

Student Information					
Legal Last Name:	Legal First Name:	Legal Middle Name:	Date of Birth(mm/dd/yyyy):	Age:	Grade:
			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address:			City, State, Zip:		
Home Address: (if different from mailing address)			City, State, Zip:		
Home Phone:			Alternate Phone:		
Ethnicity: (You must select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: (You may check up to 5 categories. No matter what selected for ethnicity, please continue to indicate what you consider your race to be): <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other: _____					
Mother/Guardian Information			Father/Guardian Information		
Mother/Guardian's Name:			Father/Guardian's Name:		
Daytime Phone:	Cell Phone:	Text Ok? <input type="checkbox"/>	Daytime Phone:	Cell Phone:	Text Ok? <input type="checkbox"/>
Email Address:			Email Address:		
Relation: (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian			Relation: (check one) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian		
Status: (check all that apply): <input type="checkbox"/> Lives with student <input type="checkbox"/> Has legal custody <input type="checkbox"/> Has Custody <input type="checkbox"/> Active Military			Status: (check all that apply): <input type="checkbox"/> Lives with student <input type="checkbox"/> Has legal custody <input type="checkbox"/> Has Custody <input type="checkbox"/> Active Military		
Mother's Address (if not living with the student):			Father's Address (if not living with student):		
Employer:			Employer:		
Education Level: (check highest level) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College degree <input type="checkbox"/> Graduate school <input type="checkbox"/> Decline to state/unknown			Education Level: (check highest level) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College degree <input type="checkbox"/> Graduate school <input type="checkbox"/> Decline to state/unknown		
Court Orders: (if parents are separated/divorced) Is there a restraining or other court order filed against the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, it must be on file in the school office)			Court Orders: (if parents are separated/divorced) Is there a restraining or other court order filed against the Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, it must be on file in the school office)		
Services					
Special Education Services and Special Programs: (Check all that apply) <input type="checkbox"/> Speech Language <input type="checkbox"/> IEP (Date of last IEP) _____ <input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> NPS <input type="checkbox"/> 504 <input type="checkbox"/> GATE <input type="checkbox"/> Other: _____ If any of the above are checked, at what district was he/she enrolled in the service or program? _____					
ELD (English Language Development) Services: Has your student received English Learner services in another district? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what district was he/she enrolled in ELD? _____					
Are you interested in the Dual Immersion Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (see handouts) Did your student take the CELDT/ELPAC Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a copy? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Language Survey and Student History

This page must be filled out completely before a student can be registered. This information is required by the State of California only for the purposes of tracking test scores and for language placement. This information is **not** used for tracking citizenship or immigration status and is not provided to federal authorities.

Home 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 for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Which language did your child learn when they first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken **by the adults** in the home? (parents, guardians, grandparents, or any other adults in the home) _____

Student Birthplace Information

Legal Last Name: _____	Legal First Name: _____	Legal Middle Name: _____	Date of Birth(mm/dd/yyyy): _____	Age: _____	Grade: _____
			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Birth City: _____	Birth State/Province: _____
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Birth Country: United States Mexico Other: _____
If student was not born the U.S., what date did they first live in the U.S.? (mm/dd/yyyy) _____

School History

U.S. School History

Has your student ever attended a school in the U.S.? Yes No
If yes, what is the earliest date of attendance in that school: (mm/dd/yyyy) _____
Has your student participated in the PICO 0-4 Program? Yes No

California School History

Has your student ever attended a school in California? Yes No
If yes, what is the earliest date of attendance in that school? (mm/dd/yyyy) _____

Jurupa Unified School District School History

Has your student ever attended a school in JUSD? Yes No
If yes, what is the earliest date of attendance in that school? (mm/dd/yyyy) _____
Name of school: _____

Last School of Attendance

Name of last school attended: _____ City: _____ State/Country: _____
Type of school: Public Private Continuation Alternative Home School

School Suspension/Expulsion History

Has your student ever been suspended: Yes No If yes, from what district? _____
Has your student ever been expelled, or is an expulsion pending? Yes No
If yes, from what district? _____ Please provide readmission paperwork.

CERTIFICATION

I certify that all of the information on this application is true and correct to the best of my knowledge.
Falsification of any of information on this form may lead to the student being dropped from enrollment.

Signature of Parent/Guardian: _____ Date: _____

Student Information

Legal Last Name:	Legal First Name:	Legal Middle Name:	Date of Birth:	Age:	Grade:
			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Emergency Contact Information

Please list an adult over 18 years of age (preferably someone in the area with a telephone and car), not listed on the registration form. Those listed here are authorized to take your child if he/she becomes ill at school or if an emergency should occur and the parents/guardians cannot be reached.

Name:	Relationship:	Address:	Home Phone:	Cell Phone:	Parent Connect/ Educational Rights?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Biological Parent – (if the mother or father listed on the registration form is a step-parent, please list the other biological parent here.)

Name:	Relationship:	Address (optional):	Home Phone:	Cell Phone:
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Medical History/Information (check all that apply and include all information requested)

<input type="checkbox"/> No known health problems <input type="checkbox"/> Adaptive Equipment Needed (List below) <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergy to bee sting (requires emergency medication) <input type="checkbox"/> Allergy to food (List below) <input type="checkbox"/> Allergy to medication/other (List below) <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis (Rheumatoid type) <input type="checkbox"/> Asthma – mild <input type="checkbox"/> Asthma (Requires medication) <input type="checkbox"/> Birth Defect/Chromosome Disorder <input type="checkbox"/> Blood Products Restriction (Not to be given) <input type="checkbox"/> Bone/Joint Disease (Explain below)	<input type="checkbox"/> Cancer/Leukemia <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Diabetic (List diet & medications) <input type="checkbox"/> Eczema <input type="checkbox"/> Endocrine Disorder <input type="checkbox"/> Epilepsy/Seizure <input type="checkbox"/> Frequent Nosebleeds <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Hearing Loss: Which Ear <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Heart Disease/Defect/Dysrhythmia <input type="checkbox"/> Hepatitis	<input type="checkbox"/> Medication Needed at School <small>(Requires authorization to administer)</small> <input type="checkbox"/> Medication Prescribed (List below) <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Physical Activity Limitation <small>(Requires doctor's note)</small> <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Toileting problems (Explain Below) <input type="checkbox"/> Vision Impairment/Handicap <input type="checkbox"/> Wears Glasses/Contacts <input type="checkbox"/> Other
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Does your child require the use of an inhaler at school? Yes No

Does your child require meal accommodations for allergies or other medical condition? Yes No

Does your child require medication at school? Yes No (If yes, please list/Requires authorization to administer):

Explanations/Medications: _____

Surgeries/Accidents/Other Hospitalizations (Year and Type): _____

Medical Record Number: _____

Physician's Name:	Physician's Address:	Physician's Phone:
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Please notify the school if this information changes, if your child has a current health problem, or when your child receives new immunizations.

Authorization

By signing this form, you consent in the case of a medical emergency; your child will receive medical attention. Should you wish to opt out of this agreement, you will need to submit a written letter, annually, to the Jurupa Unified School District Department of Business Services.

I give my authorization as indicated above and certify that all of the information is complete and true.

Signature of Parent/Guardian _____	Date _____
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