



MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT



Student Registration Form — Please Print Legibly in Blue or Black Ink

Student Name _____ Birth Date ____/____/____
Other Name Used in School _____ Birth City _____ State ____ Country _____
Male [] Female [] Grade Level Entering _____ Middle or High School: Please provide transcript
Name and Address of last school attended: _____
City State Zip Code Country

Has your child been previously enrolled in MPUSD? [] No [] Yes If yes, what school? _____ Year _____
Does your child receive Special Education Services? [] No [] Yes Is there a current IEP? [] No [] Yes (please attach) Is there a 504? [] No [] Yes
Has your child been previously expelled or suspended from school? [] No [] Yes Is your child currently suspended? [] No [] Yes
Has your child been previously retained? [] No [] Yes If yes, at what grade level? _____ Have they been identified as GATE? [] No [] Yes

Ethnicity: Is student Hispanic or Latino? [] Yes [] No
Student Race (required per US Federal Policy and CA Ed Code) — check all that apply :
[] American Indian or Alaskan Native Tribal Affiliation _____ [] Guamanian
[] Chinese [] Korean [] Laotian (Asian) [] Other Asian [] Samoan [] Filipino
[] Japanese [] Vietnamese [] Cambodian [] Hawaiian [] Other Pacific Islander [] Black or African American [] White

Home Language Survey
Date of Initial Enrollment in US Schools ____/____/____ Date of Initial Enrollment in CA Schools ____/____/____
Month Day Year Month Day Year
Which language did your child learn when he/she first began to talk? _____
Which language does your child most frequently speak at home? _____
Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
Which language is most often by adults in the home? (parents, guardians, grandparents, or other adults) _____
If Spanish, how would you like your correspondence? [] Spanish [] English

Primary Home Address _____ Street City Zip Code
Home Phone: _____ Mailing Address (if different from above) _____

Parent/Legal Guardian
Relationship: [] Father [] Mother [] Legal Guardian [] Step-parent
Lives With student? [] Yes [] No Is Military? [] Yes [] No
Last Name: _____ First Name: _____ Middle Initial _____
Contact Phone: _____ [] Cell Phone [] Work Phone
E-mail: _____
Education Level: [] Not a high school graduate [] High school graduate [] Some college (includes AA degree) [] College graduate (BA or BS) [] Graduate school/postgraduate training
Address (if different from above): _____

AUTHORIZED PARENT/GUARDIAN SIGNATURE _____ DATE _____

School Use Only
Student # _____ Entry Date _____
School _____ Teacher _____