



Santa Barbara Unified
Every child, every chance, every day.

720 Santa Barbara Street
Santa Barbara, CA 93101
Phone: 805.963.4338
TDD: 805.966.7734
SBUunified.org

Parent Education Registration Form

Parent Information

Mother's First and Last Name: _____

Mother's Phone Number: _____

Father's First and Last Name: _____

Father's Phone Number: _____

What program are you enrolled in?:

- Padres Adelante Latino Literacy PIQE Nurturing Parent HIPPY
 Parent Project FLA PIDA

Otro: _____

Which school site do you attend class at?:

- Adams Adelante Cleveland Franklin Harding McKinley Monroe
 OAS Peabody Roosevelt Santa Barbara Charter SB Community Academy
 Washington SB Jr. High La Cumbre Jr. High La Colina Jr. High
 Goleta Valley SBHS Alta Vista La Cuesta SMHS DPHS
 Child Development Department

Name of student	Date of birth	Age	School	Grade
1.				
2.				
3.				
4.				
5.				
6.				

- 1. What is your race/ethnicity?** *Please check one or all that apply:*
 Latino/a African American American Indian Asian Filipino
 Pacific Islander White Other: _____
- 2. Are you employed?** *Please check one or all that apply:*
 Full-time Part-time Homemaker Unemployed Retired Disabled
 Choose not to disclose information Occupation: _____
- 3. Who helps you raise your children?** *Please check one or all that apply:*
 My spouse/partner Me. I'm a single parent My parents/extended family
 My oldest child Other: _____
- 4. What language do you speak the most at home?** *Please check one:*
 English Spanish Other (explain): _____
- 5. How fluent are you in English?** *Please check one:*
 I do not speak or read English I speak or read some English I speak or read English well
- 6. What is the last year of schooling you completed?** *Please check one:*
 Grades 1-6 Grades 7-8 Grades 9-12 Graduated from high school GED
 Some college College degree Master's degree Other: _____
- 7. What is your primary mode of transportation?** *Please check one:*
 Walking Public Transportation Car Bicycle
- 8. Do you need childcare if we invite you to other events?**
 Yes, for all my children Yes, for my children under 10 years old I don't need childcare
 I may need childcare depending on date and time of event
- 9. Have you been or are you currently part of a school committee?** Yes No
If yes, which one(s) (e.g. school council or advisory committee): _____
- 10. Do you participate in a parent organization or community based organization?** Yes No
If yes, which one(s) (e.g. PTA/PTO, LULAC, your own group): _____
- 11. Do you have access to a computer?** Yes No
If yes, where? Please check all that apply: Home School Library Other
- 12. Do you have access to the internet?** Yes No
If yes, where? Please check all that apply: Home School Library Other Cell
- 13. Do you have a library card?** Yes No
- 14. Does your family qualify for the Free/Reduced-Lunch program?**
 Yes No Choose not to disclose information
- 15. What is your approximate annual household income?**
 Less than \$15,000 \$15,000 - \$25,000 \$25,000 - \$35,000 \$35,000 - \$45,000
 \$45,000 - \$55,000 More than \$55,000