

RIVERSIDE UNIFIED SCHOOL DISTRICT

New Student Registration 2022-2023

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			
<i>Please include first and last name</i>		Check if student lives with	
Father/Stepfather/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Mother/Stepmother/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Is Either Parent/Guardian on Active Duty in the Armed Forces? (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Navy
4) OTHER CHILDREN LIVING AT HOME			
Name (first and last)	Date of Birth	Grade	School
5) HEALTH INFORMATION			
Check all that apply:			
<input type="checkbox"/> No known health problems		Comments:	
<input type="checkbox"/> Allergies (please explain)		_____	
<input type="checkbox"/> Attention Deficit/Hyperactivity		_____	
<input type="checkbox"/> Asthma (<input type="checkbox"/> Inhaler dependent*)		_____	
<input type="checkbox"/> Diabetic (<input type="checkbox"/> Insulin dependent*)		_____	
<input type="checkbox"/> Seizures/Epilepsy (<input type="checkbox"/> Medication required*)		_____	
<input type="checkbox"/> Surgeries		_____	
<input type="checkbox"/> Serious Illness (please explain)		* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM	
<input type="checkbox"/> Other Medical (please explain)		** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION	
<input type="checkbox"/> Other Medications* (please explain)			

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
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- White

***** 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** Director of Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 2/22

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: