



**2010-2011 School Year
Charter School of Morgan Hill
Registration Information
Section 1**

**Applying for grade _____
Is your child repeating this grade? Yes/No**

If Kinder, Child MUST be 5 years of age prior to September 1st.

1. STUDENT INFORMATION

STUDENT'S LEGAL NAME: _____			
First	Middle	Last	
NAME STUDENT GOES BY: NICKNAME: _____		MALE / FEMALE (circle)	
BIRTHDATE: _____		BIRTHPLACE(City, St., Country): _____	
STUDENT'S HOME ADDRESS: _____			
Street Address		City/State/Zip Code	
STUDENT'S HOME PHONE NUMBER: (____) _____			
MAILING ADDRESS (if different): _____			
Do you live within the boundaries of MHUSD? Yes / No (circle)			
What public school are you assigned to by boundaries? _____			

2. PARENT/LEGAL GUARDIAN INFORMATION

MOTHER:		Circle one
Name: _____		(Parent, Step, Foster)
Address: _____		
Home Phone: _____	Email address: _____	
Employer: _____	Occupation: _____	
Work Phone: _____	Cell Phone _____	
FATHER:		Circle one
Name: _____		(Parent, Step, Foster)
Address: _____		
Home Phone: _____	Email address: _____	
Employer: _____	Occupation: _____	
Work Phone: _____	Cell Phone _____	
LEGAL GUARDIAN OR OTHER PARENT RESPONSIBLE FOR THE CHILD (if applicable): Circle one		
Name: _____		(Parent, Step, Foster)
Address: _____		
Home Phone: _____	Email address: _____	
Employer: _____	Occupation: _____	
Work Phone: _____	Cell Phone _____	
CASE WORKER (if foster child): _____		



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The following information will be used for the State's data collection system.

3. HOME LANGUAGE SURVEY

WHICH LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE FIRST BEGAN TO TALK? _____

WHAT LANGUAGE DOES YOUR CHILD USE MOST FREQUENTLY AT HOME? _____

WHAT LANGUAGE DO YOU USE MOST OFTEN WHEN TALKING TO YOUR CHILD? _____

WHAT LANGUAGE IS SPOKEN MOST OFTEN BY THE ADULTS IN YOUR HOME? _____

DATE YOUR CHILD ENTERED THE COUNTRY IF WITHIN THE LAST FOUR (4) YEARS _____

THE COUNTRY FROM WHICH YOUR CHILD ENTERED? _____

4. Race and Ethnicity Data. Parent Education Levels. (Information required for State reporting)

Ethnicity: (Select one only)
Is this student: Hispanic or Latino or Non Hispanic or Latino?

Race: ALSO, please select one or more boxes to indicate what you consider your student's race to be.

<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian ----->	If Asian or Pacific Islander,	
<input type="checkbox"/> Pacific Islander----->	mark all that apply:	
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> African American (not of Hispanic Origin)	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Laotian
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian
	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
		<input type="checkbox"/> Hmong

Parent's Level of Education: - ALSO, indicate the highest level of education achieved by either parent of the student:

Not a high school graduate

High School graduate

Some college (includes AA degree)

College degree

Graduate school/post graduate training

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

**Thank you for providing the school with this information.
It will be utilized in an appropriate and respectful manner.**



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5. SCHOOL LAST ATTENDED

5B. GRADE PRESENTLY ENROLLED: _____

School Name		Street Address		
City	State	Zip Code	District	Phone/e-mail address

The following information will assist in the planning and organization of school services so that the school can meet the needs of students and families.

6. SPECIAL PROGRAMS

IS THE STUDENT CURRENTLY IN A SPECIAL EDUCATION PROGRAM? YES / NO (Circle)		
If yes, please specify:		
<input type="checkbox"/> Special Day Class	<input type="checkbox"/> Resource Specialist Program	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Counseling	<input type="checkbox"/> Adaptive Physical Education	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> After school tutoring		
<input type="checkbox"/> Other (please specify): _____		
<u>PLEASE ATTACH A COPY OF THE STUDENT'S CURRENT I.E.P. or 504 documentation</u>		

7. HEALTH INFORMATION

PLEASE CHECK IF YOUR CHILD HAS:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insulin Injections
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Epipen	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Glucose Monitoring during school
<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Vision Problem	<input type="checkbox"/> Extreme Allergies – if so to what? _____	
Does your child wear glasses? Yes / NoA hearing aid? Yes / No			
Does your child use any other assistive devices? Yes / No			
If yes, please specify _____			
Does your child require any regular medication? Yes / No During school hours? Yes / No			
f yes, please specify _____			

8. TRANSPORTATION: A. I will require assistance with transportation if my child is to attend CSMH

_____ YES _____ NO

B. I am interested in carpooling with other CSMH families in my neighborhood

_____ YES _____ NO

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____