

EL SERENO HIGH SCHOOL
Registration and Student Residency Questionnaire

Student Name (Last/First): _____ M F NB

Name student uses (if different) _____ Age: _____ Birth Date: _____ Grade: _____

Student ID#: _____ Student's Phone#: _____

Do you & your student live in a fixed, regular, adequate nighttime residence? Yes No*
(If you mark "Yes" fill out the form and stop at the housing survey. If you mark "No" please fill out the entire form)

Home Address: _____
Street Apt # City Zip

Send mail to P.O. Box: please specify: _____

Parent/Guardian: _____ Relationship: _____

Lives with student? Yes No, specify address: _____

I prefer to be contacted by: Home Cell Work Email

Home#: _____ Cell#: _____ Work#: _____

Email: _____ Workplace: _____

Parent/Guardian: _____ Relationship: _____

Lives with student? Yes No, specify address: _____

I prefer to be contacted by: Home Cell Work Email

Home#: _____ Cell#: _____ Work#: _____

Email: _____ Workplace: _____

Student Educational History:

Last school attended: (DO NOT include summer school) _____ Date last attended: _____

School Name City

Has your child ever been expelled, currently expelled, or has a pending expulsion from any school district?

No Yes: Date: _____ District/School: _____

Has your child ever received and/or needs:

- Special Educational Services Language Support (ELL/ESL) Homeless Services
 504 Educational Plan Free and Reduced Lunch Foster Youth

Reasons for leaving previous school: (Mark all that apply)

- School Conflict Performer/Athlete 5th Year Senior
 Safety issues/peer conflicts on campus Mental Health Lacking Credits
 Personal/Family Issues (non-school related) Physical Health Problems Moved
 Financial need/work Pregnancy/Single parent Other _____

***Housing Survey:**

Do you and the student live in:

- shelter at a campsite
 motel/hotel transitional housing
 temp with another family (house/mobile home/apartment) other location: _____
 in a car or RV

The student lives with:

- one parent friend(s)
 two parents an adult that is not the legal guardian
 a qualified relative alone with no adult(s)

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

SJUSD ID# _____ Teacher's Name _____ Enrollment Date _____

Previous I.S. _____ Enrolled Assigned teacher _____