

**Lincoln High School
STUDENT INFORMATION SHEET**

Please print the following information required for all students. Please fill in all blanks.

My child will **NOT** attend Lincoln High School next year. If your child will **NOT** attend Lincoln High, please complete name, address and phone number below.

Student's Legal Name _____ Last _____ First _____ Middle _____ Grade _____ 07/08

Home Address _____ Apt # _____

City _____ Zip Code _____ Home Phone () _____

Birth Date ____/____/____ Male Female Birthplace _____
Month Day Year City State Country

If foreign born, date first enrolled in a USA school ____/____/____
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.*

- | | | |
|---|---|---|
| <input type="checkbox"/> African/African American | <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> White (not of Hispanic origin) |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other, as specified: _____ |
| <input type="checkbox"/> Asian/Asian American | } Circle one: Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian
Hawaiian Guamanian Samoan Tahitian Other Asian or Pacific Islander | |
| <input type="checkbox"/> Pacific Islander | | |

• FOR OFFICE USE ONLY •

ID# _____ Attn'd Cat _____
Yr In School _____ Counselor Code _____ Enter Date _____

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? _____

Student resides with: Father and Mother Father Mother Father and Step-Mother Mother and Step-Father Guardian Other _____

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

Mr Mrs M/M Ms _____
Last First Middle

Father/Legal Guardian's Name _____ Home Phone () _____

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

E-mail Address _____ Cell Phone () _____

Lives with student: Yes No Send Mailings: Yes No

Mother/Legal Guardian's Name _____ Home Phone () _____

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

E-mail Address _____ Cell Phone () _____

Lives with student: Yes No Send Mailings: Yes No

If applicable:

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

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

E-mail Address _____ Cell Phone () _____

Lives with student: Yes No Send Mailings: Yes No

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

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

Relation: _____ E-mail Address _____ Cell Phone () _____

Lives with student: Yes No Send Mailings: Yes No

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

Emergency Contact (Secondary) _____ **Day Phone** () _____
 (Person who does not reside with student) Last First Relationship

Describe physical, health, or medical information we should be aware of related to your child, including medications required during school hours: _____

Doctor's Name _____ **Phone** () _____

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 a Lincoln Unified school? Yes No If so, list name of school(s) and year(s) attended: _____

The State of California requires the following information when enrolling a student:

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

What is the **first grade level** your student attended in **Lincoln Unified School District?** _____

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? _____

<p>ENGLISH PLEASE NAME THE LANGUAGE...</p> <p>your child learned when he/she first began to speak _____</p> <p>your child most frequently uses at home _____</p> <p>you most frequently use to speak to your child _____</p> <p>most often spoken by the adults at home _____</p>	<p>KHMER (CAMBODIAN) សូមសរសេរឈ្មោះភាសា...</p> <p>ដែលកូនលោកអ្នករៀននិយាយមុនដំបូងបំផុត _____</p> <p>ដែលកូនលោកអ្នកនិយាយប្រើច្រើនជាងគេនៅផ្ទះ _____</p> <p>ដែលលោកអ្នកនិយាយប្រើច្រើនជាងគេជាមួយកូន _____</p> <p>ដែលលោកអ្នកនិយាយចាស់ទំនិយាយប្រើច្រើនជាងគេនៅផ្ទះ _____</p>
<p>SPANISH POR FAVOR APUNTE EL IDIOMA...</p> <p>Que su niño(a) hablo cuando empezó hablar _____</p> <p>Que su niño(a) usa frecuentemente en casa _____</p> <p>Que usted usa para hablar con su niño(a) _____</p> <p>Que se habla por los adultos en casa _____</p>	<p>VIETNAMESE XIN QUÍ VÒ CHO BIEÁT...</p> <p>Ngoãn ngữõ nàø con quí vò hoïc khi baét ñiàu taáp nòuì _____</p> <p>Quí vò thõðøng duøng ngoãn ngữõ nàø trong gia ñinh _____</p> <p>Ngoãn ngữõ nàø thõðøng duøng ñeà nòuì vòuì con caùì _____</p> <p>Ngoãn ngữõ nàø ngữõøi lòùn trong nhaø thõðøng duøng _____</p>
<p>LAOTIAN ພາສາລາວຂອງທ່ານ...</p> <p>ທີ່ລູກຂອງທ່ານເລີ້ມເຕັ້ນເວົ້າທຳອິດ _____</p> <p>ທີ່ລູກຂອງທ່ານໃຊ້ຫຼາຍທີ່ຈຳໜ່ວຍໃນເຮືອນ _____</p> <p>ທີ່ທ່ານໃຊ້ເວົ້າກັບລູກຂອງທ່ານສ່ວນຫຼາຍ _____</p> <p>ທີ່ທ່ານໃຊ້ສ່ວນຫຼາຍໃນເຮືອນ _____</p>	<p>HMONG THOV QHIAS KOJ HOM LUS...</p> <p>koj tug menyuam xyaum hom lus dab tsis _____</p> <p>nyob hauv tsev koj tus menyuam hais hom lus _____</p> <p>koj nrog koj tus menyuam tham hom lus _____</p> <p>koj tsev neeg nyiam hais hom lus dab tsis _____</p>

Parent/Guardian Signature _____ **Date** _____

It is the policy of the Lincoln Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates.