

# PONDEROSA HIGH SCHOOL REGISTRATION FORM

STATE LAW REQUIRES PROOF OF IMMUNIZATION

FOR OFFICE USE ONLY

Student Number \_\_\_\_\_  
 Enrollment forms complete \_\_\_\_\_  
 SDT complete \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	TODAY'S DATE
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:		BIRTH (MO – DAY – YR)		PLACE OF BIRTH (CITY – STATE – COUNTRY)	
RESIDENCE ADDRESS		STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE		STREET / P.O. BOX	CITY	STATE	ZIP CODE
HOME PHONE	EMERGENCY CONTACTS* (OTHER THAN PARENTS, INDICATE RELATIONSHIP)	CONTACT #1	PHONE CONTACT #1		
PARENT'S CELL PHONE		CONTACT #2	PHONE CONTACT #2		

\* IN CASE THE STUDENT'S PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL WILL CONTACT AND/OR RELEASE THE STUDENT TO OTHER NOTED ADULT CONTACTS

LIVING WITH (LIST ALL ADULTS AND SIBLINGS)	RELATIONSHIP TO STUDENT	OCCUPATION/ SCHOOL (IF STUDENT)	PLACE OF EMPLOYMENT	PARENTS' E-MAIL ADDRESS	AREA CODE / WORK PHONE	LEVEL OF MOST EDUCATED PARENT
						<input type="checkbox"/> Not a H.S. graduate <input type="checkbox"/> H.S. graduate <input type="checkbox"/> Some college (includes AA, AS) <input type="checkbox"/> College graduate <input type="checkbox"/> Grad school or post-grad
OTHER PARENT NOT LIVING WITH STUDENT:						
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)		ADDRESS		CITY / STATE		DATES ATTENDED

 IS EITHER PARENT/GUARDIAN ON ACTIVE MILITARY DUTY IN ARMY, NAVY, AIR FORCE,  
 MARINE CORPS, FULL-TIME NATIONAL GUARD OR NATIONAL GUARD RESERVE?

☐ YES ☐ NO

If yes, please indicate military branch: \_\_\_\_\_

**ETHNICITY:**

CHECK ONE ETHNICITY

☐ HISPANIC OR LATINO☐ NOT HISPANIC OR LATINO**RACE:**CHECK ONE OR MORE RACE TO  
INDICATE WHAT YOU CONSIDER  
YOURSELF TO BE.☐ AMERICAN INDIAN OR ALASKAN NATIVE☐ ASIAN:☐ Asian Indian☐ Cambodian☐ Chinese☐ Filipino☐ Hmong☐ Japanese☐ Korean☐ Laotian☐ Vietnamese☐ Other Asian (specify): \_\_\_\_\_
**NOTE**—SCHOOL PERSONNEL WILL BE  
 REQUIRED TO SELECT ONE OF THESE  
 CATEGORIES FOR A STUDENT WHO  
 DOES NOT IDENTIFY ONE OR MORE  
 CATEGORIES FOR THEMSELVES.
☐ BLACK OR AFRICAN AMERICAN☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER:☐ Guamanian☐ Hawaiian☐ Samoan☐ Tahitian☐ Other Pacific Islander (specify): \_\_\_\_\_☐ WHITE

Has the student been enrolled in Special Programs?

☐ No☐ Yes

If so, which programs?

☐ English Learner☐ 504☐ GATE☐ Other/s: \_\_\_\_\_

Does the student have a current Special Ed IEP?

☐ No☐ Yes

If so, which program?

☐ RSP☐ SDC☐ ED

Where? \_\_\_\_\_

Does the student have any Health Problems?

☐ No☐ Yes

If yes, please provide details

Immunization / Shot records provided?

☐ No☐ Yes

HOME CONTACT LANGUAGE: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE:   X