

SCHOOL HISTORY (continued):

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Has the student graduated from High School? School _____	N/A
<input type="checkbox"/>	<input type="checkbox"/>	Did the student pass the CAHSEE? Where and When _____	N/A
<input type="checkbox"/>	<input type="checkbox"/>	Did the student take the GED? Where and When _____	N/A
<input type="checkbox"/>	<input type="checkbox"/>	Did the student take GED preparation courses? Where and When _____	N/A
			Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Has the student been retained in any grade? Where and When _____	N/A
<input type="checkbox"/>	<input type="checkbox"/>	Is the student a parent themselves?	N/A
<input type="checkbox"/>	<input type="checkbox"/>	Has the student ever attended JCCS?	N/A
		What year did the student begin 9th grade? Fall of 20 _____	N/A

Name all who hold educational rights for this student _____

ALL SCHOOLS ATTENDED (other than JCCS):

School	City and State	Grade Levels	Date(s)
N/A	N/A	N/A	N/A

V. INFORMATION ABOUT THE ADULT(S) WITH WHOM THE STUDENT LIVES

Check all that apply:

Father Mother Step-Father Step-Mother Guardian Grandparent Foster/Group Home or Other: _____

Is one of the above (checked) person(s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

PLEASE COMPLETE INFORMATION BELOW FOR THE ADULT(S) WITH WHOM THE STUDENT LIVES:

1. Father Step-Father Grandfather (check one) Other: _____

Employer: _____ **City:** _____ **Work Phone:** _____

2. Mother Step-Mother Grandmother (check one) Other: _____

Employer: _____ **City:** _____ **Work Phone:** _____

DUPLICATE MAILING – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION (other than parent)

Full Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

ALTERNATIVE ADULTS WHO MAY PICK MY CHILD UP FROM SCHOOL OR GIVE PERMISSION TO SEND MY CHILD HOME

Full Name: _____ Phone Number: _____

Full Name: _____ Phone Number: _____

VI. NO CHILD LEFT BEHIND INFORMATION

The following information is required for the Federal No Child Left Behind Act and may qualify your child for additional school services. This confidential information will only be shared as numbers and statistical information when reported. Please check appropriate boxes and provide information requested:

RESIDENCE: Where is your child/family currently living?

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered
- Other _____

STUDENT'S BIRTHPLACE:

Place of Birth: _____ At the time of your birth, were either of your parents in the military? _____
City/State/Country

What month and year did your child first enroll in a U.S. school? ____ / ____ In a California school? ____ / ____
Month Year Month Year

PARENT/GUARDIAN EDUCATION LEVEL:

Check the response that describes the highest education level of parent/guardian:

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Graduate school/postgraduate training

ETHNICITY

Mark the ethnicity with which your child most closely identifies. Please check one:

- Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

MUST ANSWER BOTH QUESTIONS

RACE

What is your child's race? (Please check up to five racial categories). The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native (100)
 <small>(Person having origins in any of the original people of North and South American [including Central America])</small> <input type="checkbox"/> Asian (200)
 <small>(Person having origins in any of the original people of the Far East, Southeast Asia, or India, including Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Phillipines, Thailand and Vietnam)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) | <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian or Pacific Islander (300)
 <small>(Person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islander)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> African American or Black (600)
 <small>(Person having origins in any of the Black racial groups of Africa)</small> <input type="checkbox"/> White (700)
 <small>(Person having origins in any of the original people of Europe, North Africa, or the Middle East)</small> |
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Definitions from: www.cde.ca.gov/ds/td/lo/refaq.asp

I/We have reviewed this three page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____