

EAST NICOLAUS HIGH SCHOOL
REGISTRATION FORM: 20 ____ - 20 ____

Entering Grade: 9 10 11 12
(Circle One)

Student's Legal Name: _____
LAST FIRST MIDDLE

Address: _____ Apt# _____ Home Phone: (____) _____ - _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY: _____ ZIP: _____ GENDER: MALE / FEMALE

PARENT/GUARDIAN EMAIL: _____ STUDENT CELL PHONE #: (____) _____ - _____

BIRTHDATE: ____/____/____ BIRTHPLACE: ____/____/____ U.S. CITIZEN? Yes / No
City State Country (Circle One)

IS YOUR STUDENT OF HISPANIC OR LATINO DESCENT? Yes / No (Circle One)

RACE: (Circle all that apply) White Asian Indian Korean Laotian Tahitian Black or African American
Chinese Filipino Vietnamese Cambodian Hmong American Indian/Alaskan
Japanese Hawaiian Guamanian Samoan Other Asian Other Pacific Islander

WHAT SCHOOL IS STUDENT COMING FROM? _____

DOES YOUR STUDENT HAVE SIBLING(S) CURRENTLY ENROLLED AT EAST NICOLAUS HIGH SCHOOL? Yes / No (Circle One)
SIBLINGS NAME: _____ GRADE: _____

HAS YOUR STUDENT RECEIVED ANY SPECIAL EDUCATION SERVICES? Yes / No (Circle One)
Student has current IEP: Yes / No Last date of review: _____ (Please attach copy of current IEP)
Student has a current 504 Plan: Yes / No Last date of review: _____ (Please attach copy of current 504 Plan)

IS YOUR STUDENT CURRENTLY UNDER EXPULSION? Yes / No (Circle One) (Please Attach copy of Expulsion Report)

PARENT/GUARDIAN INFORMATION WITH WHOM STUDENT LIVES:

PRIMARY PARENT/GUARDIAN

Identify your relationship to student: (Circle One)
Father Mother Guardian Step Parent Foster Parent Other _____
Name: _____
Employer: _____
Work Number: (____) _____ - _____

SECONDARY PARENT/GUARDIAN

Identify your relationship to student: (Circle One)
Father Mother Guardian Step Parent Foster Parent Other _____
Name: _____
Employer: _____
Work Number: (____) _____ - _____

IS THERE CURRENTLY AN "ACTIVE" RESTRAINING ORDER ON FILE? (IF APPLICABLE) Yes / No (Circle One)
IS THERE CURRENT COURT CUSTODY PAPERS ON FILE? (IF APPLICABLE) Yes / No (Circle One)

I give the following person(s) permission to check out the above named student, or in an emergency, begin treatment on my behalf.

1. _____ (____) _____ - _____
2. _____ (____) _____ - _____
3. _____ (____) _____ - _____