

Student's Birthplace \_\_\_\_\_  
 City State Country

**Race/Ethnicity Information**  
 (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

**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><b>ENGLISH</b> 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><b>KHMER (CAMBODIAN)</b> សូមសរសេរឈ្មោះភាសា...          ដែលកូនលោកអ្នកត្រូវនិយាយដំបូងបំផុត _____</p> <p>ដែលកូនលោកអ្នកភាគច្រើននិយាយនៅផ្ទះ _____</p> <p>ដែលលោកអ្នកភាគច្រើននិយាយទៅក្នុងគ្រួសារ _____</p> <p>ដែលលោកអ្នកភាគច្រើននិយាយជាមួយអ្នកដទៃ _____</p>
<p><b>SPANISH</b> 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><b>VIETNAMESE</b> XIN QUÍ VÒ CHO BIEÁT...          Ngôn ngữ nào con quí và hoặc khi bắt đầu nói _____</p> <p>Quý và thường dùng ngôn ngữ nào trong gia đình _____</p> <p>Ngôn ngữ nào thường nói với con cái _____</p> <p>Ngôn ngữ nào người lớn nói trong nhà thường dùng _____</p>
<p><b>LAOTIAN</b> ພາສາລາວຂອງທ່ານ...          ທີ່ລູກຂອງທ່ານເລີ່ມເວົ້າທຳອິດ _____</p> <p>ທີ່ລູກຂອງທ່ານໃຊ້ຫຼາຍທີ່ສຸດ _____</p> <p>ທີ່ທ່ານໃຊ້ເວົ້າກັບລູກຂອງທ່ານສ່ວນຫຼາຍ _____</p> <p>ທີ່ທ່ານໃຊ້ສ່ວນຫຼາຍໃນເຮືອນ _____</p>	<p><b>HMONG</b> THOV QHIAS KOJ HOM LUS...          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>

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

Did your child attend a preschool program before entering kindergarten?

Yes, Lincoln USD preschool  Yes, other preschool  No, did not attend preschool


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

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

Name of School	School District	Phone	Date Last Attended
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Has your child previously attended school in California? Yes  No  Date first enrolled in CA schools \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

 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.

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ID# \_\_\_\_\_ Grade \_\_\_\_ Area \_\_\_\_ Birth Ver \_\_\_\_ Immun \_\_\_\_ Tdap \_\_\_\_ Phys \_\_\_\_ Oral \_\_\_\_ Res Verif \_\_\_\_ Photo ID \_\_\_\_ Spec Svcs \_\_\_\_  
Reg Site \_\_\_\_ Reg Date/Initial \_\_\_\_ / \_\_\_\_ Attend Sch \_\_\_\_ Entry Date \_\_\_\_ Teacher \_\_\_\_ Rm # \_\_\_\_  
PowerSchool: Demographics \_\_\_\_ Additional Data \_\_\_\_ Immun \_\_\_\_ St Programs \_\_\_\_ Alerts \_\_\_\_ NCLB \_\_\_\_ CALPADS \_\_\_\_ Class List \_\_\_\_

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STUDENT INFORMATION SHEET for KINDERGARTEN-GRADE 8

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_  
*As identified on birth certificate* Last First Middle Suffix (Jr., Sr., III) Month Day Year 2011/12

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY INFORMATION

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

STUDENT'S MEDICAL INFORMATION

Describe any physical, health, or medical information we should be aware of including medications required during school:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Hospital Preference \_\_\_\_\_

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.

Parent education level (parent with highest education level)

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

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  GATE  Title I