

I prefer my correspondence in:  
 English  Spanish

**NORWALK-LA MIRADA UNIFIED SCHOOL DISTRICT**  
**12820 Pioneer Boulevard, Norwalk, California 90650-2894**  
**(562) 868-0431**

**STUDENT REGISTRATION**

**STUDENT INFORMATION**

Student's Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Gender  Male  Female  
 Student Residence \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address (If different) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Grade Level: \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Soc Security No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 (Month / Day / Year)  
 If born outside the United States, write the date of entry into the U.S. \_\_\_\_\_  
 (Month / Day / Year)  
 Date student started school in the U.S.A. \_\_\_\_\_ Date student started school in California. \_\_\_\_\_  
 (Month / Day / Year) (Month / Day / Year)

**PREVIOUS ENROLLMENT INFORMATION**

Last school of attendance: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State or Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Left: \_\_\_\_\_  
 Has student ever been enrolled in Norwalk-La Mirada Unified School District?  Yes  No If yes: School \_\_\_\_\_ Grade: \_\_\_\_\_  
 Has student ever been accelerated (advanced a grade earlier than expected)?  Yes  No Grade Level(s) \_\_\_\_\_  
 Has student ever been retained?  Yes  No Grade Level(s) \_\_\_\_\_  
 Has student ever been expelled from any previous school district? (EC 49079)  Yes  No  
 Is expulsion pending?  Yes  No If yes, reason: \_\_\_\_\_  
 If yes, from which school? \_\_\_\_\_ Is student currently on Juvenile Probation?  Yes  No  
**I authorize the release of all records including special education. Parent / Guardian Signature: \_\_\_\_\_**

**ETHNIC BACKGROUND**

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White, (not of Hispanic origin)
<input type="checkbox"/> African American or Black (not of Hispanic origin)	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other Pacific Islander	

**SPECIALIZED PROGRAMS**

1. Was this child previously in a Special Education Program?  Yes  No If yes, please check the appropriate box(es) below:  
 Resource Specialist Program (RSP)  Special Day Class (SDC)  Speech  504  Other \_\_\_\_\_  
 Has this child been dismissed from a Special Education Program?  Yes  No  
 2. Was this child previously in a Specialized Program?  Yes  No If yes, please check the appropriate box(es) below:  
 GATE  English Learner  Migrant Education  Other \_\_\_\_\_

**HEALTH HISTORY**

Is child receiving medical treatment of any kind?  No  Yes What kind? \_\_\_\_\_  
 Does child have a vision problem?  No  Yes Are glasses needed?  No  Yes  
 Does child have a hearing problem?  No  Yes  
 Please list any disabilities this student may have: \_\_\_\_\_  
 Please list any medications this student takes on a regular basis: \_\_\_\_\_  
 Please list any allergies this student may have: \_\_\_\_\_

**Medication release form from child's doctor is needed if medication of any kind must be taken at school. Forms are available in the school office.**

**OFFICE USE ONLY**

Student Name	Student Number	Enrollment Date	School of Attendance	Residence Zone	School of Residence	Residence Verified	Attendance Permit	Birth Verification	Ethnic Code	Home Language	Initial Language Test Date	Teacher	Room Number
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**PARENT & FAMILY INFORMATION**

Check One:  Mother  Stepmother  Guardian  Foster  Other \_\_\_\_\_ Resides with Student  Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_\_) \_\_\_\_\_ Pager No. (\_\_\_\_\_) \_\_\_\_\_

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

Parent Education Levels (Mark Highest Level)

Not a high school graduate  High school graduate  Some college (AA degree)  College graduate  Graduate school/post graduate training

Check One:  Father  Stepfather  Guardian  Foster  Other \_\_\_\_\_ Resides with Student  Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_\_) \_\_\_\_\_ Pager No. (\_\_\_\_\_) \_\_\_\_\_

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

Parent Education Levels (Mark Highest Level)

Not a high school graduate  High school graduate  Some college (AA degree)  College graduate  Graduate school/post graduate training

**Other Children Living in the Home**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Other Family Information**

Is there a birth parent not residing in the home? If yes, please complete below. Deceased Parent?  Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This person should receive separate mailings  No  Yes

Is there a court order regarding custody of this child?  No  Yes

Is there a restraining order regarding a birth parent or other party?  No  Yes

\* If yes to either question, you must provide the school with a copy of the most current court order within 10 days of registering your child. If no court order is provided, information will be released to the parent upon request. Court orders must be resubmitted to the school at the beginning of each school year. (Please Initial) \_\_\_\_\_

**EMERGENCY INFORMATION (Other than parent)**

List names of all people authorized to pick up child other than parent (stepparent, grandparent, friends, etc.) Must be 18 years of age or older.

Name	Address	Telephone	Relationship

Preferred Doctor \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

In the event of a medical emergency all costs of paramedic, transportation, hospitalization, and any examination, X-ray, or treatment provided shall be the responsibility of the parent or guardian.

**Registration Signature**

I acknowledge that I have received a copy of the Annual Legal Notices form.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_