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| **For Office Use Only**      Proof of Residency      Immunization Records      Birth Certificate      Oral Health Assessment      Report of Health Checkup      Transfer In Packet *Staff Initials Required* | **BARSTOW UNIFIED SCHOOL DISTRICT**551 South Avenue H Barstow, CA 92311 | **SCHOOL**Today’s Date      Date of Entry      Grade       Room #      Teacher      Student ID#       |
|  |
| **STUDENT IDENTITY INFORMATION (Please Print Clearly)** |
| **LEGAL NAME**  |
| **LAST NAME** |       | **FIRST NAME** |       | **MIDDLE** |       | **Suffix** |       |
| FORMER/Nick Name | LAST NAME |       | FIRST NAME |       |  | Middle |       |
| **GENDER** | [ ]  | Male | [ ]  | Female | **DOB** |       | **Grade Level** |       |
| **BIRTHPLACE** | City |       | State |       |  | County |       |
|  |
| **Has student ever attended school in Barstow Unified School District?** | [ ]  Yes [ ]  No | **If YES,** School |       | Gr |       |
|  |  |  |  |  |  |
|  |
| **Student’s Ethnicity?** (*federally mandated information*) **Please check one** | [ ]  | Hispanic or Latino  | [ ]  | Not Hispanic or Latino  |
|  |
| **WHAT IS YOUR CHILD’S RACE?** (*federally mandated information*) **You may mark up to five racial categories: *The above 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 the student’s race to be.***  |
| [ ]  | American Indian or Alaskan Native (100) | [ ]  | Laotian (206) | [ ]  | Samoan (303) |
| [ ]  | Chinese (201) | [ ]  | Cambodian (207) | [ ]  | Tahitian (304) |
| [ ]  | Japanese (202) | [ ]  | Hmong (208) | [ ]  | Other Pacific Islander (399) |
| [ ]  | Korean (203) | [ ]  | Other Asian (299) | [ ]  | Filipino/Filipino American (400) |
| [ ]  | Vietnamese (204) | [ ]  | Hawaiian (301) | [ ]  | African American or Black (600) |
| [ ]  | Asian Indian (205) | [ ]  | Guamanian (302) | [ ]  | White (700) |
|  |
| **HOME LANGUAGE SURVEY** |
|  (If your child has attended BUSD schools before coming to this school SKIP to the next section. You only complete this one time for the DISTRICT. |
| Which language did the student learn when he/she first began to talk?  |       |
| What language does the student most frequently use at home? |       |
| What language do you use most frequently to speak to your student? |       |
| What language is most spoken by the adults at home? |       |
| Has the student ever been enrolled in a US school for 3 or more full Years?  | [ ]  Yes [ ]  No  |
|  |
| **PARENT EDUCATION-** Check the response that describes the education level of the **most educated parent.** *(federally mandated information)*

|  |
| --- |
| [ ]  Graduate Degree or Higher[ ]  College Graduate[ ]  Some College or Associate’s Degree[ ]  High School Graduate[ ]  Not a High School Graduate |

 |  | **Date Student first attended school** **in the United States?**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Month | Day | Year |

**Date Student first attended school** **in California?**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Month | Day | Year |

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| **PARENT/GUARDIAN 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 YES**, and there is a *legal custody agreement* regarding this student, please check type: [ ]  Joint Custody [ ]  Sole Custody [ ] Guardian**Copies of legal agreement paperwork** **[ ]  Yes** **[ ]  No, IF No: inform parent/guardian we cannot enforce, if we have no legal documentation.** |
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|  |  |
| --- | --- |
| HOUSEHOLD 1-Whom Student Resides |  |
| Parent’s Legal/Guardians Last Name |       | First Name |       |  |
| Relationship to Student |       | Lives with you | [ ]  Yes [ ]  No | DOB |       |  |
| Address |       |  | City /State/Zip |       |  |
| Legal Guardian  | [ ]  Yes [ ]  No | Email Address |       |  |
| Phone #: Home |       |  | Cell |       |  | Work |       |  |
| Active Military  | [ ]  Yes [ ]  No | If Yes, Branch? |       |  |
|  |  |  |  |
|  |  |
| Parent’s Legal/Guardians Last Name |       | First Name |       |  |
| Relationship to Student |       | Lives with you  | [ ]  Yes [ ]  No | DOB |       |  |
| Address |  |  | City/State/Zip |       |  |
| Legal Guardian | [ ]  Yes [ ]  No | Email Address |       |  |
| Phone#: Home |       |  | Cell |       |  | Work |       |  |
| Active Military  | [ ]  Yes [ ]  No | If Yes, Branch? |       |  |
|  |  |  |
|  |  |
| HOUSEHOLD 2 | Additional Mailing Requested [ ]  |
| Shared Custody [ ]  - (Parents at Separate Address) | Does student also reside at this address [ ]  Yes [ ]  No  |  |
| Parent ‘s/Legal Guardian’s Last Name |       | First Name |       |  |
| Relationship to Student |       | Lives with you | [ ]  Yes [ ]  No  | DOB |       |  |
| Address |       |  | City/State/Zip |       |  |
| Legal Guardian | [ ]  Yes [ ]  No | Email Address |       |  |
| Phone#: Home |       |  | Cell |       |  | Work |       |  |
| Active Military  | [ ]  Yes [ ]  No | If Yes Branch? |       |  |
|  |  |  |
|  |  |
| Parent ‘s/Legal Guardian’s Last Name |       | First Name |       |  |
| Relationship to Student |       | Lives with you | [ ]  Yes [ ]  No  | DOB |       |  |
| Address |       |  | City/State/Zip |       |  |
| Legal Guardian | [ ]  Yes [ ]  No | Email Address |       |  |
| Phone#: Home |       |  | Cell |       |  | Work |       |  |
| Active Military  | [ ]  Yes [ ]  No | If Yes, Branch? |       |  |

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|  |
| **SIBLINGS: Full name of Brothers and Sisters (oldest first) living in this household (Please include all children under 5).**  |
| 1. |       | DOB |       | 6. |       | DOB |       |
| 2. |       | DOB |       | 7. |       | DOB |       |
| 3. |       | DOB |       | 8. |       | DOB |       |
| 4. |       | DOB |       | 9. |       | DOB |       |
| 5. |       | DOB |       | 10. |       | DOB |       |
|  |
|  |
| **PROGRAMS-Are there psychological or confidential reports available from your child’s former school**? [ ] Yes [ ] No  |
| Has your child ever been expelled?  | [ ]  Yes[ ]  No If Yes, Date |       | School |       |
| What special services has your child received? **Please check all boxes that apply a**nd supply most recent IEP/504[ ]  **Special Education IEP**[ ]  Specialized Academic Instruction [ ]  Speech /Language[ ]  **Other**[ ]  Gifted (GATE) [ ]  504[ ]  English Language Development [ ]  **Other** (Specify)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does anyone in your house work, or has anyone ever worked in seasonal or temporary work related to agriculture, food processing, or dairy work? [ ]  Yes [ ]  No (If Yes, please compete the pink Migrant Education Card) |
|  |
| **PREVIOUS SCHOOL INFORMATION** |
| **School Name** |  | **School District** |  |
| **Address** |  |
| **City** |  | **State** |  | **ZIP** |  | **Phone**  |  |
| **Date Student Left:** |  |
|  |  |  |  |  |
| **Signature of Parent/Legal Guardian** |  | **Relationship to Student** |  | **Date** |