

# The Oakland Public Schools Registration Form

Entering Grade \_\_\_\_\_

Date \_\_\_\_\_

PROOF OF RESIDENCY \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Own or Rent \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

\*City of Birth \_\_\_\_\_ \*State of Birth \_\_\_\_\_ \*\*Country of Birth \_\_\_\_\_

*\* Mandatory for all US-born students*

*\*\* Mandatory for all foreign-born students*

Proof of Age: Birth Certificate \_\_\_\_\_ Transfer \_\_\_\_\_ Other \_\_\_\_\_ Citizen? \_\_\_\_\_

Please check the category that most clearly reflects your child's ethnicity/race. More than one may be checked.

### Categories

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ American Indian or Alaskan

\_\_\_\_\_ Black or African American

\_\_\_\_\_ White

✦ **Father's Name** \_\_\_\_\_ Birth Place \_\_\_\_\_

Education \_\_\_\_\_ Living with family? \_\_\_\_\_

Occupation \_\_\_\_\_ Business phone# \_\_\_\_\_

Business Address \_\_\_\_\_

Business e-mail \_\_\_\_\_ (name of company)

Home e-mail \_\_\_\_\_ (address)

✦ **Mother's Name** \_\_\_\_\_ Birth Place \_\_\_\_\_

Education \_\_\_\_\_ Living with family? \_\_\_\_\_

Occupation \_\_\_\_\_ Business phone# \_\_\_\_\_

Business Address \_\_\_\_\_

Business e-mail \_\_\_\_\_ (name of company)

Home e-mail \_\_\_\_\_ (address)

✦ **Guardian's Name** (if applicable) \_\_\_\_\_

✦ **Child's Physician** \_\_\_\_\_  
(name) (address) (phone #)

### ✦ **Health Related Information**

\_\_\_\_\_ No, my child does not have health insurance.

\_\_\_\_\_ Yes, my child does have health insurance.

\_\_\_\_\_ (Please write name of Health Insurance Provider)

\_\_\_\_\_ Date of the last medical examination the student received.

(See Reverse Side)

\_\_\_\_\_ Date of last lead test.

\_\_\_\_\_ Lead level in the student's last lead test.

\_\_\_\_\_ Date of initial Polio Immunization.

**Please list all the children in the family (including this student), with the eldest first:**

Name

Birth Date

Birthplace

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Nursery/Pre-School your child is currently attending (if applicable):**

Name \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

**School your child is transferring from (if applicable):**

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

**Are there any handicapped preschool children in the family?** \_\_\_\_\_

**Has your child ever been evaluated by a Child Study Team?** \_\_\_\_\_

**Is there a nonresident or noncustodial parent to whom important school mailings should be sent?**

\_\_\_\_\_  
(name) (address) (phone #)

**Primary Emergency Contact (if parent is unavailable)** \_\_\_\_\_

✦ **The principal/administrator and/or the school nurse have my permission to share my child's health information with teachers and staff who work with my child.**

\_\_\_\_\_  
Date

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

**Please list below, any pertinent information you would like to share with us:**

\_\_\_\_\_  
\_\_\_\_\_