

ASSETs Registration Form

This program is made possible through a partnership between

Garden Grove Unified School District and Boys & Girls Clubs of Garden Grove.



									COLUMN TO A STATE OF THE PARTY
STUDENT NAME: Last Name	Ein	st Name			Middle In	itial	SIDN		
				Middle Initial					
Ethnicity: ☐ African Ame			□ Asian □ Other:		☐ Caucasian		☐ Hispanic/Latino)
Gender: M F	Date of Birth: (mm/dd/y	y)	Age	Grade	School	ŀ	Health Conditio	ns/Allergies	
PARENT/GUARDIAN	l #1:								
Last Name		First	Name					Middle Initial	
Address	А	partment #			City			Zip Code	
			rth: (mm/dd/yy) Ger			Gender	: 🗆 Male	☐ Female	
Home Phone Number ()	Cell Phon ()	e Number	W (ork Phone)	Number				
Ethnicity:	American	merican India	an [☐ Asian	□ Ca	aucasian			
☐ Hispai	nic/Latino	Iulti Racial	[☐ Pacific	Islander		Other:		
Primary Language:	☐ English	☐ Spanish		Vietnames	e 🗆 Ko	rean	☐ Other (Ple	ease indicate)	
Household Income: Household Size (circle o		5,000-\$54,99 5 6	9 □ \$5 7 8	55,000-\$89 9 1	0,999 □ 0	More than	n \$90,000		
Who does the member li	ive with? Both Parent	s 🗆 Single	Parent House	ehold \Box	Guardian [Other _			
	g orders or court orders w						of documents re	equired	
In order to better addres If Yes, do you grant E	s of the ASSETs program s your student needs, ple BGCGG permission to ob e taken of my child and us	ease indicate tain pertinent	if your child had details of that	as an Indiv	idualized Educ GGUSD.		gram (IEP).	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No
How will your son/daugh	iter be getting home:	☐ Walk Hon		t pick-up					
PARENT/GUARDIAN	l #2:	First Nor				Middle	Initial		
PARENT/GUARDIAN Last Name	l #2:	First Nar	me			Middle	Initial		
Last Name Address	T#2:		me City			Middle Zip Coo	de		
Last Name		nent#					de	ne Number	
Address Home Phone Number () EMERGENCY CONT	Apartn ACTS:	nent # Cell P	City				Work Pho		
Address Home Phone Number	Apartn	nent # Cell P	City	Relation	ship		de		
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