

**NUESTRO ELEMENTARY SCHOOL DISTRICT
CALIFORNIA DEPARTEMENT OF EDUCATION
REQUIRED INFORMATION FORM v2.0**

Student's Name: _____

Are either parent or guardian full-time military? Yes No If yes, branch of military? _____

Are either parent or guardian full-time national guard? Yes No

Is this student a Foster Child? Yes No

If your child was not born in the U.S., what month/year did your child enter the U.S.? ____/____
Mo./Year

What month and year did your child first enroll in a U.S. school? ____/____
Mo./Year

In a California school? ____/____
Mo./Year

ETHNICITY: Mark the ethnicity with which the student most closely identifies. Please check one:

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

PARENT EDUCATION LEVEL:

Check the response that describes the highest education level of parent/guardian(s):

- Not a high school graduate Some college (includes AA degree) Graduate school/post graduate training
 High school graduate College graduate

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

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language SST Plan IEP Plan
 504 Accomodation Plan

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

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes: Name of school: _____ Location: _____ Date: _____

RESIDENCE: Where is your child/family currently living? (Federally mandated by NCLB: 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 |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic Hardship, loss, or other reasons) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a sheltered or transitional housing program | <input type="checkbox"/> Other _____ |