PACIFIC GROVE MIDDLE SCHOOL NEW STUDENT REGISTRATION

A <u>certified or original copy</u> of the student's birth certificate is required for registration; the student's name must match the birth certificate:

LAST:	FIRST:	MIDDLE:	
Student's Nickname (other than on the birth certificate):			
Date of Birth: (MM/DD/YYYY) Gender: \[\Boxed{M} \Boxed{\Boxed} \F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Primary Phone: () Type of phone: [Home/Landline [Cell			
Has your student attended a PGUSD school before? No Yes If yes, last <u>Grade & Year</u> student attended a PGUSD School: Forest Grove Robert Down PG Middle Grade: Year			
RESIDENCY			
HOME ADDRESS		City:Zip:	
MAILING ADDRESS Same as home <u>OR</u> :	(City:Zip:	
Is the student Hispanic or Latino? Yes No Chec (100) American Indian or Alaska (600	0) Black or African American 0) White se [(207 Cambodia	n	
PARENT/LEGAL GUARDIAN (Must be living in the same household) (1) Parent/Legal Guardian: (Last)			
Home Phone: Cell:	Email:		
EMPLOYER: OCCUPA	ATION:	DAY PHONE:	
(2) Parent/Legal Guardian: (Last) (First)			
Home Phone: Cell:	Email:		
EMPLOYER: OCCUPA	ATION:	DAYPHONE:	
PLEASE COMPLETE THIS SECTION, ONLY IF PARENTS ARE NOT LIVING IN THE SAME HOUSEHOLD How many days, per week, does this student live at this address? Is there a court-ordered custody or visitation order limiting access to this student? No Yes If, YES please make sure the school office has a copy of the court order on file. Parent/Guardian: First: Last: Relationship to Student: Mother Father Legal Guardian			
Physical Address:			
Primary Phone: Cell Phone:			
EMPLOYER: OCCUPATION: WORK PHONE:			

(please complete the other side of this form)

SCHOOL TRANSFER INFORMATION			
Last Date School was attended: (MM/DD/YYYY)	Grade:		
SCHOOL NAME:	SCHOOL DISTRICT:		
STREET ADDRESS:CITY	T: STATE: ZIP:		
Was the student expelled from this school? ☐ No ☐ Yes If yes, is there an expulsion order in effect? ☐ No ☐ Yes Has the student ever been suspended from this school? ☐ No ☐ Yes			
ACADEMIC INFORMATION			
Was your student enrolled in <i>Special Education</i> ? Yes No Does your student have a <i>504 Plan</i> (if applicable)? Yes No Does your student have a <i>504 Plan</i> (if applicable)?			
STATE/PROVINCE INFORMATION (REQUIRED)			
City of Birth: State of Birth: United States			
Country of Birth (If other than the United States):			
Is the student a US Citizen? Tes No If No, please answer by	pelow:		
FOR ENGLISH LEARNERS & NO	N US CITIZEN STUDENTS ONLY		
Entry date into the US: (MM/DD/YYYY)Date first US School was attended? (MM/DD/YYYY)			
What is the <u>primary</u> language spoken in the student's home?			
What is your student's English proficiency? Ifluent Intermediate English Learner			
If other than English, has your student been enrolled in an English Language Development (ELD) class before? Yes No			
Name of school City and State	When? (MM//YYYY)		
Do the parents speak/understand English? Y N If no, what language do they speak?			
Parent 1: Spanish Other:	Parent 2: Spanish Other:		
PARENT HIGHEST EDUCATION LEVEL			
Please mark the response that best describes the education level of the Not a high school graduate High school			
Graduate Degree or Higher Decline to			
Are you on Active Duty in the Military or in a Foreign Military? (P/S OTHER)	Yes No// Do you work on a federal property? Yes No		
I certify that the above information is true and correct:			
	Date:		
(Custodial Parent(s)/Legal Guardian(s) Signature			