

PLEASE PRINT

RESCUE UNION SCHOOL DISTRICT ENROLLMENT FORM

STUDENT INFORMATION

Legal Name _____ <small>(as shown on birth certificate) Last First Middle</small> Alias or Nickname _____ <small>(if different)</small> Residence Address _____ <small>Number & Street City Zip</small> Mailing Address _____ <small>Number & Street City Zip</small>	Grade _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	Home Phone _____ Place of Birth: _____ <small>City State Country</small> Date of Birth _____ <small>If born outside of U.S., number of years enrolled in US schools?</small> Court Orders on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, submit current copy</small>
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PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father			<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Mother		
Name _____ <small>Last First</small> Address _____ <small>Zip</small> Step Mother (if applicable) _____ Living with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Duplicate Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Numbers	Home _____ Work _____ Cell _____ Email _____ Name of Employer _____	Name _____ <small>Last First</small> Address _____ <small>Zip</small> Step Father (if applicable) _____ Living with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Duplicate Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Numbers	Home _____ Work _____ Cell _____ Email _____ Name of Employer _____

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" <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic Reactions If yes, type of allergies: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma If yes, type of medication taken: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes If yes, type of treatment: _____	Check "Yes" or "No" <input type="checkbox"/> Yes <input type="checkbox"/> No Seizure Disorders If yes, type of seizure: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Medication taken regularly If yes, list medication, dosage, and schedule: _____
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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: _____
Health 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 Signature

Date

PLEASE COMPLETE OTHER SIDE ➔

SCHOOL HISTORY:

Last School Attended: _____ Phone _____
 Address _____ Fax _____

Has your child previously attended a school in Rescue Union School District? Yes No

If yes, what school, grade and year did your child first enter this school district? School _____ Grade _____ Year _____

Is your child currently under an expulsion order or has he/she been expelled from a previous school district? Yes No

Please indicate which programs your child has received:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> GATE | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Title 1 | <input type="checkbox"/> Special Day Class |
| <input type="checkbox"/> RSP | <input type="checkbox"/> Academic Intervention |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> English Learner |

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.

- Which language did your child first learn to speak? _____
(If language is Chinese, please indicate whether Mandarin or Cantonese in questions 1 through 4)
- Which language does your child primarily use? _____
- Which language does your child most often speak at home? _____
- Which language is most often spoken at home by adults? _____

Dominant Language:

- 0-English
 1-Spanish
 2- Other

ETHNICITY AND RACE – (Required by federal NCLB regulations) *Please answer BOTH of the following questions regarding your child's ethnicity and race.*

From www.cde.ca.gov/ds/td/lo/refaq.asp

1. **WHAT 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.
 Not Hispanic or Latino

2. **WHAT IS YOUR CHILD'S RACE?** *The above question is about ethnicity, not race. No matter what you selected above, please indicate what you consider your child's race 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 North and South America (including Central America).

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Asian (299) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Hmong (208) | |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Filipino (400) | |

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- | | | |
|--|---|---|
| <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Tahitian (304) | |

Black or African American (600) – A person having origins in any of the Black racial groups of Africa

White (700) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

SIBLINGS

Name _____	D.O.B. _____	School _____
Name _____	D.O.B. _____	School _____
Name _____	D.O.B. _____	School _____
Name _____	D.O.B. _____	School _____

Highest Parent Education Level:

- | | |
|---|---|
| <input type="checkbox"/> Not A High School Graduate | <input type="checkbox"/> Some College |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Graduate |
| | <input type="checkbox"/> Graduate School / Post Graduate Training |

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)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> In a single family residence: house, apartment, condominium or mobile home | <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> In a motel, car or campsite | <input type="checkbox"/> In or awaiting foster care placement |
| <input type="checkbox"/> With more than one family in a house or apartment | <input type="checkbox"/> With friends or other family members | <input type="checkbox"/> 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
Mo/Yr Mo/Yr

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

Date Received: _____
 By: _____
 Enrollment Date _____
 Teacher _____

Required Documents Received:

- Birth Certificate
 Immunizations
 Proof of Residence
 Grid # _____

Intradistrict Transfer

Home School _____
 Interdistrict Transfer
 Home District _____

Other _____

Cum Requested _____
 Date _____

Cum Received _____
 Date _____

Aeries Data Entered by: _____
 Date: _____

Student I.D. # _____

PLEASE COMPLETE OTHER SIDE ➔