

Latino Network - SUN Community School Registration Form,

STUDENT INFORMATION

Student Last Name _____ First Name _____
 Home Address _____ City _____
 State _____ Zipcode Tea61 Ber140 n/CS0 cs 0 0 0 scn/TT0 1Tf0.001 0 0 8.8
 School _____ Grade _____
 Date of BeW n/CS0 c _____

Female	Transgender Female	Other (please specify):	Prefer Not to Say
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First Language Spoken at Home

English Spanish

Afro-Latino/a Indigena Other Hispanic/Latino (please specify): African / African American African American Congolese Caribbean Other Black (please specify): White Slavic Middle Eastern Unknown Decline to Answer	Central American South American Mestizo Somali Eritrean North African	Burmese Zomi Thai Korean Filipino/a South Asian Other Asian (please specify): Indigenous American Indian Canadian Inuit, Metis, or First Nation Pacific Islander Tongan Native Hawaiian Samoan	Karen Hmong Chinese Laotian Japanese Asian Indian Alaskan Native Chuukese Guamanian or Chamorro
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Other Information

Do you receive Free or Reduced Lunch? Yes No

Are you enrolled in one of the following programs? Please check all that apply:
 ELL/ESL/ELD Dual-Language Immersion Special Ed. Talented & Gifted
 Other (please list): _____

Do you have conditions/special needs that warrant accommodations to participate? Yes No
 If , please describe: _____

ALLERGIES OR MEDICAL CONDITIONS

Please indicate any conditions that you would like us to know that may affect your child's participation in activities, including medical conditions and/or allergies (i.e., asthma, medication allergies, allergies that require Epi-pen, insect bite kit, etc.):

Please call Latino Network at (503) 283-

MEDICATIONS

Will you need to take any medications while you are in Latino Network programs?	Yes	No
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If yes, list medications (prescription and over-the-counter)	Dose and Schedule (e.g., Asthma, 2
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