

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

**STUDENT INFORMATION**

Student's FULL Legal Last Name		First	Middle	M F NB Sex (Circle One)	Grade	MM / Day / Year Birthdate
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Street Address	City	State	Zip Code	Birthplace (City/State/Country)
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Student's email	Student's Cell Phone
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**Student's Ethnic Background (Select one):**

Not Hispanic or Latin     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 – for Kinder Students Only (Select the program your child primarily participated 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 preschool?     One Year     Two Years     Other

**Support History (Select all that apply)**

Section 504 Plan:    Do you have a copy?     Yes     No     Special Education IEP:    What program?    Do you have a copy?     Yes     No

**Conduct**

Has the student ever been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the offense?
Is the student currently under expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the offense?
Is the student on a SARB contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:

**Last School Attended**

Name of School:

Street Address	City	State	Zip Code
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Has your student ever attended Vista Unified schools before?     Yes     No    If yes, which school:    When:

**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?	

**Other Siblings in VUSD**

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

**PARENTS/GUARDIANS**

FATHER'S Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student?	Primary/Cell Phone	Work Phone	Email
MOTHER'S Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student?	Primary/Cell Phone	Work Phone	Email
STEP-PARENT Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student?	Primary/Cell Phone	Work Phone	Email
STEP-PARENT Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student?	Primary/Cell Phone	Work Phone	Email

**Parent Education Level**

Not HS Graduate     HS Graduate     Some College     College Graduate     Grad School/Post Grad training     Declined to State

**Military Service**

Is either parent/guardian currently serving in the military?     Yes     No    If yes:     Mother     Father     Both     Guardian  
If yes, which branch?     Air Force     Army     Coast Guard     Marines     Navy

**Parent/Legal Guardian Signature**

**Relation to Student**

**Date**

<b>FOR SCHOOL USE ONLY</b>	School:	Perm ID#:	Immuniz: <input type="checkbox"/> Comp <input type="checkbox"/> Incomp <input type="checkbox"/> Exempt	
	Start Date:	Grid Code:	Proof of Res:	Interdistrict Trans Dist:
	Teacher:	DOB Verified:	How?:	Intradistrict Trans Sch: