

Student Information						OFFICE USE ONLY	
Legal Last Name		Legal First Name		Legal Middle Name		Grade: _____ Date: _____	
Grade	Retained? If Yes, What Grade?	Also Known As (other names used):		Social Security Number		Student Number: _____	
Address		Apt./Space	<input type="checkbox"/> Rialto <input type="checkbox"/> San Bernardino <input type="checkbox"/> Colton <input type="checkbox"/> Fontana Other: _____	City	Zip Code	School of Residence: _____	
Mailing address, if different			City		Zip Code	School Assigned: _____	
Phone Number	Date of Birth	Place of Birth (City, State)			Sex	Start Date: _____	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	

Family Information (if there is a custody/restraining order for child, please provide a copy)			
Name of Person Enrolling Student:			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver
Name of Legal Mother:			<input type="checkbox"/> Lives with <input type="checkbox"/> Not in Home
Name of Legal Father:			<input type="checkbox"/> Lives with <input type="checkbox"/> Not in Home
Children Living In the Home			
Name	Date of Birth	Name	Date of Birth

Previous School Information – Last School of Attendance Listed First			
1. Name of School/District	City and State	Grade	Date Last Attended
2. Name of School/District	City and State	Grade	Date Last Attended
Has student attended a Rialto School? (ex: Preschool) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school:	Grade	Date Last Attended

<b>What is the date that the student first entered school in the U.S.A.? Month: _____ Year: _____</b>	
<b>Attendance problems:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Discipline problems/Expulsions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Language Survey	
The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:	
1. What language did your son or daughter learn when he or she first began to talk? _____	
2. What language does your son or daughter most frequently use at home? _____	
3. What language do you use most frequently to speak to your son or daughter? _____	
4. What language is most often spoken by the adults at home? _____	
If answers to questions one through three indicate a language other than English, state law requires testing for English Proficiency. You will be notified of the results.	

Ethnicity	
Please select one: Is the child Hispanic or Latino?	
<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	
Race	
<b>Please select child's Race:</b> <input type="checkbox"/> American Indian or Alaska Native (Origins in North, Central or South America) <input type="checkbox"/> African American or Black <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White (Origins in Europe, North Africa or the Middle East)	

Standardized Testing and Reporting Data	Prior Special Education Programs
The California State Department of Education requests information regarding the highest level of education completed by the enrolling parent/guardian. Please check. <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> College degree from a 4-year university, with additional coursework in graduate school <input type="checkbox"/> DECLINE TO STATE	Please provide the following information to assist in your child's placement in school: <input type="checkbox"/> My child has <b>not</b> participated in any special program. <input type="checkbox"/> My child has had special testing. <input type="checkbox"/> My child has participated or is participating in the program(s) checked below: <input type="checkbox"/> Adaptive Physical Education <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Emotionally Disabled (ED) <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Severely Handicapped <input type="checkbox"/> Resource Specialist Program (RSP)

My signature certifies that all information provided is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my student.