

EL CAPITAN HIGH SCHOOL
STUDENT REGISTRATION FORM

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTHDATE _____ STATE OF BIRTH _____ GENDER: MALE _____ FEMALE _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

ETHNICITY: _____ WHITE _____ AMERICAN INDIAN _____ HISPANIC OR LATINO _____ BLACK _____ ASIAN

LAST SCHOOL ATTENDED _____ LAST GRADE ATTENDED _____

MOTHER _____ EMAIL _____ PHONE _____ LIVES WITH? _____

FATHER _____ EMAIL _____ PHONE _____ LIVES WITH? _____

GUARDIAN _____ EMAIL _____ PHONE _____ LIVES WITH? _____

EMERGENCY CONTACT

CONTACT #1 _____ PHONE _____ EMAIL _____

CONTACT #2 _____ PHONE _____ EMAIL _____

SPECIAL EDUCATION

DOES THE STUDENT HAVE A CURRENT IEP _____ YES _____ NO

HOMELESS SURVEY:

ARE YOU LIVING IN A TEMPORARY HOUSING CONDITION DUE TO ECONOMIC OR OTHER HARDSHIPS? _____ YES _____ NO

IF YES, IS YOUR NIGHT-TIME RESIDENCE (PLEASE SELECT ONE OF THE FOLLOWING):

_____ A LIVE-IN SHELTER OR WITH FRIENDS OR RELATIVES TEMPORARILY?

_____ VEHICLES, TRAILERS OR IN A PUBLIC PLACE SUCH AS A PARK?

I ATTEST THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE _____ DATE _____

-----Office Personnel to Complete-----

GRADE LEVEL ENTERING _____ ENTRY DATE _____ ST.ID# _____ SAIS# _____