

New Student     Continuing Student

**FOR STUDENTS LIVING IN DISTRICT ONLY**  
**Required proof of residency, such as the following:**  
 1. PG&E, water, garbage, or cable bill showing address.  
 2. Escrow documentation or purchase documents for recent house purchase.  
 3. A copy of lease or rent receipt.  
 4. **For base residency only:** Cable TV, DirecTV, bank account, renter's insurance or phone bill.

Current Teacher (For Elem. Only)	Student Number

Last Name	First	Middle	Social Security #	Sex	Grade   04-05	Grade   05-06	School   04-05

Address	City	State	Zip	Today's Date

Home Phone (Parent/Guardian)	Student Date Of Birth	Student Place of Birth (City, State, Country)

Race/Ethnicity		Home Language
<input type="radio"/> African/African American (600) <input type="radio"/> American Indian or Alaskan Native (100) <input type="radio"/> Asian/Asian American → <input type="radio"/> Filipino/Filipino American (400) <input type="radio"/> Hispanic/Latino (500) <input type="radio"/> Pacific Islander → <input type="radio"/> White [not of Hispanic origin] (700)	If Asian or Pacific Islander is marked on the left, then grid all that apply  <input type="radio"/> Chinese (201) <input type="radio"/> Guamanian (302) <input type="radio"/> Japanese (202) <input type="radio"/> Samoan (303) <input type="radio"/> Korean (203) <input type="radio"/> Laotian (206) <input type="radio"/> Vietnamese (204) <input type="radio"/> Cambodian (207) <input type="radio"/> Asian Indian (205) <input type="radio"/> Other Asian (299) <input type="radio"/> Hawaiian (301)	1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you most frequently speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home: _____

**Mobility**

1. What grade was the student in when he/she first came to Travis Unified School District? (K 1 2 3 4 5 6 7 8 9 10 11 12)

2. What grade was the student in when he/she first came to this school? (K 1 2 3 4 5 6 7 8 9 10 11 12)

Previous School Attended include address (For new students only)	City	State	Zip	Phone	Fax	Grade at Previous School

Does the student have a 504 accommodation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student in foster care at the time of enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student enrolled in Gifted and Talented Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student presently under expulsion and/or suspension from any other district? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did the student first enter the United States? Mo: _____ Yr: _____
				When did the student first enter a U. S. school? Mo: _____ Yr: _____
				When did the student first enter a California school? Mo: _____ Yr: _____

**SPECIAL EDUCATION INFORMATION**

Please circle if the student is or has been enrolled in: *Special Ed., Resource, Special Day, Speech, or other:* \_\_\_\_\_

If not enrolled at present, date dismissed: \_\_\_\_\_

PARENT/GUARDIAN/FOSTER PARENT INFORMATION (Circle one)				PARENT/GUARDIAN/FOSTER PARENT INFORMATION (Circle one)			
Father	Stepfather	Guardian	Foster Parent	Mother	Stepmother	Guardian	Foster Parent
Name		Email Address		Name		Email Address	
Home Address		Phone	Pager/Cell	Home Address		Phone	Pager/Cell
Employer/Squadron Number/Rank		Work Phone		Employer/Squadron Number/Rank		Work Phone	
Parent/Guardian/Foster Parent Education Level: State Required Information				Parent/Guardian/Foster Parent Education Level: State Required Information			
<input type="radio"/> Not a High School Graduate (1)	<input type="radio"/> High School (2)	<input type="radio"/> Some College (3)	<input type="radio"/> College Graduate (4)	<input type="radio"/> Not a High School Graduate (1)	<input type="radio"/> High School (2)	<input type="radio"/> Some College (3)	<input type="radio"/> College Graduate (4)
<input type="radio"/> Graduate School (5)	<input type="radio"/> Declined (6)	<input type="radio"/> Graduate School (5)	<input type="radio"/> Declined (6)	<input type="radio"/> Graduate School (5)	<input type="radio"/> Declined (6)	<input type="radio"/> Graduate School (5)	<input type="radio"/> Declined (6)

**If You Have A Student Care Provider, PLEASE Complete The Following Information**

Name of provider: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NOTE:** Directory information pertaining to the student care provider will be considered confidential and will only be exchanged between parent, school, and student care provider.

<b>Custody/Health Issues</b>		<b>Parent/Guardian/Foster Parent Signature</b>		
FOR SCHOOL USE ONLY				
Track (YRE only)	Address Verification Initial _____	Date of Birth Verification Initial _____	CSIS Number	Enrollment Start Date