

# Latino Network - SUN Community School Registration Form,

## STUDENT INFORMATION

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zipcode Tea61 Ber146 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
<b>First Language Spoken at Home</b>			
English	Spanish		

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

<b>ALLERGIES OR MEDICAL CONDITIONS</b>
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-



