

Student #		Pacific Grove Middle School Family Record				Grade:	
Date of Entrance:		REGISTRATION FORM					
Student's Name:	Last	First			Middle		
Birth date:	Birth City:	Birth State:			Sex:	M	F
Record of Birth:	Birth Certificate			Passport			
Home Address						Phone	
Student Lives With:	Mother and Father	Single Parent: Mother/Father	Mother/Stepfather	Father/Stepmother	Guardian		
Father's Name:			Present Address:				
Employer:			Business Address & Phone				
Mother's Name:			Present Address:				
Employer:			Business Address & Phone				
Guardian's Name:			Present Address:				
Employer:			Business Address & Phone				
Children in Family:	Year of Birth	Relationship to Pupil	Living at Home yes/no	Name and Address of Previous Two Schools Student Attended			
				1.			
Adults (other than parents) Living Continuously in Pupil's Home							
Please give any information about pupil that may help the school to understand pupil's home problems (if any). For example: any serious illness, physical handicaps, behavior problems, etc.							

PLEASE COMPLETE
INFORMATION ON BOTH SIDES

Signature of Parent

Residence – Where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)
- In a shelter or transitional housing program (10)
- In a motel/hotel (09)
- Unsheltered (car/campsite) (12)
- Other (15) please specify: _____

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No

Has your child ever been expelled? Yes No

What special services has your child received? Please check all boxes that apply:

Special Education: IEP Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development