

**SANTA RITA UNION SCHOOL DISTRICT  
STUDENT REGISTRATION**

PUPIL'S NAME \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_ Birthdate \_\_\_\_\_

Ethnic Group: (Circle one or more) 1. African American 2. American Indian 3. Asian 4. Filipino 5. Hispanic/Latino 6. Pacific Islander 7. Black 8. White 9. Chinese 10. Japanese 11. Korean 12. Vietnamese 13. Asian Indian 14. Hawaiian 15. Guamanian 16. Samoan 17. Laotian 18. Cambodian

Circle all grades attended in Santa Rita School District: K 1 2 3 4 5 6 7 8

Circle first school attended in Santa Rita District: Santa Rita La Joya Gavilan View

Circle all grades previously attended at this school: K 1 2 3 4 5 6 7 8

Date of First School Entry in the U.S. \_\_\_\_\_ Date of First School Entry in California: \_\_\_\_\_

Name of Previous School Attended: \_\_\_\_\_

Complete Address of Previous School: \_\_\_\_\_  
STREET CITY/STATE ZIP

Child lives with:

\_\_ FATHER: \_\_\_\_\_

\_\_ STEP FATHER LAST FIRST CELL

\_\_ GUARDIAN

Father's Employer: \_\_\_\_\_  
NAME OF BUSINESS/FIRM ADDRESS PHONE

\_\_ MOTHER: \_\_\_\_\_

\_\_ STEP MOTHER LAST FIRST CELL

\_\_ GUARDIAN

Mother's Employer: \_\_\_\_\_  
NAME OF BUSINESS/FIRM ADDRESS PHONE

CHILDCARE PROVIDER: \_\_\_\_\_  
NAME ADDRESS PHONE

IS THERE A PARTICULAR PERSON NOT ALLOWED TO PICK UP THIS STUDENT FROM SCHOOL?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Brief Explanation: \_\_\_\_\_

Restraining Order? \_\_ YES \_\_ NO Date of Expiration: \_\_\_\_\_

HIGHEST LEVEL OF PARENT EDUCATION: (circle one) 1. Not a High School Graduate 2. High School Graduate 3. Some College 4. College graduate 5. Graduate School 6. Decline to state

HEALTH HISTORY: (Please list any significant medical conditions that apply to your child, such as asthma, diabetes, epilepsy, etc.)

BROTHERS AND SISTERS LIVING AT HOME:

Name	Age	Grade	School Presently Attending

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

District Student ID# \_\_\_ \_\_ **0 0** \_\_\_\_\_ Primary Home Language \_\_\_\_\_

Interdistrict Transfer: \_\_\_\_\_ Intradistrict Transfer: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

Requested Cum Dates: \_\_\_\_\_ On Computer: \_\_\_\_\_

Date Entered: \_\_\_\_\_ School \_\_\_\_\_ Teacher: \_\_\_\_\_

Programs: \_\_ EO only \_\_ Bilingual \_\_ Immersion \_\_ Migrant \_\_ Special Ed \_\_ Other: \_\_\_\_\_

Grade: \_\_\_ Room \_\_\_ Bus Route To School # \_\_\_ From School # \_\_\_\_\_

**DISTRITO ESCOLAR SANTA RITA**  
**MATRICULACIÓN DE ESTUDIANTE**

Nombre de Estudiante \_\_\_\_\_ Sexo: M \_\_\_ F \_\_\_  
APELLIDO PRIMERO SEGUNDO

Domicilio \_\_\_\_\_ Código Postal \_\_\_\_\_ Teléfono \_\_\_\_\_  
 Lugar de Nacimiento \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Grupo Étnico: (*Circule uno o mas*) 1. Afro Americano 2. Indio Americano 3. Asiático 4. Filipino 5. Hispano/Latino 6. De Las Islas del Pacífico 7. Negro 8. Anglo 9. Chino 10. Japones 11. Coreano 12. Vietnamés 13. Indio Asiático 14. Hawaiano 15. Guamanian (Del Guam) 16. Samoan 17. Laosiano 18. Camboyano

Circule los grados que atendio en el Distrito Santa Rita: K 1 2 3 4 5 6 7 8

Circue la primer escuela que atendio en el Distrito Santa Rita: Santa Rita La Joya Gavilan View

Circule los grados que atendio en esta escuela: K 1 2 3 4 5 6 7 8

Primer día de escuela en E.E.U.U. \_\_\_\_\_ Primer día de escuela en California: \_\_\_\_\_

Nombre de Escuela Previa: \_\_\_\_\_

Domicilio completo de Escuela Previa: \_\_\_\_\_  
CALLE CIUDAD/ESTADO CODIGO POSTAL

**ESTUDIANTE VIVE CON:**

PADRE: \_\_\_\_\_

PADRASTRO APELLIDO PRIMERO CELULAR \_\_\_\_\_

GUARDIAN

Empleador de Padre: \_\_\_\_\_ ( ) \_\_\_\_\_  
NOMBRE DE COMPANIA DOMICILIO TELEFONO

MADRE: \_\_\_\_\_

MADRASTRA APELLIDO PRIMERO CELULAR \_\_\_\_\_

GUARDIAN

Empleador de Madre: \_\_\_\_\_ ( ) \_\_\_\_\_  
NOMBRE DE COMPANIA DOMICILIO TELEFONO

Nombre de Cuidaniños: \_\_\_\_\_ ( ) \_\_\_\_\_  
NOMBRE DOMICILIO TELEFONO

**HAY ALGUNA PERSONA QUE NO TIENE PERMISO DE RECOGER AL ESTUDIANTE DE LA ESCUELA?**

Nombre \_\_\_\_\_ Relación \_\_\_\_\_

Explicación: \_\_\_\_\_

Orden De Restringir?  SI  NO Fecha de Vencimiento: \_\_\_\_\_

NIVEL MAS ALTO DE EDUCACIÓN DEL PADRE (*circule uno*) 1. No Preparatoria 2. Preparatoria  
 3. Tomo algun estudio de universidad 4. Graduó de Universidad 5. Escuela de Gradúa 6. Declina declarar

HISTORIA DE SALUD: (*Por favor incluya condiciones de salud de su hijo/a como asma, diabetes, epilepsia u otro*)

**NOMBRES DE HERMANOS/AS QUE VIVEN EN CASA:**

<i>Nombre</i>	<i>Edad</i>	<i>Grado</i>	<i>Escuela a Que Asiste</i>

Firma de Padres: \_\_\_\_\_ Fecha: \_\_\_\_\_

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