

Val Verde USD 2010 Student Registration Form - page 1 (please print)

Office Use Only	
ID:	

Student	Legal Last Name	Legal First Name	Legal Middle Name	Date of Birth (M/D/Y)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
	Mailing Address (could be a P.O. Box)			City	State	ZIP	
	Home Phone	Home Address (if different from Mailing Address)		If homeless, check here <input type="checkbox"/>	City		ZIP
	Ethnicity (new federal designation): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					Social Security Number (optional)	
Race (You may check up to 5 categories) No matter what you selected for ethnicity, please continue to indicate what you consider your race to be:							
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Quamanian <input type="checkbox"/> Korean <input type="checkbox"/> Hmong <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Tahitian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Pacific Islander					<input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> African American or Black <input type="checkbox"/> White		

Father	Father's / Guardian's Name	Employer	Daytime Phone	
	Status (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	
	If student does not live with a parent or guardian, who do they live with?			
	Court Orders (if parents are separated) Is there a restraining or other court order against the father? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, it will need to be on file in the school office.)		E-mail Address (if any)	Cell Phone (if any)
	Education Level (check the 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"/> Declined to state (or unknown)			

Mother	Mother's / Guardian's Name	Employer	Daytime Phone	
	Status (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <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	
	If student does not live with a parent or guardian, who do they live with?			
	Court Orders (if parents are separated) Is there a restraining or other court order against the mother? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, it will need to be on file in the school office.)		E-mail Address (if any)	Cell Phone (if any)
	Education Level (check the 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"/> Declined to state (or unknown)			

Services	Special Educational Services (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"/> Gifted & Talented Education (GATE) <input type="checkbox"/> 504 <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____ If any, at what district? _____	ELD (English Language Development) Services Has your child received English Learner services in another district? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what district? _____
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Continued on back

Both sides must be completed for registration!

Student History and Language Survey

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 given to federal authorities.

Student Birthplace Information	Last Name	First Name
	Birth City	Birth State (or province, etc)
	Birth Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other (please specify)	
	If student was not born in the U.S., what date did they first live in the U.S.? Month: _____ Year: _____	

School Date History	U.S. School History Has your child ever attended a U.S. school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the earliest date of attendance in that school? Month: _____ Year: _____
	California School History Has your child ever attended a California school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the earliest date of attendance? Month: _____ Year: _____ If yes, what is the name of the last California School and District you attended? School Name: _____ District: _____

Schools	Has your child ever attended a Val Verde school before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the earliest date of attendance? _____		
	Has your child ever been suspended? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, from what District? _____		
	Has your child ever been expelled or is an expulsion pending? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, from what district? _____		
	Name of Last School	City and State (or Country) of Last School	Last school was? <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Continuation <input type="checkbox"/> Alternative <input type="checkbox"/> Home school

Language	The Home Language Survey is required by law to determine the language(s) each student encounters. Please answer all questions:	
	What language did your child learn when he or she first began to talk? _____	
	What language does your child use most frequently at home? _____	
	What language do you use most frequently to speak to your child? _____	
	What language is most often spoken by adults in the home? _____ (corr)	
	In which language do you wish to receive communications from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Has your child ever been given the CELDT Test (CA English Language Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		

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

Date _____ Signature of Parent/Guardian _____

Val Verde USD 2010 Student Emergency/Health Form and Release (please print)

Last Name	First Name	Date of Birth	Grade
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For Emergencies	Emergency Contacts - Please list a local person or local persons (preferably someone in the school area with a telephone and car), but someone not listed on the registration form. Those listed here would be authorized to take your child if he or she becomes ill at school or if an emergency should occur and the parents or guardians cannot be reached.			
	Name	Relationship	Address (optional)	Daytime Phone
Other Biological Parent – If the mother or father listed on the registration form is a step-parent, please list the other biological parent here.				

Medical Information	Medical Information		
	<input type="checkbox"/> No known health problems		
	Health Issues (Check all that apply)		
	<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"/> Diabetic (list diet & medications) <input type="checkbox"/> Eczema <input type="checkbox"/> Endocrine Disorder <input type="checkbox"/> Epilepsy/Seizure <input type="checkbox"/> Hearing Aid Used <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"/> Hemophilia <input type="checkbox"/> Medication Needed at School (list below) <i>Requires authorization to administer</i>	<input type="checkbox"/> Medication Prescribed (list below) <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Frequent Nosebleeds <input type="checkbox"/> Physical Activity Limitations <i>Requires Doctor's note</i> <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sickle Cell Anemia (explain) <input type="checkbox"/> Spina bifida <input type="checkbox"/> Vision Impairment/Handicap <input type="checkbox"/> Wears Glasses/Contacts <input type="checkbox"/> Other (list below)
	Lists/Explanations/Medications: _____		

Operations (year/kind): _____			

Please notify the school if this information changes, if your child has a current health problem or when your child receives new immunizations. Use the back if necessary.			

Authorization	Authorizations <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	I authorize the School District to contact or take my child (at parent expense) to the physician listed or to contact or take my child to a local physician of the school's choice if emergency care is needed. In the event that emergency treatment is necessary, the school District will be held harmless in all decisions.	
	Physician's Name	Physician's Address	Physicians Phone

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

Date _____ Signature of Parent/Guardian _____

Val Verde Unified School District 2010-2011

Verification of Residency Form – Choose one (A, B or C) and Sign Affidavit

Prior to admission, and yearly thereafter, students living within the district must provide proof of residency. (BP 5111.1)
California Education Code (Section 48200) requires that a student be enrolled in, and attend, the school that is within the district in which the student's parent(s) of legal guardian(s) reside(s).

>>>> Choose One – A or B or C <<<<

Homeowner's Statement	A. Homeowner's Statement of Residency		
	Student Last Name	Student First Name	
	Address	City	ZIP
	I certify that this student resides with me (and sleeps a minimum of five nights a week) at this address which is a residence that I (we) own which lies within the boundaries of the Val Verde Unified School District.		

Renter's Statement	B. Renter or Other Statement of Residency		
	Student Last Name	Student First Name	
	Address	City	ZIP
	I certify that this student resides with me (and sleeps a minimum of five nights a week) at this address which is a residence that I (we) rent or use which lies within the boundaries of the Val Verde Unified School District.		

Host Owner/Landlord	C. Host Family/Owner/Landlord Statement (for those not living in a home they own or rent)		
	Student Last Name	Student First Name	
	Address	City	ZIP
	This residence is: <input type="checkbox"/> a single family permanent residence <input type="checkbox"/> shared with another family/individual <input type="checkbox"/> a hotel/motel <input type="checkbox"/> a shelter or other transitional housing <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> McKinley Veto <input type="checkbox"/> Other		
	I certify that I am the owner/landlord of this residence which lies within the boundaries of the Val Verde Unified School District. I further certify that this student and his/her parent/guardian are residing at this address. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	Landlord/Property Owner Signature	ID Checked? <input type="checkbox"/>	Date Signed

Statement of Veracity	Parent/Guardian Affidavit (Statement of Veracity)		
	I am aware and understand that should this statement be found to be false: I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year. My student will be dropped from enrollment and required to transfer to his/her resident school/district. I am aware and understand that it is my responsibility to notify the school should my student or I move from this address.		
	I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. In accordance with state compliance, I have attached the required documentation as proof of residence for enrollment.		
	Parent/Guardian Signature	Date Signed	Telephone

Verification for office use only

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|---|------------------|--------------------------|-------|
| Only use for A - Home owner (circle one): | Utility | Property Tax Bill | |
| Only use for B – Other/Renter (circle one): | Utility | Current Rental Agreement | Other |
| Only use for C - Living with another family (circle one): | Driver's License | Host Utility Bill | Other |