

Vista Unified School District
1234 Arcadia Avenue, Vista CA 92084-3495
K-12 Student Registration Form

**Press Firmly When
 Completing Form**
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Legal Last Name	First	Middle	Sex <i>Circle One</i>	Grade	Birthdate / /
Parents/Guardian ()	Street Address ()	City ()		ST	Zip Code
Home Phone	Father's Work Phone	Mother's Work Phone	E-mail		
Birthplace (city/state/country)		Other Last Name Used by Student		Cell or Pager	

Parent/Guardian Contacts:

Father's Name	Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Name	Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step-Parent/Guardian's Name	Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Minors in Home

1.Name	Birthdate	3.Name	Birthdate
2.Name	Birthdate	4.Name	Birthdate

Parent Education Level

1. Not HS Graduate 3. Some College 5. Grad School/Post Grad training
 2. HS Graduate 4. College Graduate 6. Declined to State

Home Language Survey

1. What language did student learn when he/she first began to talk? _____
2. What language does student use most frequently at home? _____
3. What language do you use most frequently with student? _____
4. What language is most often spoken by the adults living in the home? _____

Student's Ethnic Background (Select one):

- Not Hispanic or Latino Hispanic or Latino

Student's Race (Select one or more regardless of ethnicity):

- American Indian/Alaskan Native Black/African-American White
 Asian/East Indian * **Circle One** (*Chinese, Japanese, Korean, Vietnamese, Filipino, Asian Indian, Laotian, Cambodian, Hmong, Other Asian*)
 Pacific Islander * **Circle One** (*Hawaiian, Guamanian, Samoan, Tahitian, Other Pacific Islander*)

Preschool Information (Select the program your child was primarily participating in prior to Kindergarten)

- Vista Child Development Center David and Jillian Gilmour EEC
 VUSD Preschool Half Day Head Start
 Family Child Care Fee-for-Service/Private Preschool
 Other Did not attend Preschool

Was your child's preschool Half Day Full Day

How long did your child attend? _____

School History

- 504 Yes No
 Special Education Yes No
 If yes, what program _____
 Do you have a copy of the IEP/504 ? Yes *date* _____ No

Conduct

- Is student currently under expulsion? Yes No
 Has student ever been expelled? Yes No
 Offense _____
 Is student on SARB contract? Yes *date* _____ No

Last School Attended

- Has your student ever attended Vista Schools before? Yes No
 If yes, which school? _____
 When ? _____

Last School Attended	Address	City	State	Zip Code
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Signature: _____

Date: _____

THANK YOU FOR FILLING OUT THIS FORM COMPLETELY

SCHOOL USE ONLY

School
Start Date
Teacher
Student #
Perm ID #
Grid Code
Proof of Res.
DOB Verified
How?
Immunizations <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt
Emergency Card
Release of Information
Interdistrict Transfer District
Intradistrict Transfer School