

# Student Registration/Data Confirmation Form

<b>1) STUDENT INFORMATION</b>				<b>6) HEALTH INFORMATION</b>				<b>Office Use Only</b>			
Student Last Name		Student First Name		Middle Name		<b>Check all that apply:</b> <input type="checkbox"/> <b>No known health problems</b> <input type="checkbox"/> Allergies (please explain) _____ <input type="checkbox"/> Attention Deficit/Hyperactivity _____ <input type="checkbox"/> Asthma ( <input type="checkbox"/> Inhaler dependent*) _____ <input type="checkbox"/> Diabetic ( <input type="checkbox"/> Insulin dependent*) _____ <input type="checkbox"/> Seizures/Epilepsy ( <input type="checkbox"/> Medication required*) _____ <input type="checkbox"/> Surgeries _____ <input type="checkbox"/> Serious Illness (please explain) _____ <input type="checkbox"/> Other Medical (please explain) _____ <input type="checkbox"/> Other Medications* (please explain) _____		GRADE: _____		<input type="checkbox"/> REGISTRATION COMPLETE	
Legal Name, if different		Family Email Address						Student ID			
Current Street Address		City		Zip Code				School of Residence			
Mailing Address, if different		City		Zip Code				Special Education Placement (if applicable)			
Home phone ( ) ( )		Father/Parent Cell ( ) ( )		Mother/Parent Cell ( ) ( )				<b>* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM</b> <b>** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION</b>			
Student Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth City		Birth State					
<b>2) LAST SCHOOL ATTENDED</b>				<b>7) SPECIAL PROGRAMS</b> <i>NEW STUDENTS ONLY</i>							
Name of School		Date Last Attended		Grade		City/County/State		<b>DOCUMENTS VERIFIED:</b> <input type="checkbox"/> Mandatory Parent Notification Receipt <input type="checkbox"/> Parent Handbook <input type="checkbox"/> Residency: <input type="checkbox"/> Utility Bill Date: _____ <input type="checkbox"/> Utility Bill Date: _____ <input type="checkbox"/> Other Verification: _____ <input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Parent/Guardian Signature <input type="checkbox"/> Photo ID <input type="checkbox"/> Caregiver <input type="checkbox"/> Lunch Application <input type="checkbox"/> Emergency Card  <input type="checkbox"/> Custody documents <input type="checkbox"/> Birth Verification <input type="checkbox"/> Immunization record <input type="checkbox"/> Waiver <input type="checkbox"/> Physical <input type="checkbox"/> Waiver <input type="checkbox"/> Transcripts <input type="checkbox"/> Student Residency Questionnaire <input type="checkbox"/> Health History Form <input type="checkbox"/> Student Ethnicity and Race <input type="checkbox"/> Home Language Survey			
Has student previously attended a RUSD school?		<input type="checkbox"/> No <input type="checkbox"/> Yes*		*School: _____							
Date student first enrolled in school in U.S.		/ /									
<b>3) FAMILY INFORMATION</b>				<b>8) PAST BEHAVIOR HISTORY</b> <i>NEW STUDENTS ONLY</i>							
Please include first and last name				Check if student lives with							
Father/Stepfather/Parent				<input type="checkbox"/>							
Foster/Caregiver/Guardian				<input type="checkbox"/>							
Mother/Stepmother/Parent				<input type="checkbox"/>							
Foster/Caregiver/Guardian				<input type="checkbox"/>							
Active Duty Armed Forces Family Member Education Program Code 192				<input type="checkbox"/>							
<b>4) OTHER CHILDREN LIVING AT HOME</b>				<b>9) PARENT EDUCATION LEVEL</b>							
Name (first and last)		Date of Birth		Grade		School					
<b>5) STUDENT RESIDENCY QUESTIONNAIRE</b>				<b>10) STUDENT ETHNICITY</b> <i>NEW STUDENTS ONLY</i>							
<input type="checkbox"/> Single Family Residence <input type="checkbox"/> With more than one family in a house or apartment <b>NOT</b> due to economic hardship <input type="checkbox"/> With relatives or friends because you <b>CANNOT</b> afford housing (120) <input type="checkbox"/> In a shelter or transitional housing program (100) <input type="checkbox"/> In a hotel/motel (110) <input type="checkbox"/> Temporarily unsheltered, car, campsite (130) <input type="checkbox"/> In a foster care placement or group home (190)				Please check the box that most closely pertains to <u>parents</u> : <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate							
<b>*** PARENT/GUARDIAN SIGNATURE***</b>				<b>11) STUDENT RACE</b> <i>NEW STUDENTS ONLY</i>							
My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.				<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Cambodian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Laotian <input type="checkbox"/> Tahitian				<input type="checkbox"/> Pending _____ <input type="checkbox"/> Complete _____ Date Date			
Parent/Guardian Signature		Date									

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact:** Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200