

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			First	Middle	Home Language Correspondence: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other* _____ <small>(refer to back of form)</small>	
Prior ACCESS student: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, has your name changed from a prior enrollment: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate name used in the prior enrollment: _____						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Birth Date:	Grade:	Lives With: Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Father <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent Ed Level (Refer to back of form):	
Name of Mother: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver						
Name of Father: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver						
Primary Contact Number: ( )		Father's Work Phone: ( )		Ext:	Mother's Work Phone: ( )	
Mailing Address			Apt	City		Zip Code
Residence Address (If different than above)			Apt	City		Zip Code
Father's Cell Phone: ( )		Mother's Cell Phone: ( )		Student's Cell Phone: ( )		
Father's Email Address:		Mother's Email Address:		Student's Email Address:		
<b>Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:</b> <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200) <input type="checkbox"/> In a motel/hotel (110) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) <input type="checkbox"/> Unsheltered (car/campsite) (130) <input type="checkbox"/> In a shelter or transitional housing program (100) <input type="checkbox"/> Other (300) (please specify) _____						
<b>WHAT IS YOUR CHILD'S ETHNICITY? Mark the ethnicity with which the student most closely identifies (Please check one):</b> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino						
<b>WHAT IS YOUR CHILD'S RACE? (Select up to five racial categories, refer to back of form)</b> <i>The previous question is about ethnicity, not race. No matter what ethnicity you selected above, please continue to answer the following by indicating what you consider your race to be.</i> <b>Selection: One: _____ Two: _____ Three: _____ Four: _____ Five: _____</b>						
Place of Birth: City: _____ State: _____ Country: _____						
Migrant Ed: <input type="checkbox"/> No <input type="checkbox"/> Yes, ID:	If not born in the U.S., what month/year did your child... Enter the U.S? _____ ... 1st enrolled in a U.S. school? _____ ... 1st enrolled in a California school? _____					

**FOR OFFICE USE ONLY**

Enrolled By:			Probation Officer:			
Referrer: <input type="checkbox"/> Probation <input type="checkbox"/> District: District name: _____						
Referrer's Name: _____ Title: _____						
Referral Code:		Referral Date:		Referral Reason:		
Enrollment type: <input type="checkbox"/> Re-enroll <input type="checkbox"/> New		Start Date:		Program type: <input type="checkbox"/> Day <input type="checkbox"/> CL		PermID:
Teacher Name/Number:			AU/Site:			
Home Lang as indicated by question #2 on the Home Language Survey:			Primary Lang as indicated by question #1 on the Home Language Survey:			
ELPAC/CELDT-Language Proficiency as indicated on Referral:					Form109:02/13/20	

**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.

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

\*Home Language Correspondence: If other language indicated is not available for correspondence, written correspondence will be in English.

**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)