

**Ann Sobrato High School
401 Burnett Ave.
Morgan Hill, CA 95037**

STUDENT REGISTRATION

STUDENT ID# _____

GRADE _____

NAME OF STUDENT _____
(Last) (First) (Middle)

STUDENT ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____ SEX: M F

Foster Home placement? Yes No S.S.# _____ Date of Birth _____

Place of Birth _____ Date of Immigration: _____
(Country) (State/Nation) (Only if born outside USA)

LAST SCHOOL OF ATTENDANCE

NAME _____ Withdrawal Date _____

ADDRESS _____ Phone _____

CITY, STATE, ZIP _____

Has student ever attended another high school in Santa Clara County? Y N Has student ever attended another school in the Morgan Hill Unified School District? Y N

First Guardian		Second Guardian	
Person with whom student lives, primary contact. If student lives with natural parents complete this section with father's information.		Secondary contact. If student lives with natural parents, complete this section with mother's information.	
NAME		NAME	
ADDRESS		ADDRESS (if different than First Guardian)	
CITY, STATE, ZIP		CITY, STATE, ZIP (if different than First Guardian)	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE
EMPLOYER		EMPLOYER	
CITY	WORK PHONE, EXT.	CITY	WORK PHONE, EXT.

LANGUAGE INFORMATION	SPECIAL EDUCATION
Language first spoken by student	Has student ever been in Special Education classes? Yes No
Language spoken most often by student at home	Does student have a current IEP? Yes No
Language spoken most often by adults at home	Does student have any Special Education needs or require any academic adjustment? Yes No
English Language (ELD) Level:; 1 2 3 4 5 (circle one)	

SUSPENSION/EXPULSION INFORMATION	HEALTH INFORMATION
Education Code 49079 requires that the Site Administrator notify all teachers of record if a student has been suspended and/or expelled during the last three (3) school years.	Does student wear glasses? Yes No
Has student been suspended and/or expelled in the past 3 years? Yes No	Does student have a speech or hearing disability? Yes No
If "Yes", please attach a written statement and copy of student's discipline report.	Does student have any special medical condition requiring special attention: epilepsy, diabetes, asthma, bee sting/food allergy or drug allergy?
Please contact the school as soon as any information changes	Has student had any serious accidents or illness in the past?
	Is there a health problem which limits participation in physical education or competitive sports?
	Has student been assigned to any special school programs in the past?

Parent/Guardian Signature

Date