**EL DORADO UNION HIGH SCHOOL DISTRICT**

**FOR OFFICE USE ONLY**

 Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Enrollment forms complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SDT complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EDUHSD PACIFIC CREST ACADEMY

REGISTRATION FORM

**STATE LAW REQUIRES PROOF OF IMMUNIZATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LASTNAME      | FIRST NAME      | MIDDLE NAME      | GENDER[ ]  M [ ]  F | GRADE      | **TODAY’S DATE**      |
| DOES THE STUDENT USE ANY NAME OTHER THAN LEGAL NAME? IF SO, INDICATE HERE:      | BIRTH (MO – DAY – YR)      |  |
| RESIDENCE ADDRESS      | STREET      | CITY      | STATE      | ZIP CODE      |
| MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE      | STREET / P.O. BOX      | CITY      | STATE      | ZIP CODE      |
| HOME PHONE       | EMERGENCY CONTACTS(OTHER THAN PARENTS, INDICATE RELATIONSHIP) |  CONTACT #1       | PHONE CONTACT #1       |
| PARENT/GUARDIAN'S CELL PHONE        | CONTACT #2       | PHONE CONTACT #2      |
| PARENT/GUARDIAN'S EMAIL ADDRESS        | STUDENT’S CELL PHONE        | STUDENT’S EMAIL ADDRESS        |
| LIVING WITH(LIST ALL ADULTS AND SIBLINGS) | RELATIONSHIPTO STUDENT | OCCUPATION/SCHOOL (IF STUDENT) |  PLACE OF EMPLOYMENT | PARENT/GUARDIAN’S E-MAIL ADDRESS | AREA CODE / WORK PHONE | Parent/Guardian #1Educational Level | Parent/Guardian #2Educational Level |
|       |       |       |       |       |       |  [ ] Not a H.S. graduate [ ]  H.S. graduate [ ]  Some college(includes AA, AS) [ ]  College graduate [ ]  Grad school orpost-grad |  [ ]  Not a H.S. graduate [ ]  H.S. graduate [ ]  Some college (includes AA, AS) [ ]  College graduate [ ]  Grad school or post-grad |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| OTHER PARENT/GUARDIAN NOT LIVING WITH STUDENT: |       |
| SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT) | ADDRESS | CITY / STATE | DATES ATTENDED |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **ETHNICITY:** CHECK ONE ETHNICITY | [ ]  HISPANIC OR LATINO | [ ]  NOT HISPANIC OR LATINO  |
| **RACE:**CHECK ONE OR MORE RACE TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.**NOTE**—SCHOOL PERSONNEL WILL BE REQUIRED TO SELECT ONE OF THESE CATEGORIES FOR A STUDENT WHO DOES NOT IDENTIFY ONE OR MORE CATEGORIES FOR THEMSELVES. | [ ]  AMERICAN INDIAN OR ALASKAN NATIVE |
| [ ]  ASIAN: [ ]  Asian Indian [ ]  Cambodian [ ]  Chinese [ ]  Filipino [ ]  Hmong  [ ]  Japanese [ ]  Korean [ ]  Laotian [ ]  Vietnamese [ ]  Other Asian (specify):       |
| [ ]  BLACK OR AFRICAN AMERICAN |  |
| [ ]  NATIVE HAWAIIAN OR PACIFIC ISLANDER: [ ]  Guamanian [ ]  Hawaiian [ ]  Samoan [ ]  Tahitian  |
| [ ]  WHITE |  | [ ]  Other Pacific Islander (specify):       |  |  |
|  |
| Has the student been enrolled in Special Programs? | [ ]  No | [ ]  Yes | If so, which programs? | [ ]  English Learner | [ ]  504 |  |  |  |
| Does the student have a current Special Ed IEP? | [ ]  No | [ ]  Yes |  |  |  |  |  |
| Does the student have any Health Concerns? | [ ]  No | [ ]  Yes | If yes, please provide details |       |
| Immunization / Shot records provided? | [ ]  No | [ ]  Yes |
| HOME CONTACT LANGUAGE: |       | **PARENT/GUARDIAN SIGNATURE:** | X |

**EL DORADO UNION HIGH SCHOOL DISTRICT**

**Home Language Survey**

School: Date:

California Education Code requires that schools determine the language(s) spoken by each student. **This information is essential in order for schools to provide meaningful instruction for all students**.

Your cooperation in helping us meet this important requirement is requested by answering the following.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STUDENT’S LAST NAME  | FIRST NAME  | MIDDLE NAME  | GRADE | AGE |

1. What language did your son/daughter learn when he/she first began to talk?

2. What language does your son/daughter most frequently use at home?

3. What language do you (parent/guardian) use most frequently to speak to your son/daughter?

4. Name the language most often spoken by the adults at home?

The responses to the Home Language Survey will assist in determining if a student’s proficiency in English should be tested.

**X**

 *Signature of Parent or Guardian Date*

**EL DORADO UNION HIGH SCHOOL DISTRICT**

4675 Missouri Flat Road, Placerville, CA 95667

**New Student Enrollment Information**

 The school district is required to collect certain information about newly enrolled students in order to comply with legal requirements and make appropriate placements of those students. Please answer the questions below.

|  |  |
| --- | --- |
| Student Name: |  |
|  |
| *(Check One)* |  |
| **YES** | **NO** |
| [ ]  | [ ]  | Is this child currently (or has this child previously been) under an expulsion order or an involuntary transfer from the El Dorado Union High School District or another school? If so, please provide the name of the school and district in which this occurred. |
| [ ]  | [ ]  | Has this child been suspended from school during the current school year? If so, please provide the name of the previous school and district of attendance. |
| [ ]  | [ ]  | Does this child currently receive (or has this child previously received) special education services through an active Individual Education Plan (IEP)? If so, please provide the name of the previous school and district of attendance. |
| [ ]  | [ ]  | Is this child currently under the care of a physician or taking any medication? If so, please provide the name of the physician and the medications being taken. |
| [ ]  | [ ]  | Is this child subject to any court order(s) that the school should have knowledge of, e.g., custody order or restricted access to specific individuals (such as a restraining order)? If so, please provide a copy of the court documents. |
| [ ]  | [ ]  | Do both biological parents have parental rights? If not, please provide a copy of the court documents. |
| [ ]  | [ ]  | Are you the natural or adoptive parent of the child? If not, please indicate:[ ]  Foster Parent [ ]  Other (*specify*):  |
| Name of person completing this form: |
|  |  | ***X*** |
| *Print Name*      |  | *Signature* |
| *Relationship to Student* | *Date* |

**El Dorado Union High School District**

**Housing Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Student Last Name** | **First** | **Middle** |
|        |        |        |

**Name of School:**

The information provided below will help EDUHSD determine what services you and/ or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

[ ] Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer

[ ] Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason

[ ] Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)

[ ] Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason

[ ] Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian

[ ]  Yes [ ]  No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

|  |  |  |
| --- | --- | --- |
|  **Print Parent/Guardian Name** |  **Signature** |  **Date** |
|        |        |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Phone Number** |  **Street Address** |  **City** |  **State** |  **Zip** |
|        |        |        |        |        |

Your child or children may have the right to:

* Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
* Continue to attend their school of origin, if requested by you and it is in the best interest.
* Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
* Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Birthdate** | **Grade** | **School** |
|        |        |        |        |        |
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If you have any questions about these rights, please contact your EDUHSD's Homeless Liaison:

|  |  |
| --- | --- |
| **Pacific Crest Academy**Liaison: Karen CarrilloPhone: (530) 622-6212Email: kcarrillo@eduhsd.k12.ca.us | **EDUHSD District Liaison:**Regina BryantPhone: (530) 622-5081, ext. 7229 or (916) 933-5165, ext. 7229Email: rlbryant@eduhsd.k12.ca.us |