## PLEASE PRINT

## RESCUE UNION SCHOOL DISTRICT ENROLLMENT FORM

STUDENT INFORMATION									
			Grade	Home Phone					
Legal Name									
(as shown on birth certificate) Last First Middle  Alias or Nickname			Place of Birth:						
(if different)				City	State Country				
Residence Address	City Zip		Date of Birth	If born outside of U.S., number of years enrolled in US schools?					
Mailing Address	City Zip				Controlle.				
Number & Street	Court Orders on file?								
PARENT/GUARDIAN INFORMATION									
☐ Father ☐ Guardian ☐ Foster Father		☐ Mother ☐	]Guardian  □ Foster	r Mother					
Maria	Phone Numbers	Mana		Phone Numbers					
Name	Home	Name		First	Home				
Address	Work	Address			Work				
Zip	Cell			Zip	Cell				
Step Mother (if applicable)	Email	Sten Father (if anni	licable)		- Email				
Living with Student? ☐ Yes ☐ No Duplicate Mailing?☐ Yes ☐ No	Name of Employer		' □ Yes □ No Duplicate N	Name of Employer					
		,		g- —					
EMERGENCY CONTACT  NOTE: In case of an emergency, if the parent/guardian is not available, the school will contact one of the Alternate Emergency Contacts listed below. Your student may be released to that contact in case of an emergency. Student will be released ONLY to persons listed. In the event no one listed is available, the school will make appropriate decision. IT IS THE PARENT'S RESPONSIBILITY TO KEEP THE SCHOOL INFORMED OF ANY AND ALL CHANGES TO THE INFORMATION ON THIS CARD.									
Name: Relationship:	Day Phone:	Name:		Relationship:	Day Phone:				
Name: Relationship:	Day Phone:	Name:		Relationship:	Day Phone:				
MEDICAL INFORMATION									
Check "Yes" or "No"		Check "Yes" or "No"	0 1 51 1 1/						
		☐ Yes ☐ No	Seizure Disorders If ye	es, type of seizure: _					
☐ Yes ☐ No Asthma If yes, type of medication	taken:	☐ Yes ☐ No		es, list medication, do	osage, and schedule:				
□ Yes □ No Diabetes If yes, type of treatment: regularly									
IMPORTANT: No medication can be administered to student, including over-the-counter medicine, e.g. aspirin, Tylenol, etc., without a doctor's and parent's medication permission form on file and the medicine in the prescription bottle with the doctor's orders or original container. California Education Code, Section 49423									
Other Medical Conditions:  Date of last tetanus immunization:									
Doctor: Address: Phone:									
ealth Insurance Carrier: Policy Number:									
Dentist: Address: Phone:									
Dental Insurance Carrier: Policy Number:									
I (We), the undersigned parent(s)/guardian(s) of, a minor, do hereby authorize the Rescue Union School District, as agents for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered, under the general or special supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.									
It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.									
	Father/Guardian Signature Date		Mother/Guardian Sign	nature	Date				

Address   Fax	SCHOOL HISTORY: Last School Attended:		Phone			which programs your child has received:			
Separate layer and layer actually previously allegated as activated in Resourch in State Obligation   Separated provided in state the school distinct? School   Separated provided in Separated provided provided provided in Separated provided prov	Address		Fax						
Language Survey: The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.  1. Which language does your child friet team to speak?	Has your child previously attended a school in Rescue Unio	on School District?   Yes   No			_				
Language Survey: The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.  1. Which language did your child first learn to speak?  2. Which language one your child primarily use?  2. Which language one your child primarily use?  3. Which language is most often spoken at home by adults?  ETHINICITY AND RACE—(Required by ledeal NCLB regulations). Please assers 80TH of the following questions regarding your child's ethnicity and race.  ETHINICITY AND RACE—(Required by ledeal NCLB regulations). Please assers 80TH of the following questions regarding your child's ethnicity and race.  ETHINICITY Please check one:    International Plant	If yes, what school, grade and year did your child first enter	this school district? School	Grade _	Year		Ç			
Notice   Indicated without Amountain to Speak?   Chinese, plasses dictions without and control whether Amountain or Cardinnesse in questions of through 4   Chinese   Chinese, or Chinese, or Chinese, plasses, or Speak at home?   Chinese, plasses, plant   Chinese, plant   Ch	Is your child currently under an expulsion order or has he/s	he been expelled from a previous school district? $\ \ \Box$ Y	'es □ No						
Which language does your child most often speak at home?     0 English   1-Spanish   1-S	Language Survey: The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.								
2. Which language does your child most often speak at home?	1. Which language did your child first learn to speak?								
3. Which language does your child most often speak at home?     1-Spanish     1-Spanish     1-Spanish       1-Spanish		, ,							
4. Which is larguage is most offen spoken at home by adults?  ETHNICITY AND RACE - (Required by federal NCLB regulations). Please answer BOTH of the following questions regarding your child's eithnicity and race.  From www.roc.cu gendentotherebe aspectation.  In string is the control of the following question is about ethnicity. Ind race. In this period or Latino - A person of Cuban, Mexican, Puesto Rean, South or Central American, or other Spanish culture or origin, regardless of race.  Native Hand, American Indian and Pueston or Alaxan Native (100) - A person having origins in any of the original peoples of North American Indian American Indian Original peoples of Invanis, Garn, Samoa, or and South American Indian American Indian Original peoples of Invanis, Garn, Samoa, or and South American Indian Original peoples of the Fire Fast, Sambase Asia, or the Indian absonationed Indian Original peoples of Invanis, Garn, Samoa, or and South American Indian Original People on North American Indian Original People of Invanis, Garn, Samoa, or and South American Indian Original Peoples of Invanis, Garn, Samoa, or and South American Indian Original Peoples of Invanis, Garn, Samoa, or and South American Indian Original Peoples of Invanis, Garn, Samoa, or Indian Original Peoples of Invanis, Garn, Samoa, or Indian Original Peoples of Invanis, Garn, Samoa, or Indian Original Peoples of Invanis, Garn, Samoa, Original Peoples of Invanis, Gar									
ETHNICITY AND RACE   (Required by federal NCLB regulations)   Please answer BOTH of the following quasitions regarding your child's ethnicity and race.   From www.ice.ca.gebids.ktroinedge.ge	2. Other								
MHAT IS YOUR CHILD'S ETHNICITY? Please check one:     Hispanic or Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.									
Work Its You're citation   Work Harwanian Correct Normater what you selected above, please indicate what, you consider your child's care to be. Please select 1 or more of the following racial categories, up to a maximum of 5.   Native Indian, American Indian or Alaskan Native (100) – A person having origins in any of the original peoples of Harwaii, Cam. Saunh, American (inciding Corrieral America).   Native Hawaiisin or Other Pacific Islander — A person having origins in any of the original peoples of Harwaii, Cam. Saunh, American (1000) — A person having origins in any of the original peoples of Harwaii, Cam. Saunh, American (1000) — A person having origins in any of the Black racial groups of African American (1000) — A person having origins in any of the original peoples of Harwaii, Cam. Saunh, Parkaiian (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original peoples of Europe, the Middle East, or North African American (100) — A person having origins in any of the original					than Chanish gultura a	0 1 1			
Native Indian, American Indian or Alaskan Native (100) — A person having origins in any of the original peoples of Norh and South American (including Central American).   Native Hawailian or Other Pacific Islander — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent Including, for sample, Centrois, Chrue, India, Japanese (202)   Asian Nation (203)   Cambodian (203)   Other Pacific Islander (399)   Hamong (208)   Hamo									
and South America (including Central America). Asian – A person having origins in any of the original peoples of the Far East, Southeast Asis, or the Indian subconfinent including, for examples, Cambodiae, Clans, India, Japanese (2014)   Japanese	2. WHAT IS YOUR CHILD'S RACE? The above guestion is about 6	ethnicity, not race. No matter what you selected above, please in	dicate what you consider you	ur child's race to be. Please se	elect 1 or more of the fo	ollowing racial categories, up to a maximum of 5.			
Commonition (Notes)									
Cambodian (207)   Japanese (201)   Japanese (202)   Jap	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for Hawaiian (			Camban (000)					
Japanese (202)   Asian Indian (205)   Hinong (208)   Hinong (208)   Laotian (206)   Filipino (400)   White (700) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa    SIBLINGS	☐ Chinese (201)       ☐ Vietnamese (204)       ☐ Cambodian (207)       ☐ Other Asian (299)         ☐ Japanese (202)       ☐ Asian Indian (205)       ☐ Hmong (208)       ☐ Black or African American			(302)					
SIBLINGS   Name				American (600) – A person having origins in any of the Black racial groups of Africa					
Name	☐ Korean (203) ☐ Laotian (206) ☐	erson having origins in any of th	rigins in any of the original peoples of Europe, the Middle East, or North Africa						
Name D.O.B. School High School Graduate College Graduate D.O.B. School Graduate D.O.B. School Graduate School Graduate School Graduate School Graduate School Graduate School Graduate School Post Graduate Training D.O.B. School Graduate School From From School From From School From School From From School From From School From From From From From From From From	SIBLINGS			Highest Parent Educatio	n Level:				
Name	Name	D.O.BSchool		☐ Not A High	School Graduate	☐ Some College			
Name	Name	D.O.BSchool		☐ High School Graduate		☐ College Graduate			
RESIDENCE: This information will be used to determine if your child qualifies for any additional assistance under the Federal No Child Left Behind Act.  Where is the student currently living? (Check one box only)  In a single family residence: house, apartment, condominium or mobile home   In a shelter or transitional housing program   In a motel, car or campsite   In or awaiting foster care placement   With more than one family in a house or apartment   With friends or other family members   In a group home    For students born in a country other than the United States – Date first began school in the US:   In CA:   Was student a refugee or immigrant to the United States within the last three years?   Yes   No    Does the parent/guardian or their spouse: Live on Federal property?   Yes   No   No   Currently serve as a member of the military service?   Yes   No    FOR OFFICE USE ONLY  Registration Packet Received   Birth Certificate   Birth Certificate   Intradistrict Transfer   Home School   Interdistrict Transfer   Cum Received   Cum Rece	Name	D.O.BSchool		•	☐ Graduate School / Post Graduate Training				
Where is the student currently living? (Check one box only)    In a single family residence: house, apartment, condominium or mobile home   In a shelter or transitional housing program   In a motel, car or campsite   In or awaiting foster care placement   With more than one family in a house or apartment   With friends or other family members   In a group home	Name	D.O.B. School_							
In a single family residence: house, apartment, condominium or mobile home   In a shelter or transitional housing program   In a motel, car or campsite   In or awaiting foster care placement   With more than one family in a house or apartment   With friends or other family members   In a group home   In a group hom									
With more than one family in a house or apartment   With friends or other family members   In a group home    For students born in a country other than the United States – Date first began school in the US: In CA: Was student a refugee or immigrant to the United States within the last three years?   Yes   No    Does the parent/guardian or their spouse: Live on Federal property?   Yes   No   Work on Federal property?   Yes   No   Currently serve as a member of the military service?   Yes   No    FOR OFFICE USE ONLY  Registration Packet Received   Birth Certificate   Birth Certificate   Intradistrict Transfer   Other   Date   Date    By:   Proof of Residence   Proof of Residence   Proof of Residence   Other   Other   Date    Teacher   Other   Other   Date   Date    Other   Other   Date   Date   Date    Other   Date   Date   Date   Date   Date    Other   Date   Date   Date   Date    Other   Date   Date   Date    Other   Date   Date   Date   Date    Other   Date   Date   Date   Date    Other   Date   Date   Da		,	sitional housing progra	m □ In a motel o	car or campsite	☐ In or awaiting foster care placement			
Does the parent/guardian or their spouse: Live on Federal property?						o. aag .co.tc. cao p.accc			
FOR OFFICE USE ONLY  Registration Packet Received Date Received: By: Enrollment Date Teacher  Teacher  FOR OFFICE USE ONLY  Intradistrict Transfer Home School Home School Home District Home District Other Other  Other  Teacher	For students born in a country other than the United States – Date first began school in the US: In CA: Was student a refugee or immigrant to the United States within the last three years?   Yes  No								
Registration Packet Received   Required Documents Received:   Intradistrict Transfer   Date Received:   Birth Certificate   Home School   Date Received:   Home School   Date Received:   Date Received:   Home School   Date	Does the parent/guardian or their spouse: Live on Federal property? 🗆 Yes 🗆 No Work on Federal property? 🗀 Yes 🗀 No Currently serve as a member of the military service? 🗀 Yes 🗀 No								
Date Received:   Birth Certificate   Home School   Cum Received   By:   Immunizations   Interdistrict Transfer   Cum Received   Enrollment Date   Grid #   Teacher   Other   Other   Other   Date   Cum Received									
By:   Immunizations   Interdistrict Transfer   Cum Received	— · • · · · · · · · · · · · · · · · · ·				□ Cun				
Grid #   Other   Other   Date:   Date:	By:								
			id#		□ Aeri	•			
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