

SUTTER UNION HIGH SCHOOL DISTRICT

2665 ACACIA AVE/ PO BOX 498
SUTTER, CA 95982



Phone (530) 822-5161
Fax (530) 822-4905

OFFICE USE ONLY

ID# _____ SN _____

SHS BV ISP Enrollment Date: _____

STUDENT REGISTRATION FORM

SECTION 1: Student Information

Grade: **9 10 11 12**

Student's Legal Name: _____
Last First (No Nickname) Middle

Birthdate: _____ Place of Birth: _____ Gender: () Male () Female
City State Country

Home/Primary Phone: _____ Student's Cell: _____ Student Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____ City: _____ State: _____ Zip: _____

Will student be attending on an Inter-District Agreement? () YES () NO *If yes, please complete Inter-District Agreement Form

Ethnicity: () Hispanic/Latino () Not Hispanic/Latino

Race: Please select one or more

() White () Black/African American () American Indian/Alaskan () Asian Indian () Chinese () Japanese () Hmong () Other Asian
() Other: _____

SECTION 2: Parent/Guardian Information

Student living with (circle one):

Both Parents Mother Only Father Only Joint Custody Guardian Foster Family Other: _____

Parent/Guardian 1: Relationship: _____
(Mother, Father, Guardian, etc.)

Name: _____

Address: _____
City State Zip

Work Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Parent/Guardian 2: Relationship: _____
(Mother, Father, Guardian, etc.)

Name: _____

Address: _____
City State Zip

Work Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Parent/Guardian Highest Education Level (Please select one):

() Graduate School () 4yr College Degree () Junior College/Some College () High School Graduate () Not High School Grad () Decline to State

SECTION 3: Enrollment History

Previous School: _____
Name City State

Has student ever been expelled? () Yes () No If yes, for what reason? _____ Cleared? () Yes () No

Form continues on the back

SECTION 4: Special Programs

Was student in any special services or programs at previous school? () YES () NO *If yes, please check the appropriate program(s)*

() Special Education () Speech () 504 Accommodations () ESL/Bilingual Services () Other: _____

Where does your child/family reside? Check **one** box only

This information is use to determine if your child qualifies for any additional assistance under federal law.

- In a single family residence
- With more than one family in a house/apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- With a friend or family member without parent/guardian
- Other: _____

Is the student's parent/guardian a member of the Armed Forces on Active Duty or full-time National Guard? () Yes () No

If yes, please state branch of service _____

Other Children in Family: Please list all other children living in the home

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

SECTION 5: Declaration & Signature

I declare my legal residence to be that given above. I understand that a pupil is not legally enrolled in Sutter Union High School District until this form is completed and signed by the parent or guardian. I understand that a pupil admitted under false information is not legally enrolled in Sutter Union High Schools. I hereby certify that the information given on this form is a true and correct statement and also understand if the above information changes during the school year, I will notify the school office within 15 days.

Parent/Guardian Signature

Date

Student Signature

Date

*Thank you for taking time to fill out this form.
We look forward to working with you to help your child be successful!*