

# STUDENT ENROLLMENT FORM

(Please fill out the information completely; place "NA" where it is not applicable.)



Twin Rivers Unified School District

## STUDENT INFORMATION

Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Alias/Nickname (Last/First/Middle) \_\_\_\_\_

Male  Female Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Birthplace (City/State/Country) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If born outside USA, date of entry \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered USA school \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence, if different \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Has the student ever attended a California public school?  Yes  No

Last attended: \_\_\_\_\_  
School District City State

If the student lives with someone other than their mother/father, please complete the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is this person the legal guardian?  Yes  No Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## FAMILY INFORMATION

**Name** \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: (Please ✓ one)  Father  Mother  Stepfather  Stepmother  Legal Guardian  Caregiver  Foster Parent

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: (Please ✓ one)  Father  Mother  Stepfather  Stepmother  Legal Guardian  Caregiver  Foster Parent

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

### Siblings/Other children living in the home

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY:** Aeries Perm ID No. \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunizations CSIS No. \_\_\_\_\_ Grade Level \_\_\_\_\_

Cum Request Birth Verification \_\_\_\_\_ Teacher \_\_\_\_\_

Lunch App?  Yes  No Address Verification \_\_\_\_\_ School \_\_\_\_\_

## RACE/ETHNICITY

(California Government Code Section 8310.5 requires that we collect this data.)

Part A. Is this student Hispanic or Latino? (Select only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

Part B. What is this student's race? (Select one or more)

- American Indian or Alaska Native

### Asian

- Chinese  Laotian
- Japanese  Cambodian
- Korean  Filipino
- Vietnamese  Hmong
- Asian Indian  Other Asian

### Native Hawaiian or Other Pacific Islander

- Hawaiian  Samoan
- Guamanian  Tahitian
- Other Pacific Islander

- Black or African American

- White

## PARENT/GUARDIAN HIGHEST EDUCATION LEVEL

Please indicate highest education level completed by either parent.

- not a high school graduate
- high school graduate
- some college or associate's degree
- college graduate
- graduate degree or higher
- decline to state

**My signature below certifies that all of the information provided in this survey is accurate. I understand that changes in address, telephone number(s), and/or emergency information will be reported to the school immediately.**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/Guardian Signature** **Date**

### EMERGENCY / MEDICAL / HEALTH INFORMATION

A. In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize the school to make necessary arrangements for my child to receive medical or hospital care, including transportation. **I agree to pay all costs incurred.** Under the above circumstances, I further authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Doctor's name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Health coverage \_\_\_\_\_ Medical ID number \_\_\_\_\_

I do not choose the above statement and in the event of an accident or emergency, I desire the following action: \_\_\_\_\_

B. California requires a physical examination for all children starting school. This may be done within six months before your child enters kindergarten, and up to 90 days after he/she enters first grade. Please check if this has been done:  Yes  No

If yes, date of examination \_\_\_\_/\_\_\_\_/\_\_\_\_ Doctor/Clinic \_\_\_\_\_

C. California law requires that the legal guardian of any pupil on continuing medication inform the school. If your child receives medication, complete the following:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Supervising Doctor \_\_\_\_\_

*(If medication must be given during school hours, a **Medication Release Form** must be obtained from the school office and completed by the parent and physician.)*

D. Has your child had any of the following conditions? (Check all that apply.)

- Asthma (Date of last attack: \_\_\_\_/\_\_\_\_/\_\_\_\_)  Vision/hearing problems
- Food allergy (List: \_\_\_\_\_)  Bee sting allergy
- Heart problems  Hepatitis  Seizure disorder  Diabetes
- Other serious allergies: \_\_\_\_\_
- Chronic health condition: \_\_\_\_\_
- Mental health condition: \_\_\_\_\_
- Other known condition(s): \_\_\_\_\_

E. Specialized health care procedures: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

### STUDENT SERVICES INFORMATION

Did your child receive any of the following programs or services? (Check all that apply.)

- Special Education (RSP, Speech, Special Day Class placement –IEP)
- GATE (Gifted and Talented Education)
- Counseling (School Counseling, School Social Worker or outside counseling service)
- Help to improve attendance (SART and/or SARB)
- Help to improve behavior (Behavior Intervention)
- Homeless Education Services
- Tutoring
- 504 Accommodation Plan

Where is your child/family currently living? (Check **one** box only. This information will be used to determine if your child qualifies for any additional assistance under the No Child left Behind Act of 2001.)

- In a single family house or apartment
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster care placement

### ADDITIONAL STUDENT BACKGROUND

Has your child ever been expelled from another school/district?  yes  no

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of school/district: \_\_\_\_\_

Has your child been retained (held back) in any school?  yes  no

If yes, in what grade(s)? \_\_\_\_\_

### EMERGENCY CONTACT

In case of an accident or emergency and the parent/guardian cannot be reached, the school should call and may release the student to any of the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_