

**EL DORADO UNION HIGH SCHOOL DISTRICT**

**FOR OFFICE USE ONLY**

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

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

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

INDEPENDENCE HIGH SCHOOL

**STATE LAW REQUIRES PROOF OF IMMUNIZATION**

REGISTRATION FORM

|  |
| --- |
| **STUDENT INFORMATION** |
| **LASTNAME:**      | **FIRST NAME:**      | **MIDDLE NAME:**      | **GRADE:**      | **TODAY’S DATE:**      |
| **DOES THE STUDENT USE ANY NAME OTHER THAN LEGAL NAME?** **IF SO, INDICATE HERE:**            | **BIRTH:** (MO – DAY – YR)      | **GENDER:**[ ]  M [ ]  F  |
| **RESIDENCE ADDRESS:** | **STREET:**      | **CITY:**      | **STATE:**      | **ZIP CODE:**      |
| **MAILING ADDRESS,** **IF DIFFERENT FROM** **RESIDENCE ABOVE:** | **STREET / P.O. BOX:**      | **CITY:**      | **STATE:**      | **ZIP CODE:**      |
| **HOME PHONE:**       | **STUDENT’S CELL PHONE:**        | **STUDENT’S EMAIL ADDRESS:**        |
| **ETHNICITY:** CHECK ONE |  [ ]  HISPANIC OR LATINO |  [ ]  NOT HISPANIC OR LATINO |
| **RACE:** CHECK ONE OR MORE RACE TO INDICATE WHAT YOU CONSIDER YOUR RACE TO BE. | [ ]  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 [ ]  Other Pacific Islander (specify):      [ ]  WHITE |
| **SCHOOLS PREVIOUSLY ATTENDED:** (START WITH MOST RECENT) |  **ADDRESS:** |  **CITY/STATE:** |  **DATES ATTENDED:** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| **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 |  |
| **PARENT/GUARDIAN INFORMATION** |
| **LEGAL PARENT/GUARDIAN #1** (LIVING WITH STUDENT) | **PARENT/GUARDIAN #1****EDUCATIONAL LEVEL:** | **EDUCATIONAL RIGHTS** **HOLDER?** |
| **NAME:**       |  **HOME PHONE:**        |  **CELL:**        |  [ ]  Not a H.S. graduate [ ]  H.S. graduate [ ]  Some college (includes AA, AS) [ ]  College graduate [ ]  Grad school or post-grad |  [ ]  Yes [ ]  NoIf No, please attach court document identifying educational rights holder. |
| **EMAIL:**       |
| **LEGAL PARENT/GUARDIAN #2** [ ]  LIVING WITH STUDENT [ ]  NOT LIVING WITH STUDENT | **PARENT/GUARDIAN #2** **EDUCATIONAL LEVEL:** | **EDUCATIONAL RIGHTS** **HOLDER?** |
| **NAME:**       | **HOME PHONE**:      | **CELL:**        |  [ ]  Not a H.S. graduate [ ]  H.S. graduate [ ]  Some college (includes AA, AS) [ ]  College graduate [ ]  Grad school or post-grad |  [ ]  Yes [ ]  NoIf No, please attach court document identifying educational rights holder. |
| **EMAIL:**       |
| **MAILING****ADDRESS:** | **STREET/P.O. BOX:**      | **CITY:**      | **STATE:**      | **ZIP CODE:**      |

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| --- |
| **HOUSEHOLD INFORMATION** |
| **HOUSEHOLD MEMBERS**LIVING WITH STUDENT (LIST ALL ADULTS AND SIBLINGS) |
| **NAME:** | **RELATIONSHIP** **TO STUDENT:** |  **OCCUPATION/SCHOOL** (IF STUDENT) |  **PLACE OF EMPLOYMENT:** |  **CELL:** |  **EMAIL:** |
|       |       |       |       |       |       |
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| **EMERGENCY CONTACTS** |
| **NAME:** | **RELATIONSHIP TO STUDENT:** | **PHONE:** | **ALTERNATIVE PHONE:** |
|       |       |       |       |
|       |       |       |       |
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|  |
| **SIGNATURE REQUIRED** |
| **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:

|  |  |
| --- | --- |
| **Independence High School**Liaison: Blake WalkerPhone: (530) 622-7090, ext. 7134Email: bwalker@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 |

Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Logged on Sheet: \_\_\_\_\_\_\_\_\_\_\_\_\_

Sent to Admin. Assts.: \_\_\_\_\_\_\_\_\_\_

Emailed Parent/Reg: \_\_\_\_\_\_\_\_\_\_\_

EDUHSD New Enrollment and

Transfer Acknowledgment and Consent Form

Our signatures below acknowledge that l / we have read and agree to the **Board Policies and Administrative Regulations regarding Interdistrict / Intradistrict Attendance / Transfers** *(AR 5116, AR/BP 5116.1, AR/BP 5116.2, AR/BP 5117)***.** Furthermore, l / we understand all Athletic rules, including those pertaining to eligibility, if applicable. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign heir, trustee, or guardian to the terms of this Agreement.

**ALL FIELDS MUST BE COMPLETED**

| **(PLEASE PRINT)** |
| --- |
| STUDENT NAME: |  | DATE OF BIRTH: |  | GRADE: |  |
| PARENT/GUARDIAN NAME: |  | DATE: |  |

| **(READ EACH ITEM BELOW AND INITIAL)** |
| --- |
| **I UNDERSTAND AND ACKNOWLEDGE THAT:** | **PARENT / GUARDIAN** | **STUDENT** |
| 1. I/we understand that only one (1) transfer shall be granted per school year. The student must attend for the duration.
 |  |  |
| 1. I/we reside at the address listed on the request. As defined in CIF Constitution and Bylaws, “reside” is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of a divorce decree or legal order indicating the physical custody status of the student as verification.
 |  |  |
| 1. I/we understand that we are required to submit proof of residence and a new transfer request if there is a change of residence address.
 |  |  |
| 1. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.
 |  |  |
| 1. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.
 |  |  |
| 1. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.
 |  |  |
| 1. I/we understand that all transfers shall be granted for the entire duration of the student’s high school career by EDUHSD, unless another district requires resubmission or other arrangements are made.
 |  |  |

| **Acknowledgment for Parents of Student Athletes** |
| --- |
| **(READ EACH ITEM BELOW AND INITIAL)** |
| **I UNDERSTAND AND ACKNOWLEDGE THAT:** | **PARENT / GUARDIAN** | **STUDENT** |
| 1. I understand that transferring to another school site may affect my student’s ability to participate in CIF sanctioned athletics at the new school.  I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing ½ of their season of sport or more at the new school.  I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.
 |  |  |
| 1. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.
 |  |  |
| 1. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit [www.cifsjs.org](http://www.cifsjs.org). Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.
 |  |  |

| STUDENT SIGNATURE:**X** | DATE: |
| --- | --- |
| PARENT/GUARDIAN SIGNATURE:**X** | DATE: |