

Student Information																								
First Name	MI	Last Name	School																					
Birth Date	Grade		Male/Female																					
Parent/Guardian Information and Residence Address																								
Parent/Guardian Name			Home Phone	Work Phone																				
Street Address			City	State																				
Zip Code																								
Medical Survey																								
<p>Check the box if the answer to the corresponding question is YES.</p> <p><input type="checkbox"/> Has your child been diagnosed with a medical condition(s) that may require special consideration during school hours?</p> <p><input type="checkbox"/> Does the medical condition(s) affect your child's participation in routine school activities and/or program?</p> <p><input type="checkbox"/> Does your child require any special health procedure(s) during the regular school day?</p> <p><input type="checkbox"/> Is it necessary for your child to take any kind of prescriptive medication?</p> <p>If you answered YES to any of the questions above, please complete the Special Health condition card. Required forms must be on file in the school office before any prescription or over-the-counter medication may be taken at school.</p>																								
Ethnic Composition Survey																								
<p>The following questions are required by federal law.</p> <p>1. Is your child Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino</p> <p>2. Regardless of ethnicity as answered in question 1, please indicate what you consider to be your child's race by marking one or more boxes below. You may select up to five.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> American Indian or Alaska Native</td> <td style="width: 25%;"><input type="checkbox"/> Filipino</td> <td style="width: 25%;"><input type="checkbox"/> Korean</td> <td style="width: 25%;"><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Samoan</td> <td></td> </tr> </table>					<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander		<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	
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Home Language Survey																								
<p>The California Education Code requires schools to determine the language(s) found in the linguistic background of a child. Please answer the following questions identifying only one language for each.</p> <p>1. What language did your child learn when he/she first began to speak? _____</p> <p>2. What language does your child use most frequently at home? _____</p> <p>3. What language do you use most frequently to speak to your child? _____</p> <p>4. What language is most often spoken by adults in the home? _____</p>																								
Enrollment History																								
<p>Check the box if the answer is YES.</p> <p><input type="checkbox"/> Has your child previously attended a school in IUUSD? <input type="checkbox"/> Has your child participated in programs for gifted students?</p> <p><input type="checkbox"/> Has your child participated in programs for special needs students?</p> <p><input type="checkbox"/> Has your child been expelled or is pending an expulsion hearing, from any school or district?</p>																								
Previous School District	Previous School Name	Dates Attended	Grade Level(s) Completed																					
Previous School Address			City	State																				
Zip Code																								
Enrollment Verification and Parent/Guardian Signature																								
<p>I understand it is my responsibility to notify the school should any information change. I verify all of the information above to be true and accurate.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>																								
<p>FOR OFFICE USE ONLY: Birth date verified: _____ Residence Verified: _____ Date Entered: _____ Date Left: _____</p>																								
Parents/Guardians Residing at Family Address																								

STUDENT ENROLLMENT INFORMATION

PLEASE PRINT

1.			
First Name	Last Name	Cell Phone	Home Phone
Email Address	Employer		Employer Phone
2.			
First Name	Last Name	Cell Phone	Home Phone
Email Address	Employer		Employer Phone
Mailing Address (if different than address indicated for student)			
Address	City	State	Zip Code
Emergency Contacts			
List in priority order the persons in the local area to be contacted if parents cannot be reached in case of an emergency.			
1.			
First Name	Last Name	Phone	Relationship to child
2.			
First Name	Last Name	Phone	Relationship to child
3.			
First Name	Last Name	Phone	Relationship to child
4.			
First Name	Last Name	Phone	Relationship to child
Please list your out-of-state (within the USA) contact in case of earthquake or other natural disaster.			
First Name	Last Name	Cell Phone	Home Phone
Please provide contact information for your local physician.			
First Name	Last Name	Office Phone	Other
In the event parent, guardian, or listed physician cannot be reached, I hereby give my child's school authorization to seek and secure medical aid for my child.			
Parent Signature: _____			Date: _____