

• FOR OFFICE USE •

ID# \_\_\_\_\_ Grade \_\_\_\_\_ Zone \_\_\_\_\_ Birth Verif \_\_\_\_\_ Immun \_\_\_\_\_ Physical \_\_\_\_\_ Oral \_\_\_\_\_ Res Verif \_\_\_\_\_ Photo ID \_\_\_\_\_ Spec Svcs \_\_\_\_\_  
Reg Site \_\_\_\_\_ Reg Date/Init \_\_\_\_\_ Attend Sch \_\_\_\_\_ Entry Date \_\_\_\_\_ Tchr \_\_\_\_\_ Rm # \_\_\_\_\_  
PowerSchool: Complete Enrollment Data \_\_\_\_\_ NCLB \_\_\_\_\_ Immun Pg \_\_\_\_\_ Class List \_\_\_\_\_ Other \_\_\_\_\_

Lincoln Unified School District  
STUDENT INFORMATION SHEET for KINDERGARTEN-GRADE 8

Welcome to Lincoln Unified schools! Please print the following information required for all students.

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
As identified on birth certificate Last First Middle Suffix (Jr., Sr., III) 09/10

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female Birthplace \_\_\_\_\_  
Month Day Year City State Country

Date first enrolled in a USA school (if child previously attended out-of-state or in another country) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Ethnicity:** Providing this information is voluntary and will only be used for reporting student statistics to the California Department of Education as required.

Is your child Hispanic or Latino? (Choose only one response.)  No, not Hispanic or Latino  Yes, Hispanic or Latino

Please continue to answer by marking one or more of the following boxes to indicate your child's race.

- Black/African American  American Indian/Alaskan Native  White
- Asian/Asian American } Circle one: Chinese Japanese Filipino Korean Vietnamese Asian Indian Laotian Cambodian
- Pacific Islander Hawaiian Samoan Guamanian Tahitian Other Asian Other Pacific Islander

Has your child been served in a special program? If so, please specify:  Special Day Class  Resource Specialist Program  504 plan  
 Behavior Support Plan  Language, Speech & Hearing  Gifted & Talented Education  Title I

Is your child currently expelled from a school district? If so, which district? \_\_\_\_\_

Name of person(s) with whom student resides and mail is to be directed:

Mr  Mrs  M/M  Ms \_\_\_\_\_  
Last First Middle  
 Father and Mother  Father  Mother  Father and Step-Mother  Mother and Step-Father  Guardian  Other \_\_\_\_\_



E-mail Address \_\_\_\_\_

Father/Legal Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address/phone if different than student's \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Mother/Legal Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address/phone if different than student's \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

If applicable:

Step-Parent/Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address/phone if different than student's \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Step-Parent/Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address/phone if different than student's \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Parent education level (parent with highest education level)

- not a high school graduate  high school grad  some college  college grad  post grad/grad school

**Emergency Contact (Primary)** \_\_\_\_\_ **Day Phone ( )** \_\_\_\_\_  
 (Person who does not reside with student) Last First Relationship

Describe any physical, health, or medical information we should be aware of related to your student, including medications required during school hours: \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**NOTE:** Lincoln Unified School District *does not* carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian. You may purchase student accident insurance if you wish. Applications are available in the school office.

**Previous School Attended** \_\_\_\_\_

Name of School	Street Address	Phone	Date last attended
City State County	Zip Code	Name of School District	

**Has your child previously attended school in California?**  Yes  No **Date first enrolled in CA schools** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

**Has your child previously attended a Lincoln Unified school?**  Yes  No If so, list name of school(s) and year(s) attended: \_\_\_\_\_

**Did your child attend a preschool program before entering kindergarten?**  Yes, Lincoln USD preschool  Yes, other preschool  
 No, did not attend preschool

**Siblings, ages 0-18, living in home** (Please use a separate piece of paper to list additional children):

Name _____	Sex _____	Birth Date _____	Grade _____	School _____
Name _____	Sex _____	Birth Date _____	Grade _____	School _____
Name _____	Sex _____	Birth Date _____	Grade _____	School _____

**Home Language Survey:** What is your student's primary language? \_\_\_\_\_

What language would you like us to use when *speaking* with you? \_\_\_\_\_ ...when *writing* to you? \_\_\_\_\_

<b>ENGLISH</b> PLEASE NAME THE LANGUAGE... your child learned when he/she first began to speak _____ your child most frequently uses at home _____ you most frequently use to speak to your child _____ most often spoken by the adults at home _____	<b>KHMER (CAMBODIAN)</b> សូមសរសេរឈ្មោះភាសា... ដែលកូនលោកអ្នករៀននិយាយដំបូងបំផុត _____ ដែលកូនលោកអ្នកនិយាយប្រើនាពេលធម្មតាផ្ទះ _____ ដែលលោកអ្នកនិយាយប្រើនាពេលជាមួយកូន _____ ដែលលោកអ្នកនិយាយនិយមប្រើនាពេលធម្មតាផ្ទះ _____
<b>SPANISH</b> POR FAVOR APUNTE EL IDIOMA... Que su niño(a) hablo cuando empezó hablar _____ Que su niño(a) usa frecuentemente en casa _____ Que usted usa para hablar con su niño(a) _____ Que se habla por los adultos en casa _____	<b>VIETNAMESE</b> XIN QUÍ VÒ CHO BIEÁT... Ngôn ngữ nào con quí và hoặc khi bắt đầu nói _____ Quí và thường dùng ngôn ngữ nào trong gia đình _____ Ngôn ngữ nào thường dùng để nói với con cái _____ Ngôn ngữ nào người lớn trong nhà thường dùng _____
<b>LAOTIAN</b> ປະທານາຈັກຂອງທ່ານ... ທີ່ລູກຂອງທ່ານເລີ້ມຕົ້ນເວົ້າທຳອິດ _____ ທີ່ລູກຂອງທ່ານໃຊ້ຫຼາຍທີ່ເຮືອນ _____ ທີ່ທ່ານໃຊ້ເວົ້າກັບລູກຂອງທ່ານສ່ວນຫຼາຍ _____ ທີ່ທ່ານໃຊ້ສ່ວນຫຼາຍໃນເຮືອນ _____	<b>HMONG</b> THOV QHIAS KOJ HOM LUS... koj tug menyuam xyaum hom lus dab tsis _____ nyob hauv tsev koj tus menyuam hais hom lus _____ koj nrog koj tus menyuam tham hom lus _____ koj tsev neeg nyiam hais hom lus dab tsis _____

Supt's Ofc 02/03/09



Parent/Guardian's Signature

Date