



McSwain Elementary School

922 Scott Road * Merced, CA 95341

(209)354-2700 * Fax (209)723-2630

Growing Leaders, One Child at a Time

Sara Sanders, Principal

Hector Perez, Assistant Principal

Catarina Lourenco, Assistant Principal / Program Coordinator

Welcome to McSwain School

Please complete the attached registration packet. We will also need the following documentation from you.

Please provide:

- Birth certificate & photo ID of parent/guardian
- Immunization Records
- Any court orders the school should be aware of
- Proof of residency please provide the following
 - *Own your home please provide one of the following
 1. Deed
 2. Property Tax
 3. Mortgage Statement

* Rent your home please provide the following

A copy of your rental agreement/lease

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Three bills that are mailed to your home monthly (One of the bills MUST be a utility bill)

Once we have enrolled your student you will now have access to our parent portals. Please check your email for log in information.

<p style="text-align: center;">Aeries</p> <p>Please set this up to view child's classes, medical history, view & sign our student handbook.</p> 	<p style="text-align: center;">Parent Square App</p> <p>Please download our Parent Square app to start receiving messages this summer</p> 	<p style="text-align: center;">Lunch Application</p> <p>Apply for Free or reduced meals after August 1st.</p> 
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Mc Swain Elementary School

Student Registration

GRADE

STUDENT INFORMATION

▶ Has your student ever attended McSwain Elementary School before? Yes No

STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name/Alias/Goes by
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Male Female
 Non-Binary

Birth date:

Month	Day	Year	
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BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

STUDENT RESIDENCY

Residence & Mailing Address: Own Rent Shared Residency

Residence Address	Apt#	City	State	Zip
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Mailing Address(IF DIFFERENT)	Apt #	City	State	Zip
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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 (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) _____ |

CHILD'S ETHNICITY?(Please check one):

other Spanish culture or origin, regardless of race)

- Hispanic or Latino (A person of Cuban, Mexican, Puerto, South or Central American or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE?

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small> | <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) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

Date child first attended school in the US:

Date child first attended school in CA:

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 504 IEP
Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development Adv. Math 7th & up
 Help to Improve Attendance/ Behavior Other (Specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
 Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please provide documentation/ "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. **Full Name:** _____ **Relationship:** _____ **Portal Access:** Yes No
Email: _____
Employer: _____ **Cell Phone # (____) _____** **Daytime Phone # (____) _____**
Education Level: Graduate Degree or Higher College Graduate Some College or Associate's Degree High School Graduate
 Not a High School Graduate

2. **Full Name:** _____ **Relationship :** _____ **Portal Access:** Yes No
Email: _____
Employer: _____ **Cell Phone # (____) _____** **Daytime Phone # (____) _____**
Education Level: Graduate Degree or Higher College Graduate Some College or Associate's Degree High School Graduate
 Not a High School Graduate

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent,
 Please include their name, address, and phone number:

Full Name: _____ **Phone #: (____) _____**
Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Other Contacts

3. **Full Name:** _____ **Relationship:** _____ **Portal Access:** Yes No
Email: _____
Can pick up student? Yes No **Cell Phone # (____) _____** **Daytime Phone # (____) _____**

4. **Full Name:** _____ **Relationship :** _____ **Portal Access:** Yes No
Email: _____
Can pick up student? Yes No **Cell Phone # (____) _____** **Daytime Phone # (____) _____**

STUDENT TRANSPORTATION	
▶ Does your student need bus transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I will need transportation in: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both AM/PM	
Address of bus pickup/drop off: _____	

STUDENT MEDICAL INFORMATION

Proof of immunizations: Yes No

Family Physician Name/Phone number:

List any known health problems:

List any medications child takes on a regular basis:

Does your child need to take any at school? Yes No

If Yes, did you fill out a PPS form? Yes No

List any allergies child has:

HOME LANGUAGE SURVEY

The California Education Code requires that schools determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions below.

Which Language did your child learn when they first began to talk?

Which language does your child most frequently use at home?

Which language do you use most frequently to speak to your child?

Name the language most often spoken by the adults at home.

In which country was your child born?

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only: Guardian Verification BC Verification Proof of Residence Proof of Immunization

Initials Aeries Input: