



**2012-2013 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 1<sup>st</sup>.**

**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**

<b>MOTHER:</b>		Circle one
Name: _____		(Parent, Step, Foster)
Address: _____		
Home Phone: _____	Email address: _____	
Employer: _____	Occupation: _____	
Work Phone: _____	Cell Phone _____	
<b>FATHER:</b>		Circle one
Name: _____		(Parent, Step, Foster)
Address: _____		
Home Phone: _____	Email address: _____	
Employer: _____	Occupation: _____	
Work Phone: _____	Cell Phone _____	
<b>LEGAL GUARDIAN OR OTHER PARENT RESPONSIBLE FOR THE CHILD (if applicable):</b> 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? \_\_\_\_\_

(If your answer to any of the above questions is Chinese, please indicate the specific language here): \_\_\_\_\_

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

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**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"/> Hispanic or Latino	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese
<input type="checkbox"/> African American (not of Hispanic Origin)	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Laotian
	<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"/> Phillipino	<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): _____		

**PLEASE ATTACH A COPY OF THE STUDENT'S CURRENT I.E.P. or 504 documentation**

**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"/> Vision Problem	<input type="checkbox"/> Glucose Monitoring during school
<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Extreme Allergies – if so to what? _____	

Does your child wear glasses? Yes / No .....A 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

If 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: \_\_\_\_\_



**SECTION 2**  
**Questions for Parents:**

1. Why do you feel the Charter School of Morgan Hill is the best choice for your child and family?

Deliver or mail all registration paperwork to:  
Charter School of Morgan Hill  
9530 Monterey Road  
Morgan Hill, CA 95037  
Ph: (408) 463-0618  
Fax: (408) 463-0267  
Email: [ndepalma@csmh.org](mailto:ndepalma@csmh.org)  
[www.csmh.org](http://www.csmh.org)

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_