



Manhattan Beach
Unified School District

New Student Information Form

Student's Legal Name: _____
(as listed on birth certificate)

Gender (M/F): _____ Grade Level: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip Code: _____

Primary or _____ Secondary or _____
Home Phone: (_____) _____ Cell Phone: (_____) _____

Family Email Address: _____
(please provide one main email address for school notifications)

Additional Information: Parent/Guardian 1 Cell Phone: (_____) _____ Email _____
Parent/Guardian 2 Cell Phone: (_____) _____ Email _____

Name(s) and age(s) of siblings enrolled or currently enrolling in MBUSD:

Name: _____ Age: _____

Name: _____ Age: _____

Parent/Guardian Highest Education Level (check one): Graduate school College graduate
 Some college (includes AA degree) High school graduate Not a high school graduate Decline to state

Primary Language: _____

- 1) Which language did your son/daughter learn when he/she first began to talk? _____
- 2) Which language does your child most frequently speak at home? _____
- 3) Which language do you most frequently use when speaking with your child? _____
- 4) Which language is most often spoken by adults in the home? _____

Special needs/Abilities: GATE _____ Special Ed/IEP _____ 504 _____ Speech _____ Other _____

Last School Attended: _____

School Phone Number (Required): (_____) _____ School Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____

Office Use Only: Birthplace Parent Ed Level Primary Language: _____

Date: _____ Student Number: _____ Family Number: _____