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2021-2022 School Year - Establishing Proof of Residency

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date.
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement **with** receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders.

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 2/2021

RIVERSIDE UNIFIED SCHOOL DISTRICT
3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES
6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER
5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

RIVERSIDE UNIFIED SCHOOL DISTRICT

New Student Registration 2021-2022

1) STUDENT INFORMATION

Student Last Name		Student First Name		Middle Name	
Legal Name, if different			Family Email Address		
Current Street Address			City		Zip Code
Mailing Address, if different			City		Zip Code
Home phone ()	Father/Parent Cell ()		Mother/Parent Cell ()		
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female				

2) LAST SCHOOL ATTENDED

Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school?		<input type="checkbox"/> No <input type="checkbox"/> Yes*	*School:

3) FAMILY INFORMATION

Please include first and last name			Check if student lives with		
Father/Stepfather/Parent			<input type="checkbox"/>		
Foster/Caregiver/Guardian					
Mother/Stepmother/Parent			<input type="checkbox"/>		
Foster/Caregiver/Guardian					
Is Either Parent/Guardian on Active Duty in the Armed Forces?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)					
If Active, What Branch?	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy

4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

5) HEALTH INFORMATION

<p>Check all that apply:</p> <p><input type="checkbox"/> No known health problems</p> <p><input type="checkbox"/> Allergies (please explain)</p> <p><input type="checkbox"/> Attention Deficit/Hyperactivity</p> <p><input type="checkbox"/> Asthma (<input type="checkbox"/> Inhaler dependent*)</p> <p><input type="checkbox"/> Diabetic (<input type="checkbox"/> Insulin dependent*)</p> <p><input type="checkbox"/> Seizures/Epilepsy (<input type="checkbox"/> Medication required*)</p> <p><input type="checkbox"/> Surgeries</p> <p><input type="checkbox"/> Serious Illness (please explain)</p> <p><input type="checkbox"/> Other Medical (please explain)</p> <p><input type="checkbox"/> Other Medications* (please explain)</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM</p> <p>** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION</p>
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6) SPECIAL PROGRAMS

☐ Yes, my child has a current Individualized Education Plan (IEP)

☐ Speech Therapy

☐ Resource Specialist Program (RSP)

☐ Special Day Class (SDC)

☐ 504 Accommodation Plan

☐ My child has been tested for special education

☐ Gifted and Talented Education (GATE)

☐ Behavior Plan/Behavior Contract

☐ Student Study Team

☐ Foster/Group Home

☐ Homeless/McKinney-Vento

☐ Other _____

☐ NONE

7) PAST BEHAVIOR HISTORY**SUSPENSION:**

☐ My child has previously been suspended from a public/private school.*

EXPULSION:

☐ My child has been expelled from a public/private school or district. *

☐ My child is currently being referred for expulsion from a public/private school or district. *

* Parents are required by law to divulge this information (EC 48918)

8) PARENT EDUCATION LEVEL

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to parents:

☐ Not a high school graduate

☐ High school graduate

☐ Some college (2 or 4 yr College or University)

☐ College graduate

☐ Graduate school/Post graduate training

☐ Declines to state or unknown graduate

9) STUDENT ETHNICITY

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

10) STUDENT RACE (select one or more)

☐ American Indian or Alaska Native

☐ Filipino

☐ Korean

☐ Tahitian

☐ Asian Indian

☐ Guamanian

☐ Laotian

☐ Vietnamese

☐ Black or African American

☐ Hawaiian

☐ Other Asian

☐ White

☐ Cambodian

☐ Hmong

☐ Other Pacific Islander

☐ Chinese

☐ Japanese

☐ Samoan

***** PARENT/GUARDIAN SIGNATURE*****

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature _____

Date _____

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200**

REV. 12/19

OFFICE USE ONLY

GRADE:

Student ID:

☐ **REGISTRATION COMPLETE**

DOCUMENTS VERIFIED:

☐ Photo ID

☐ Caregiver

☐ Proof of Address

Proof #1 Date: _____

Proof #2 Date: _____

☐ Birth Verification

☐ Emergency Card

☐ Immunization record

☐ Physical

☐ Custody documents

☐ Health History Form

☐ Transcripts

☐ Student Housing Questionnaire

☐ Home Language Survey

☐ Mandatory Parent Notification Receipt

☐ Parent Handbook

☐ Lunch Application

SCHOOL OF RESIDENCE:



Riverside Unified School District

Department of Research, Assessment, and Evaluation

Home Language Survey

Assessment Center Use Only:	STU-ID:
School Year	School:
Appointment Date:	Time:
Distribution: Original = Cum	Copy = Assessment Center (Fax 80881)
Calif. Ed. Code §52164.1.a	Required per NCLB & Title III Regulations

Instructions for parents/guardians: The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

Student :	Last Name	First Name	Middle	Grade	Birthdate
Student's Address	Apt. #	City	State	Zip	Home Phone
1. Name of Previous School, District Attended	City	State	2. Name of Previous School, District Attended		
		City	State	City	State

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

1. Which language did your child learn when he or she first began to speak?

2. Which language does your child use most frequently at home?

3. Which language do you use most frequently to speak to your child?

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

Would you like to have school correspondence sent home to you translated in English or another language?

English Other Language

X

Signature of Parent/Guardian

/ Date

Write in the language

Printed name of Parent/Guardian

**RUSD****RIVERSIDE UNIFIED
SCHOOL DISTRICT****Student Housing Questionnaire**

Student Last Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA 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? **Check all that apply.**

- ☐ Living in a single-home residence that is permanent
- ☐ 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/hotel due to loss of housing, economic hardship, natural disaster, etc.
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian

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 Code

Please list all school aged children currently living with you:

Name	M/F	Birthdate	Grade	School

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.

If you have any questions about these rights, please contact the local homeless liaison,
Chris Sewell, by phone at (951) 352-1200 or by email at csewell@riversideunified.org

FOR OFFICE USE ONLY

If student qualifies for homeless program scan and email this form to Jaemy Zavala in Pupil Services: jzavala@riversideunified.org

Name of school site personnel receiving this form: _____

RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2021-2022
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the *Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK* on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website: http://riversideunified.org/departments/pupil_services/parent_handbook/

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- ☐ **Yes, I give** permission for my student to be photographed or videotaped. *(as outlined above)*
☐ **No, I do not give** permission for my student to be photographed or videotaped. *(unless I have been reached to give special permission)*

Acceptable Use Agreement

- ☐ **Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
☐ **No, I do not agree** to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- ☐ **Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
☐ **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2021-2022*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature _____

Student Signature _____

Date _____

2021-2022 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____

Gender: M / F
Genero

Grade: _____
Grado

Age: _____
Edad

Birthdate: _____
Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____
Domicilio

Zip Code _____
Código Postal

Home Phone _____
Teléfono

Father/Guardian Name _____
Padre/Tutor

Work Phone _____
Num. del Trabajo

Cell _____

Email Address _____
Correo Electrónico

Lives with student _____ Yes _____ No
Vive con el estudiante

Mother/Guardian Name _____
Padre/Tutor

Work Phone _____
Num. del Trabajo

Cell _____

Email Address _____
Correo Electrónico

Lives with student _____ Yes _____ No
Vive con el estudiante

List medical conditions that may require special attention

Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication

Nombre del medicamento recetado

Physician's Name

Nombre del doctor

Phone

Teléfono

Is there a court order restraining any person from this student?

¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

_____ Yes _____ No

If yes, please list the person's name and provide a copy of the court order:

Si marco que sí anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian**. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**

Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor**. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.**

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.

En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____

Firma de Padre/Tutor

Date _____

Fecha

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ ☐ Male ☐ Female

Birthdate _____ Age _____ Grade _____

☐ My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐ Yes ☐ No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office, (One form for each medication).

Check ☒ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ Asthma

☐ Seizures

☐ Date of last seizure _____

☐ Type _____

☐ Currently takes medication for seizures _____

☐ Allergies

☐ Bees

☐ Foods _____

☐ Medication _____

☐ Other _____

☐ Lactose Intolerance

☐ Physical Limitations _____

☐ Special Equipment needed at home

☐ Special Equipment needed at school

☐ Heart/Cardiac Condition _____

☐ Other Conditions _____

☐ Diabetes ☐ Type I ☐ Type II

• Has your child been hospitalized for diabetes? ☐ Yes ☐ No

If yes, give date and explain hospital course: _____

• Can your child monitor his/her blood glucose level independently? ☐ Yes ☐ No

• Can your child tell if he/she is having symptoms of high or low blood glucose levels? ☐ Yes ☐ No

If yes, what are his/her symptoms? _____

• Has Glucagon ever been given to your child? ☐ Yes ☐ No Last given: _____

Is your child **currently** under a doctor's care for any of the above? ☐ Yes ☐ No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

☐ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

☐ Original to Cum ☐ Sent to District Nurse ☐ Health Assistant ☐ Teacher