

**SOUTHERN HUMBOLDT UNIFIED SCHOOL DISTRICT
PUPIL REGISTRATION INFORMATION 2020-2021**

TODAY'S DATE: _____

Has your child ever been *expelled* from any school district? : Yes No

First day attending this school: _____

Last School Attended _____ City _____ State _____

Full Legal Name of Pupil:

Last _____ First _____ Middle _____ Sex: M F X(non-binary)

Other names used by pupil _____ Grade _____ Age _____

BIRTH DATE _____ Place _____

Pupil's Mailing Address: _____ CA _____
Address/PO Box _____ City/Town _____ Zip _____

Physical Address and/or directions: _____

Family Email Address: _____ Student e-mail address (SFHS only) _____

HOME PHONE _____ Listed Unlisted **STUDENT CELL (HIGH SCHOOL ONLY)** _____

Please check pupil's ethnic/racial background (demographic use) Hispanic/Latino: Yes No

Asian Black American Indian/Alaskan Native Pacific Islander/ Native Hawaiian Caucasian

Primary language _____ Language when student first began to talk _____

Language student uses most at home _____ Language used most often by ADULTS at home _____

Language parents use most with student _____

When did your child first enter a private or public school (NOT PRE-SCHOOL): _____
Month/Date/ Year

When did your child first enter a private or public school in **California** (NOT PRE-SCHOOL): _____

Does your child have a current Individual Educational Plan? Yes No Has your child ever had an IEP? Yes No
Does your child have a current 504 Plan? Yes No Has your child ever had a 504 Plan? Yes No

CUSTODIAL PARENT(S) OR GUARDIAN(S):

Father's Full Name _____ Living with pupil? Yes No

Father's Mailing Address _____ Receive separate Mailings?

Occupation/Employer _____ Work phone _____ Cell _____

Highest level of education (demographic use) _____ Degree? Yes No

Mother's Full Name _____ Living with pupil? Yes No

Mother's Mailing address _____ Receive separate Mailings?

Occupation/Employer _____ Work phone _____ Cell _____

Highest level of education (demographic use) _____ Degree? Yes No

Step Parent or **Legal** Guardian's Full Name _____ Living with pupil? Yes No

Occupation/Employer _____ Work Phone _____ Cell _____

Highest level of education (demographic use) _____ Degree? Yes No

IF NOT THE LEGAL GUARDIAN: Do you have a current Caregiver's Authorization Affidavit on file? Yes No

IF NO PLEASE OBTAIN A "CAREGIVER'S AUTHORIZATION AFFIDAVIT" FROM THE SCHOOL OFFICE

Any other adults living in the pupil's home: _____

CURRENT LEGAL DOCUMENTS (file annually in office): _____

Custody/Visitation _____ Restraining Order _____ Date Issued _____ County _____

EMERGENCY MEDICAL, ALLERGY AND MEDICATION INFORMATION

	Condition	Start Date	End Date (for temp. conditions)	Severity (mild, moderate, severe, life threatening)
Medical Alert #1				
Medical Alert #2				

INSURANCE CO & # OR MEDI-CAL # _____

EMERGENCY CONTACTS (include parents)

Only these persons will be able to pick up your student during a disaster.

	Name	Address	Phone Number & Extension	Relationship	Alerts (voice, text, all)
1 st					
2 nd					
3 rd					
4 th					
Doctor					
Hospital					

ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN

First Name	Last Name	Current School	Grade	Age	Sex (M,F,X)	Birth Date	Relationship

WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING?

- In a single family permanent residence
 With friends or other family members
 In or awaiting foster care placement
 With more than one family in an apt. or house
 in a shelter or transitional housing program
 in a motel, car or campsite
 Your family does not have access to running water/heat/electricity
 sleeping outside or in a public location
 Runaway or unaccompanied youth

Does the student live outside our attendance area? Yes No

If yes, do you have an inter district agreement? Yes No (contact the district office in which the student resides for application)

Please indicate any of the following programs that this child has participated in:
 Resource Specialist Program
 Special Day Classes
 Speech/Language
 Student Study Team
 Gifted/Gate
 Counseling

Are any of the student's immediate relatives (Mother, Father, Brother, Sister) currently active in the United States Military? Yes No

Please add any information you feel could help us to better serve your student.

My child has permission to walk home (student must live nearby) need physical address _____

Signature of parent or guardian _____ Relationship to student _____ Date _____

* Your signature gives consent for the school and its representatives to contact your physician and/or to transport your student for treatment in the event the school is unable to reach you during an emergency.

<p>SOUTH FORK HIGH SCHOOL ONLY: Did your student take the California High School Exit Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the high school: _____</p>
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