# **Online Registration Summary**

Page 1 / 2 Chepuri, Advaith | 4398

Modified By: Modified Date:

Application End Year: 2023-2024 School

Year

Submission Date: 06/23/2023 Application Number: # 4398 Application Created By: Muralimanohar Chepuri

Household						
Primary Home Phone: (847)2						
Text	Х	Х	Х	Χ	X	Χ

# **Home Address**

3182 Garden Farms Ave Lathrop, CA 95330 San Joaquin County

# **Mailing Address**

New Mailing Address. 2924 HERCULES Ct LATHROP, CA 95330

Parent/Guardian				
CHEPURI , MURALIMANOHAR	Gender: M			
Birthdate: 02/11/1981	Household: Yes			

#### **Contact Information**

Cell: (847)243-3755

Work: Other:

Email: murali.chepuri@gmail.com

Secondary

Email: drsindhusha.gundlapally@gmail.com

Gundlapally , Sindhusha Gender: F					F		
Parent/Guardian							
Secondar Email:	y X	Х	Х	Х	Χ	Х	
Tex Email:	ct X	Х	Х	Х	Χ	Х	
<u> </u>	Emergenc	<u>High</u> y <u>Priority</u> A	ttendanc	eBehavior		<u>ood</u> rvice <u>Teacher Priv</u>	/at
					_		

Household: Yes

#### **Contact Information**

Cell: (925)596-8079

Birthdate: 02/15/1984

Work: Other:

Email: drsindhusha.gundlapally@gmail.com

Secondary

Email: dr.sindhu1502@gmail.com

	<u>High</u>			<u>Food</u>		
<u>Em</u>	ergen	y PriorityA	ttendanc	<u>eBehavior</u>	<u>General</u>	Service Teacher Private
Text	X	Χ	Χ	Χ	Χ	Χ
Email:	Χ	Χ	Χ	Χ	Χ	Χ
Secondary						
Email:	Χ	Χ	Χ	Χ	Χ	X
Francisco Contrat						

## **Emergency Contact**

Chepuri , Murali Gender: M Birthdate: 02/11/1981 Household: Yes

## **Contact Information**

Home: (847)243-3755

Mobile: Work: Email:

# **Emergency Contact**

Chepuri , Murali Gender: M Birthdate: 02/11/1981 Household: Yes

#### **Verification Information**

Address Line 1: Same as student Address Line 2: Same as student

# **Emergency Contact**

Cheepati , Madhu Gender: M Birthdate: 07/01/1984 Household: No

## **Contact Information**

Home: (408)609-9865

Mobile: Work: Email:

#### **Verification Information**

Address Line 1: 2924 Hercules Ct, Lathrop, CA

Address Line 2:

	Student	
Chepuri , Advaith Student Number:	Gender: M	DOB: 08/02/2014

# **Demographics**

Date Entered U.S.:

Date Entered US School: Date Entered CA School: Birth Country: United States Birth State: Illinois

Birth City: Hoffman Estates Enrollment Grade: 4 School: Epic Academy

# Race Ethnicity

Asian Indian

Is Hispanic/Latino: No

# <u>Housing</u>

Current Housing Situation In a single family permanent residence (house, apartment, condo, mobile home)

#### **Student Services**

Student has IEP: No Student has 504 plan: No

# **Language Information**

First language spoken by student: English

What language does your child most frequently speak at home? English

Which language do you most frequently use when speaking with your child? English

What language is most often spoken by adults in the home? Telugu

Student has received ELL services: No

Student

DOB: Chepuri , Advaith Gender: M 08/02/2014

Student Number:

**Previous School** 

Last Year

School: Durham Elementary

City: Fremont State: CALIFORNIA Country: United States Phone: (510)657-7080

Currently expelled or suspended: No

No Previous School No

**Records Request** 

Cumulative Record: Cm Health Record: Cm

Psychological Evaluations: Cm Medical Information: Cm

Other Confidential Information: Cm

**Relationships** 

MURALIMANOHAR CHEPURI - Father

Guardian: true Mailing: true Portal: true Messenger: true Contact Order: 1

Sindhusha Gundlapally - Mother

Guardian: true Mailing: true Portal: true Messenger: true Contact Order: 2

Murali Chepuri - Father

Contact Order: 3

Madhu Cheepati - Friend

Contact Order: 4

**Immunizations** 

**Health Services - Emergency Information** 

Primary Care Provider: South East Bay Pediatrics

Primary Care Phone: (510)792-4373

Preferred Hospital starting literal: Washinton Medical Center,

Fremont, CA

**Health Services - Medical or Mental Health Conditions** 

No Medical or Mental Health Conditions.

**Health Services - Medications:** 

No Medications.

**POR** 

**Proof of Residency** 

**Documents Uploaded:** 

Demographics Advaith\_Birth\_CertificaBerphotCertificate Immunizations

AdvaithImmunization2002@pdfzations SCHOOL LETTER.docx Proof of Residency

(1).pdf

PreviousSchools

AdvaithReportcard202Repodfrt Card/ Transcript

Signature: