

EL DORADO UNION HIGH SCHOOL DISTRICT
PONDEROSA HIGH SCHOOL
REGISTRATION FORM

STATE LAW REQUIRES PROOF OF IMMUNIZATION

FOR OFFICE USE ONLY
 Student Number _____
 Enrollment forms complete _____
 SDT complete _____

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	TODAY'S DATE
DOES THE STUDENT USE ANY NAME OTHER THAN LEGAL NAME? IF SO, INDICATE HERE:					
BIRTH (MO - DAY - YR)					
PLACE OF BIRTH (CITY - STATE - COUNTRY)					
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE		CITY	STATE	ZIP CODE	
HOME PHONE	EMERGENCY CONTACTS* (OTHER THAN PARENTS, INDICATE RELATIONSHIP)	CONTACT #1	PHONE CONTACT #1		
PARENT'S CELL PHONE		CONTACT #2	PHONE CONTACT #2		

* IN CASE THE STUDENT'S PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL WILL CONTACT AND/OR RELEASE THE STUDENT TO OTHER NOTED ADULT CONTACTS

LIVING WITH (LIST ALL ADULTS AND SIBLINGS)	RELATIONSHIP TO STUDENT	OCCUPATION/ SCHOOL (IF STUDENT)	PLACE OF EMPLOYMENT	PARENTS' E-MAIL ADDRESS	AREA CODE / WORK PHONE	LEVEL OF MOST EDUCATED PARENT
						<input type="checkbox"/> Not a H.S. graduate
						<input type="checkbox"/> H.S. graduate
						<input type="checkbox"/> Some college (includes AA, AS)
						<input type="checkbox"/> College graduate
						<input type="checkbox"/> Grad school or post-grad
OTHER PARENT NOT LIVING WITH STUDENT:						DATES ATTENDED
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)						CITY / STATE
ADDRESS						

IS EITHER PARENT/GUARDIAN ON ACTIVE MILITARY DUTY IN ARMY, NAVY, AIR FORCE, MARINE CORPS, FULL-TIME NATIONAL GUARD OR NATIONAL GUARD RESERVE? YES NO If yes, please indicate military branch: _____

ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN: Asian Indian Cambodian Chinese Filipino Hmong
 Japanese Korean Laotian Vietnamese Other Asian (specify): _____

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
 BLACK OR AFRICAN AMERICAN Guamanian Hawaiian Samoan Tahitian Other Pacific Islander (specify): _____
 NATIVE HAWAIIAN OR PACIFIC ISLANDER: WHITE

Has the student been enrolled in Special Programs? No Yes If so, which programs? English Learner 504 GATE Others: _____
 Does the student have a current Special Ed IEP? No Yes If so, which program? RSP SDC ED Where? _____
 Does the student have any Health Problems? No Yes If yes, please provide details
 Immunization / Shot records provided? No Yes

HOME CONTACT LANGUAGE: _____ PARENT / GUARDIAN SIGNATURE: _____ X

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 (i.e., Resource Specialist Program, Special Day Class, Speech, Adaptive PE) through an active Individual Education Plan (IEP)? If so, please **indicate the special education program** and 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*):

Residency: Presently, where is the student living? Please check one:

Permanent house/home

In an emergency shelter or transitional housing shelter

Doubled up with friends or relatives in a house or apartment (other family rents or owns the apartment or house)

In a motel, hotel, campground or vehicle

Other: _____

Name of person completing this form:

Print Name

X

Signature

Relationship to Student

Date

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? _____

When the student's primary language is not English, the student will be required to take the California English Language Development Test within 30 days of his/her enrollment.

ADDITIONAL INFORMATION FOR STATE-MANDATED TESTING AND REPORTING PURPOSES:

Was your son/daughter born in the United States? _____ NO _____ YES

If no, list date of entry into the United States: _____
(mm / dd / yyyy)

If no, list country of origin: _____

If no, list the date your son/daughter first attended a United States school: _____
(mm / dd / yyyy)

If no, list the date your son/daughter first attended a California school: _____
(mm / dd / yyyy)

X _____
Signature of Parent or Guardian