names of parents/guardians who are living at the student's home address and student's home phone number in the school directory that is distributed to all students and parents at your school?

() Yes () No

Student Health Information

List any medications taken:

List any allergies to medications:

List any food Allergies:

List any other Allergies:

List Existing Medical Conditions:

Provide History of Previous Medical Conditions:

By my signature below, I declare that the information provided above is true and accurate.

Parent/Guardian Signature

Date of Registration