# Orange County Department Of Education Division of Alternative Education Alternative, Community, and Correctional Education Schools and Services

## STUDENT REGISTRATION FORM

Please Print Clearly								
Legal Name: Last	I	First			Middle			
Prior ACCESS student: No Yes, If yes, has your name changed from a prior enrollment: No Yes If yes, indicate name used in the prior enrollment:								
Sex: Male Femal	Grade:	e: If 9 <sup>th</sup> grade or greater, initial 9 <sup>th</sup>			Parent E back of fo	d Level (Refer to orm):		
Name of Mother: Par	ent Guardian	■Caregiver						
Name of Father: Parent Guardian Caregiver								
Home Phone:	Fatl	ner's Work Ph	s Work Phone: Ext:			Mother's Work Phone: Ext:		
Mailing Address		A	pt			City		Zip Code
Residence Address (If o	lifferent than abov	ve) A	.pt			City		Zip Code
Father's Cell Phone:	ther's Cell Phone:    Mother's Cell Phone:   Student's Cell Phone:   ( )							
Father's Email Address	Mother's l	Mother's Email Address:			Student's Email Address:			
Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:  In a single family permanent residence (house, apartment, condo, mobile home) (200)  Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)  In a shelter or transitional housing program (100)								
WHAT IS YOUR CHILD'S ETHNICITY? Mark the ethnicity with which the student most closely identifies (Please check one):  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino								
WHAT IS YOUR CHIL The previous question is following by indicating w	about ethnicity, no	t race. No mati	ter what				se continu	e to answer the
	following by indicating what you consider your race to be.  Selection: One:Two:Three:Four:Five:Five:							
Place of Birth: City: State: Country:								
C	rant Ed: No If not born in the U.S., what month/year did your child			ia school?				
FOR OFFICE USE O	NLY							
Enrolled By:  Social Worker/ Probation Officer:								
Referrer: Social Services Probation District Name: Title:								
Referral Code:		Referral Date				Referral R	Leason:	
Enrollment type: ☐Re-	nrollment type: Re-enroll New Start Date: Program type Day CL PermID:			mID:				
Teacher Name/Number:  AU/Site:								
Home Lang as indicated by	fome Lang as indicated by question #2 on the Home Language Survey:  Primary Lang as indicated by question #1 on the Home Language Survey:							
CELDT-Language Proficiency as indicated on Referral:  ACCESS Form109:10/25/12								

#### Parent Education Level Codes:

Select the code that best describes the education level of the most educated parent

Code	Description	Code	Description
14	Not High School Graduate	11	College Graduate
13	High School Graduate	10	Graduate School/Post Grad Training
12	Some College/Associate's degree	15	Declined To state/unknown

#### Race Codes:

Select the code with which the student most closely identifies with.

Select	select the code with which the student most closely identifies with.					
Code	Description	Code	Description	Code	Description	
100	American Indian or Alaskan Native	302	Guamanian	399	Other Pacific Islander	
(Persons having origins in any of the		301	Hawaiian	303	Samoan	
	original people of North, Central or South America )	208	Hmong	304	Tahitian	
205	Asian Indian	202	Japanese	204	Vietnamese	
600	Black or African American	203	Korean	700	White (Persons having origins in	
207	Cambodian	206	Laotian		any of the original peoples of	
201	Chinese	299	Other Asian		Europe, North Africa, or the	
400	Filipino/Filipino American				Middle East)	

### PREVIOUS SCHOOL(S) ATTENDED: (For purpose of requesting transcripts and/or folders only)

SCHOOL NAME (Begin with most recent)	DISTRICT	CITY/STATE	DATES ATTENDED (Month/Year)	