



STUDENT REGISTRATION FORM

For Office Use Only
Student ID #

SECTION A: DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Incoming Grade
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Legal name of person registering student:

Relationship to student:

IS YOUR CHILD Hispanic or Latino?

☐ Yes

☐ No

WHAT IS YOUR CHILD'S RACE? (Check all that apply; mark "P" next to your child's primary race.)

☐ American Indian or Alaskan Native

☐ Filipino/Filipino American

☐ Korean

☐ Samoan

☐ African American or Black

☐ Guamanian

☐ Laotian

☐ Tahitian

☐ Asian Indian

☐ Hawaiian

☐ Other Asian

☐ Vietnamese

☐ Cambodian

☐ Hmong

☐ Other Pacific Islander

☐ White

☐ Chinese

☐ Japanese

Date of Birth

Month: _____

Day: _____

Year: _____

(Verification: ☐ Birth Certificate ☐ Other: _____)

Place of Birth

City: _____

State: _____

Country: _____

Date student first attended school in California?

Month: _____

Day: _____

Year: _____

Date student first attended school in the United States?

Month: _____

Day: _____

Year: _____

PARENT EDUCATION: Check the box that best describes the highest education level of *either* parent/guardian.

☐ Not a High School Graduate

☐ High School Graduate

☐ Some College (includes AA degrees)

☐ College Graduate

☐ Graduate Degree or Higher

WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

☐ Resource (RSP)

☐ 504

☐ Speech & Language

☐ Gifted (GATE)

☐ Special Day Class (SDC)

☐ IEP

☐ English Learner Support

☐ NONE

HAS YOUR CHILD EVER BEEN EXPELLED?

☐ No

☐ Yes

(Name of school and district: _____)

TRANSPORTATION AND RELATED INFORMATION

Check the boxes below if your child rides the bus.

☐ To School

☐ From School

Bus # _____

Daycare Provider: _____

Phone #1: _____

Phone #2: _____

NON-HOUSEHOLD EMERGENCY CONTACTS: Place a checkmark next to people who may also check your child out of school.

☐ Name:

Relationship:

Primary Phone Number:

☐ Name:

Relationship:

Primary Phone Number:

☐ Name:

Relationship:

Primary Phone Number:

PLEASE READ: California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

SECTION B: HEALTH AND EMERGENCY INFORMATION

☐ Check here if student has NO KNOWN HEALTH PROBLEMS.

☐ Check here if student has KNOWN HEALTH PROBLEMS and check all that apply below.

☐ ADD/ADHD

☐ Asthma

☐ Heart Problems

☐ Seizures

☐ SEVERE Allergy to: _____

☐ Diabetes ____Type I ____Type II

☐ Epi-Pen

☐ Other: _____

☐ Check here if student wears glasses/contact lenses.

☐ Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in: ☐ Classroom ☐ Physical Education
Explain: _____

List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school, or both. *Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME _____

AT SCHOOL _____

Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility and Phone Number _____

Does this student have health insurance? ☐ Yes ☐ No

Does this student have dental insurance? ☐ Yes ☐ No

Name of Insurance or Health Plan Provider: _____ Student's Medical Record Number: _____

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. ☐ Yes ☐ No

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

Signature of Person Registering Student

Relationship to Student

Date

STUDENT REGISTRATION FORM (cont.)

Student Name:			Grade:		
SECTION C: HOUSEHOLD INFORMATION					
<p>Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> No <small>(Skip to Primary Household.)</small> </div> <div style="text-align: center;"> <input type="checkbox"/> Yes <small>(Complete the table below. Attach additional paper if needed.)</small> </div> </div>					
First student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:		
Second student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:		
Third student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:		
Fourth student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:		
Fourth student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:		
<p style="text-align: center;">Is there a legal custody agreement regarding this student?</p> <p>If yes, check: <input type="checkbox"/> <i>Sole Custody</i> <input type="checkbox"/> <i>Joint Custody</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/> <i>Foster/Group Home</i></p>					
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, what kind?</i>					
PRIMARY HOUSEHOLD: <i>This is the address where the student primarily lives.</i>					
Address:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> Number Street Apt/Lot City State Zip </div>				
Mailing Address (if different):	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> Number Street Apt/Lot City State Zip </div>				
Parent/Guardian 1		Full Legal Name:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> Date of Birth	<div style="border-bottom: 1px solid black; width: 100%;"></div> Home Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div> Cell Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div> Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Email Address:		Relationship to Student:	Contact Preferences (<i>check preferred methods</i>): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings		
Other Adult in Household		Full Legal Name:			
Relationship to Student:	<div style="border-bottom: 1px solid black; width: 100%;"></div> Date of Birth	<div style="border-bottom: 1px solid black; width: 100%;"></div> Cell Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div> Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECONDARY HOUSEHOLD: Complete this section if parents <i>do not</i> live in same household.					
Address:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> Number Street Apt/Lot City State Zip </div>				
Mailing Address (if different):	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> Number Street Apt/Lot City State Zip </div>				
Parent/Guardian 2		Full Legal Name:			
<div style="border-bottom: 1px solid black; text-align: center;">Date of Birth</div>	<div style="border-bottom: 1px solid black; text-align: center;">Home Phone</div>	<div style="border-bottom: 1px solid black; text-align: center;">Cell Phone</div>	<div style="border-bottom: 1px solid black; text-align: center;">Work Phone</div>	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Email Address:		Relationship to Student:	Contact Preferences (<i>check preferred methods</i>): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings		
Other Adult in Household		Full Legal Name:			
Relationship to Student:	<div style="border-bottom: 1px solid black; text-align: center;">Date of Birth</div>	<div style="border-bottom: 1px solid black; text-align: center;">Cell Phone</div>	<div style="border-bottom: 1px solid black; text-align: center;">Work Phone</div>	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
AUTOMATED MESSENGER CONTACT INFORMATION: Check to <i>receive automated messages</i>.					
	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOST RECENTLY ATTENDED SCHOOL (Attach additional information, if needed.)					
School	City and State		Grade Level	Date Started	Date Left
~~~~~ <b>For District Use Only</b> ~~~~~					
Proof of Residence	Proof of Immunization	Date/Time Registered	Enrollment Date	Grade	District Official Signature
Type: Verified:	Type: Verified:	Date: Time:			
<b>TYPE OF REGISTRATION</b>					
<input type="checkbox"/> Neighborhood	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Program Improvement	<input type="checkbox"/> Intra-district Transfer	<input type="checkbox"/> Inter-district Transfer	
<input type="checkbox"/> Charter School	<input type="checkbox"/> Over Enrollment – Neighborhood School: _____		Receiving School: _____		
<input type="checkbox"/> SHPD	<input type="checkbox"/> Foster Youth	<input type="checkbox"/> In-Transition	<input type="checkbox"/> Special Education – Placement:		