



EL DORADO UNION HIGH SCHOOL DISTRICT

STATE LAW REQUIRES PROOF OF IMMUNIZATION

**PONDEROSA HIGH SCHOOL
REGISTRATION FORM**

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

STUDENT INFORMATION							
LAST NAME:		FIRST NAME:		MIDDLE NAME:		GRADE:	TODAY'S DATE:
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:						BIRTH: (MO – DAY – YR)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
RESIDENCE ADDRESS:		STREET:		CITY:		STATE:	ZIP CODE:
MAILING ADDRESS: <small>IF DIFFERENT FROM RESIDENCE ABOVE:</small>		STREET / P.O. BOX:		CITY:		STATE:	ZIP CODE:
HOME PHONE:		STUDENT'S CELL PHONE:			STUDENT'S EMAIL ADDRESS:		
ETHNICITY: CHECK ONE		<input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> NOT HISPANIC OR LATINO			
RACE: <small>CHECK ONE OR MORE RACE TO INDICATE WHAT YOU CONSIDER YOUR RACE TO BE.</small>		<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify): <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander (specify): <input type="checkbox"/> WHITE					
SCHOOLS PREVIOUSLY ATTENDED: <small>(START WITH MOST RECENT)</small>		ADDRESS:		CITY/STATE:		DATES ATTENDED:	
Has the student been enrolled in Special Programs?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If so, which programs?		<input type="checkbox"/> English Learner	<input type="checkbox"/> 504
Does the student have a current Special Ed IEP?		<input type="checkbox"/> No	<input type="checkbox"/> Yes				
Does the student have any Health Concerns?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide details:			
Immunization / Shot records provided?		<input type="checkbox"/> No	<input type="checkbox"/> Yes				
PARENT/GUARDIAN INFORMATION							
LEGAL PARENT/GUARDIAN #1 (LIVING WITH STUDENT)				PARENT/GUARDIAN #1 EDUCATIONAL LEVEL:		EDUCATIONAL RIGHTS HOLDER?	
NAME:		HOME PHONE:		CELL:		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please attach court document identifying educational rights holder.</small>	
EMAIL:				<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			
LEGAL PARENT/GUARDIAN #2 <input type="checkbox"/> LIVING WITH STUDENT <input type="checkbox"/> NOT LIVING WITH STUDENT				PARENT/GUARDIAN #2 EDUCATIONAL LEVEL:		EDUCATIONAL RIGHTS HOLDER?	
NAME:		HOME PHONE:		CELL:		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please attach court document identifying educational rights holder.</small>	
EMAIL:				<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			
MAILING ADDRESS:	STREET/P.O. BOX:			CITY:		STATE:	ZIP CODE:

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:

EMERGENCY CONTACTS

NAME:	RELATIONSHIP TO STUDENT:	PHONE:	ALTERNATIVE PHONE:

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
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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):

Name of person completing this form: _____

Print Name

X

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

If you have any questions about these rights, please contact your EDUHSD's Homeless Liaison:

Ponderosa High School
Liaison: Lisa Woods
Phone: (530) 677-2281, ext. 2228
Email: lwoods@eduhsd.k12.ca.us

EDUHSD District Liaison:
Regina Bryant
Phone: (530) 622-5081, ext. 7229 or
(916) 933-5165, ext. 7229
Email: rlbryant@eduhsd.k12.ca.us

El Dorado Union High School District Transfer Acknowledgment and Consent Form

Received Date: _____
Logged on Sheet: _____
Sent to Admin. Assts.: _____
Emailed Parent/Reg: _____

Our signatures below acknowledge that I / 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, I / 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.

(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.		
2. 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.		
3. 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.		
4. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.		
5. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.		
6. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.		
7. 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 1/2 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.		
2. 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.		
3. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit 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: