

**SOUTHERN HUMBOLDT UNIFIED SCHOOL DISTRICT
PUPIL REGISTRATION INFORMATION 2019-2020**

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 _____ Student's Social Security # _____
Grade _____ Age _____ Sex: M F X Other names used by pupil _____

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 _____

If student was born outside the USA list birth country _____ and the year entered the USA _____

When did your child first enter a private or public school in the **U.S.**(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 _____

OVER

EMERGENCY MEDICAL, ALLERGY AND MEDICATION INFORMATION

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.

<u>Name</u>	<u>Address</u>	<u>Phone Number & Extension</u>
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____
4 th _____	_____	_____
Doctor _____	_____	_____
Hospital _____	_____	_____

Other children living in the home:

First Name	Last Name	School Attending	Age	Sex	Date of Birth	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.

SOUTH FORK HIGH SCHOOL ONLY:
 Did your student take the California High School Exit Exam Yes No
 If yes, name of the high school: _____