

Student's Last Name <input type="text"/>	First Name <input type="text"/>	m m	Date of Birth d d    y y y y	Age <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade in fall of 2014 <input type="text"/>
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Home Address <input type="text"/>	Apt # <input type="text"/>	City <input type="text"/>	Zip <input type="text"/>	Where is your family currently residing? <input type="checkbox"/> Single family home or Apt <input type="checkbox"/> With more than one family <input type="checkbox"/> Temporary housing
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Mother/Parent 1 Last Name <input type="text"/>	First Name <input type="text"/>	Home Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Cell Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Work Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	
Father/Parent 2 Last Name <input type="text"/>	First Name <input type="text"/>	Home Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Cell Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Work Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	

Language your child first learned when they began to speak: \_\_\_\_\_

Language your child speaks most frequently at home: \_\_\_\_\_

Language most frequently used when speaking to your child: \_\_\_\_\_

Language most often spoken by adults in the home: \_\_\_\_\_

Has your child been identified as an English learner?  No  Yes If yes, what grade? \_\_\_\_\_

**Highest Parent Education Level**

Not a high school graduate     Some college

High school graduate     College graduate

Graduate school

**Health Coverage**

Alliance     Health Net     Medi-Cal Blue Cross

Kaiser     Healthy Families     Medi-Cal Alliance

None     Other: \_\_\_\_\_

Student's Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

When did your child first enroll in a USA school? Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child Hispanic or Latino?     No     Yes

Student's Race (See codes on reverse):    1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Preschool Experience**

BUSD     Day Care

City Rec     Head Start

Private     None

Does your child have a current IEP or 504 through Special Education?  No  Yes

If yes, which?     504     IEP    Date of most current IEP: \_\_\_\_\_

Are you a BUSD employee?  
Site: \_\_\_\_\_ Union: \_\_\_\_\_

Current school's name: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

When did your child first enroll in a CA school? Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Does your child have a sibling currently attending a Berkeley public school?**

Sibling's name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Has your child been registered or attended a Berkeley public school?**

No     Yes, School's name: \_\_\_\_\_ Grade attended: \_\_\_\_\_

I verify that the information on this form is complete and true

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Transitional Kindergarten**

Students born between September 2 – December 2, 2009 must attend a transitional kindergarten program.

The transitional kindergarten program follows the guidelines of the California Department of Education. It is aligned with the changing entry date for kindergartners and offers a placement for students who, prior to the new law, would have been eligible for regular kindergarten.

**Please note: The assigned school will be for transitional kinder only, you will need to apply for a kindergarten assignment in January 2015.**

Office Use Only: Processed: Entered: Sib# Stu# SA CA NU INC MV

### Student Race Codes

If more than one race, please complete both boxes (1) and (2) under "Student's Race." If necessary, please add as many codes as needed.

**100 Native American.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**400 Filipino.** A person having origins in any of the original peoples of the Philippine Islands.

**500 Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central America.

**600 Black or African-American.** A person having origins in any of the black racial groups of Africa.

**700 White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Asian.** A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent

**201 Chinese**

**202 Japanese**

**203 Korean**

**204 Vietnamese**

**205 Indian**

**206 Laotian**

**207 Cambodian**

**208 Hmong**

**299 Other Asian**

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**301 Hawaiian**

**302 Guamanian**

**303 Samoan**

**304 Tahitian**

**399 Other Pacific Islander**

### Transportation

Transportation will be provided within your attendance zone and if you reside more than one and a half mile away from school. You will have to provide your own transportation to a school outside your attendance zone.

### Assignment of Students

Students will be admitted to schools in accordance with six established priority categories. A computer assignment system will assign students on a random basis within a priority for each grade level within each school. Priority requirements are as follows:

**1<sup>st</sup> priority:** BUSD students currently attending the school and living within attendance zone

**2<sup>nd</sup> priority:** BUSD students currently attending the school and living outside the attendance zone

**3<sup>rd</sup> priority:** Berkeley residents who are siblings of any student currently attending the school on the basis of the first or second priority and who will continue in attendance for the 2014/15 school year.

**4<sup>th</sup> priority:** Berkeley residents not currently attending the school and living within the attendance zone

**5<sup>th</sup> priority:** Berkeley residents not currently attending the school and living outside the attendance zone

**6<sup>th</sup> priority:** All non-Berkeley resident students requesting inter-district transfers

### Registration Procedures

We will not take incomplete forms, please read the following carefully.

Must be submitted in person. We will not accept forms via mail, fax or e-mail

- 1) Parent Preference Form
- 2) Student's Birth Certificate (Original, we will make a copy) Passports are not acceptable.
- 3) Student's recent original report card/progress report or transcript
- 4) Three proofs of Berkeley residency in parent/guardian's name

All Proofs must be current originals (dated within 2 months) imprinted with the name and current Berkeley address of the parent/guardian. Only person accounts will be accepted (no care of, DBA or Business accounts).

One Utility Bill (from the following list)

PG&E, phone (non-cellular), EBMUD, garbage, internet or cable (**must provide entire bill**)

AND

Two from the following list of categories. **Cannot be from the same category.**

- a) California Driver's License or California ID
- b) Current bank statement (checking or savings only)
- c) Action letter from Social Services or government agency (cannot be property or business)
- d) A paycheck stub a letter from the employer on official company letterhead
- e) Automobile registration in combination with automobile insurance
- f) Additional Utility Bill: PG&E, phone (non-cellular), EBMUD, garbage, internet or cable (**must provide entire bill**).