

FOREST RANCH CHARTER SCHOOL

15815 Cedar Creek Road
Forest Ranch, CA 95942

K – 8 Student Registration Form

OFFICE USE ONLY: Start Date _____

Teacher _____

CUSD ID# _____ CSIS ID# _____

Records Request: 1st _____ 2nd _____

Proof of Birth (type) _____

Verified by _____

A. STUDENT INFORMATION (please print) Grade Level _____

Student's LEGAL NAME _____
Last First Middle

Name student has used (if different from LEGAL) _____

Student Address _____
Number Street Name City Zip Code

Mailing Address (if Different) _____

Home Phone (_____) _____

Social Security No. _____ () Male () Female

Birth Date _____ Place of Birth _____
(mm/dd/yyyy) City, State, Country

If foreign born, date first attended U.S. School _____

Ethnic Background (circle one):

100 AmerIndian/Alaska Native	205 Asian Indian	302 Guamanian	400 Filipino
201 Chinese	206 Laotian	303 Samoan	500 Hispanic/Latino
202 Japanese	207 Cambodian	304 Tahitian	600 Black/African American
203 Korean	299 Other Asian	399 Other Pacific	700 White (not Hispanic)
204 Vietnamese	301 Hawaiian	Islander	999 Decline to State

Primary Language: Only English Other Language _____

School-age Siblings:

Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____

B. PARENT/GUARDIAN INFORMATION (Please Print)

Student lives with (please check):

MOTHER: () Birth () Step () Foster () Guardian () Other
Name _____

Address _____

Phone _____ Work _____ Cell _____

FATHER: () Birth () Step () Foster () Guardian () Other
Name _____

Address _____

Phone _____ Work _____ Cell _____

Who has legal custody? () Father () Mother () Joint () Other
(Explain Other) _____

Is there a court order regarding custody of this child? () Yes () No

If yes, you must provide the school with a copy of the current court order
Additional Report Card should be sent to:

Name: _____

Address: _____

Relationship: _____

If student is not living with legal guardian please fill in:

Relationship _____

Name _____

Caregiver's Authorization Affidavit filled out? () yes () No

C. PARENT/GUARDIAN EDUCATION LEVEL:

This information is **required** for State testing programs and is confidential. Please check the highest education level.

Education Level (check highest completed)	Mother/ Guardian	Father/ Guardian
14/Not A High School Graduate		
13/High School Graduate		
12/Some College, including AA Degree		
11/College Graduate (Four Year Degree)		
10/Graduate School/Post Graduate Training		

OVER → →

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K – 8 Student Registration Form *(continued)*

D. SCHOOL HISTORY 1. New to Chico Schools? _____ 2. CHICO Schools Attended _____
3. The last school attended was: () Traditional () Alternative Education Program School () Independent Study/Home School () Charter School () Private School

LIST THE LAST FOUR SCHOOLS CHILD HAS ATTENDED

Grade	Name of School and District	Address (we need the complete address of most recent school attended.)	Month/Year Left
		Phone:	
		Phone:	
		Phone:	
		Phone:	

E. MISCELLANEOUS STUDENT INFORMATION – Please check the following questions yes or no:

- | | | |
|------------|-----------|---|
| <u>Yes</u> | <u>No</u> | |
| () | () | Is this student receiving Special Education services? () RSP () SDC () Active IEP () Other _____ |
| () | () | Is this student eligible for services under Section 504 of the Americans with Disabilities Act? |
| () | () | Is this student receiving special services? () Title 1 () GATE () Speech () Migrant Ed () English Language Development
() Remedial Reading () Other _____ |
| () | () | Has this student repeated a grade? If yes, which grade _____ |
| () | () | Has this student failed any classes? If yes, list classes failed _____ |
| () | () | Has this student had a history of truancy or excessive absences? _____ |
| () | () | Has this student been suspended or expelled from school within the last 3 years? If yes, reason _____ |

I CERTIFY THAT THE INFORMATION SUPPLIED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Parent/Guardian Signature _____ Date _____