



**WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)**

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)<br>(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)  |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)  |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)  |
| <input type="checkbox"/> Korean (203)  | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)   |
| <input type="checkbox"/> Vietnamese (204)  | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205)  | <input type="checkbox"/> Guamanian (302)   |  |
|  | <input type="checkbox"/> Samoan (303)      |  |

**PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent.**

- Graduate Degree or Higher (10)  
 College Graduate (11)  
 Some College or Associate's Degree (12)  
 High School Graduate (13)  
 Not a High School Graduate (14)

**Date child first attended school in the U.S.**

Month	Day	Year
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**Date child first attended school in California**

Month	Day	Year
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**CHILD'S**

**BIRTHPLACE:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

- Which language did your child learn when he/she first began to talk? \_\_\_\_\_
- Which language does your child most frequently speak at home? \_\_\_\_\_
- Which language do you most frequently speak with your child? \_\_\_\_\_
- Which language is most spoken by any other adults in the home? \_\_\_\_\_
- Has your child ever been given the ELPAC Test (English Language Proficiency Assessments for California)?  Yes  No

In which language do you wish to receive written communications from the school?  English  Spanish

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

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

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

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:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language

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

Help to Improve Attendance/ Behavior  504  Other (Specify) \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 1/24/2019)**