

**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 <u>LEGAL</u> 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'S CELL PHONE		CONTACT #2		PHONE CONTACT #2			
PARENT'S EMAIL ADDRESS		STUDENT'S CELL PHONE		STUDENT'S EMAIL ADDRESS			
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:							
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.

- 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
 NATIVE HAWAIIAN OR PACIFIC ISLANDER: Guamanian Hawaiian Samoan Tahitian Other Pacific Islander (specify):
 WHITE

- 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
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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

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): _____

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

