

**Student Registration Form
MILL VALLEY SCHOOL DISTRICT**

Entering Grade Level _____

For School Year _____

Legal Student Name (Last)	(First)	(Middle)	Boy/Girl
Primary Address (Street)	(City & Zip if not Mill Valley)		Home Telephone
Birthdate (Month/Date/Year)	Birthplace (City and State)	(Resides with: Mother, Father, etc.)	

IMPORTANT: Although the District cannot guarantee preferred school placement please list your first two preferences for school attendance.

1. _____

2. _____

PARENTAL INFORMATION

Father/Guardian Name	Residence Phone	Residence Address (If different from student)
Business/Employer	Business Phone	Business Address
Mother/Guardian Name	Residence Phone	Residence Address
Business/Employer	Business Phone	Business Address

Other Children at Home: Name, Date of Birth, School, Grade

Name, address & phone number of last school attended by student	Father's e-mail
	Mother's e-mail

→ Has your child previously attended the Mill Valley School District? Grade _____ School? _____

→ Does your child:

- 1) Participate in a G.A.T.E (Gifted and Talented Program)?
- 2) Have any physical conditions of which we should be aware (i.e. diabetes)?
- 3) Have a current Individual Education Program (I.E.P.) for Special Education? ____ If so, please explain (use reverse if necessary) and **provide a copy of the IEP.**

→ Has your child ever been, or currently in the process of being expelled or suspended from school? ____ If yes, what school and explain the circumstances (use reverse side if necessary).

I declare that the address of the student given above is the true and correct residence of the child and that I will immediately inform the District of any change in address which subsequently occurs. I hereby grant permission to the Mill Valley School District to contact my child's prior school regarding recommendations for placement

Date _____ Signature of Parent or Guardian _____

OFFICE USE ONLY		IEP _____	ELL _____
Proof of Age _____	Immunizations _____	Residency Complete _____	Res. followup _____
Date Entered to Database _____		All Forms Completed _____	Wait List _____
Interim Placement _____	Date _____	Final Placement _____	Date _____

**HOME LANGUAGE SURVEY
ENGLISH VERSION**

Name of Student: _____ Surname / Last Name _____ First Given Name _____ Second Given Name _____

School: _____ Age: _____ Grade Level: _____ Teacher Name: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____
(parents, guardians, grandparents, or any other adults)

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

Mill Valley School District
Standardized Testing and Reporting (STAR)
Student & Parent Demographic Information

To establish our records, please complete a form for each child.

Student: _____
Last name
First name
Middle Initial
Grade

Part A: Is this student Hispanic or Latino (*Select only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, now race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

Part B: What is the race of this student? (*Select one or more*)

- American Indian or Alaska Native
- Asian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Asian Indian
 - Laotian
 - Cambodian
 - Filipino
 - Hmong
 - Other Asian
- Native Hawaiian or Other Pacific Islander
 - Hawaiian
 - Guamanian
 - Samoan
 - Tahitian
 - Other Pacific Islander
- Black or African American
- White

Parent Level of Education:

- | <u>Father</u> | <u>Mother</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Not a high school graduate |
| <input type="checkbox"/> | <input type="checkbox"/> | High school graduate |
| <input type="checkbox"/> | <input type="checkbox"/> | Some college |
| <input type="checkbox"/> | <input type="checkbox"/> | College graduate |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduate school/post graduate training |

The information requested on this form is required to comply with the mandates of the statewide student assessment program known as the Standardized Testing and Reporting (STAR) system. In the spring of each year, the California Standards Test is administered to all second through tenth grade students in the state of California. Individual student test results are made available to parents. School and districtwide assessment results are reported to the public on an annual basis by various means: administrative reports to the Board of Trustees; administrative reports to school parent groups; publication in local newspapers; publication on the World Wide Web; etc.

REQUEST FOR TRANSFER OF STUDENT RECORDS

To:

Date:

(Name of Previous School)

(Address of Previous School)

(City, State & Zip of Previous School)

_____ has enrolled in the Mill Valley School District
(Student's name)

_____ grade. Please send all of the student's educational records, including:

Progress Records:

- Transcripts of courses and grades
- Attendance
- Withdrawal data from your school
- Standardized test records

Other

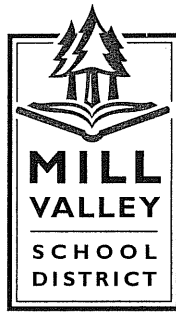
- Immunization records
- Special Education reports
- Psychological reports

We would appreciate receiving these records as soon as possible at the address above.

Thank you for your assistance in this matter.

Parent signature-authorization

ST 4A 1/04



Administrative Office
411 Sycamore Avenue
Mill Valley, California 94941
tel (415) 389-7700
fax (415) 389-7773

DECLARATION OF RESIDENCY

I, _____ declare under the penalty of
(Parent Guardian Name)

perjury under the laws of the State of California that the residency
information provided below is true and correct.

STUDENT NAME _____

HOME STREET ADDRESS _____
(P.O. boxes not accepted.)

GRADE _____

HOME TELEPHONE _____

PARENT WORK TELEPHONE _____

This declaration is made and entered on the _____ day of _____
(day) (month)

of _____ in _____ California.
(year) (city)

I agree to notify the Mill Valley School District within 30 days if I move
from my current residence as listed above.

(Relationship to Student)

(Parent/Guardian Signature)

****Mill Valley School Board Administrative Regulation 5111.1**
**"If the superintendent/or designee, upon investigation, determines that a
student's enrollment is based on false evidence of residency, he/she shall
revoke the student's enrollment."**