

### Alder Grove Charter School Registration

Has parent / guardian previously enrolled students with AGCS?  Yes  No

Full **legal name** as on birth certificate: \_\_\_\_\_  
Last First Middle

Name student goes by if different than on birth certificate: \_\_\_\_\_

Gender as on Birth Certificate:  Female  Male Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Birth City & State: \_\_\_\_\_ Is student a US Citizen?  Yes  No, born out of the U.S.:  
If "no" U.S. entry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First date enrolled in a U.S. school: \_\_\_\_/\_\_\_\_/\_\_\_\_ First date enrolled in a California school: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home phone: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

Student **resides** with: Birth Parent(s): \_\_\_\_\_ Court Appointed Foster Parent: \_\_\_\_\_ Other: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_  In home  Not in home  Deceased

Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_  In home  Not in home  Deceased

Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/guardian email address (print clearly): \_\_\_\_\_

Is parent/guardian a member of the Armed Forces on active duty or full time National Guard duty:  
 Yes  No

Are there any **Legal Document(s)** preventing either parent from seeing or taking the student?  
 Yes (if "yes" a copy must be on file with the school)  No

**DIRECTORY INFORMATION:** AGCS may occasionally release student information including but not limited to photographs, name, grade, address, phone number, parent name(s) and school achievements in the school directory, newsletter, yearbook, or to colleges and/or local newspapers, etc.

Yes, it is okay to release my student's information.  No, do not release my student's information.

**FACEBOOK and/or WEBPAGE:** AGCS may occasionally post photos of students on Facebook and/or the school webpage.

Yes, it is okay to post my student's photo.  No, do not post my student's photo.

**SPECIAL EDUCATION** (IEP must be submitted and reviewed prior to enrollment):

Has your student ever had an IEP?  Yes  No Is the IEP "Active":  Yes  No

If Yes:  Academic/RSP/Resource program  Speech  504  Other

**WHAT IS YOUR CHILD'S ETHNICITY?** (Please check one):  Not Hispanic or Latino  Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race).

**WHAT IS YOUR CHILD'S RACE?** (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).

- |   |   |  |                                   |   |
|---|---|--|-----------------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Chinese          | <input type="checkbox"/> Korean                | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Asian Indian                   | <input type="checkbox"/> Laotian          | <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Hmong    | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Hawaiian                       | <input type="checkbox"/> Guamanian        | <input type="checkbox"/> Samoan <i>origins</i> | <input type="checkbox"/> Tahitian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino                       | <input type="checkbox"/> African American |  | <input type="checkbox"/> White    |   |

**HOME LANGAUGE SURVEY** (list only one language per line):

Student's primary language at home (list only one) \_\_\_\_\_

1<sup>st</sup> language learned by student (list only one) \_\_\_\_\_

Main language spoken to child by adult (list only one) \_\_\_\_\_

Main language spoken by adults in home (list only one) \_\_\_\_\_

Does the student speak fluent English: Yes No

**PARENT EDUCATION LEVEL** (most educated parent)

Not a high school graduate  High school graduate  Some college

College graduate  Post graduate  Decline to state

**FAMILY / INCOME / RESIDENCE**

Number of minor children in home: \_\_\_\_\_ Number of adults in home: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

**Does your family participate in CALWorks TANF?** Yes No

**Type of Residence:**

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)

In a shelter of transitional housing program

In a motel/hotel

Unsheltered (car/campsite)  Other (please specify) \_\_\_\_\_

**MEDICAL**

Are there any special health problems the school needs to be aware of: \_\_\_\_\_

\_\_\_\_\_

**DISTRICT OF RESIDENCE**

School district of residence: \_\_\_\_\_

**LAST SCHOOL ATTENDED**

Name of last school your child attended: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Last day attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the student expelled from another school?  Yes  No

**MONTHLY NEWSLETTER**

Please indicate below how you would prefer to view/receive the monthly newsletter.

- Paperless – Sent by Email
- Paper Copy – Sent by USPS Mail

**PARENT SIGNATURE**

I attest that the foregoing is true and correct. I understand that failure to complete this form accurately and completely may result in the delay of the student's enrollment at this school.

\_\_\_\_\_  
Parent signature / Student signature if 18 years of age

\_\_\_\_\_  
Signature date