



## **2022 – 2023 Registration Checklist for TK – 6th Grade**

The following items must be brought in at time of registration:

- ☐ Proof of student's birth (provide (1) item from the list below):
  - Birth certificate
  - Current passport
  - Baptismal record
  - Hospital record
- ☐ Current Immunization Record (Number of doses required of each immunization.)
  - Polio Immunizations – 4 doses required (3 if last dose was given after 4<sup>th</sup> birthday)
  - DTP Immunizations – 5 doses required (4 if last dose given after 4<sup>th</sup> birthday)
  - MMR Immunizations – 2 doses
  - Hepatitis B Immunizations – 3 doses
  - Varicella Immunizations – 2 doses (or medical documentation of chickenpox)
- ☐ Verification of Physical Examination – (TK, Kindergarten & 1<sup>st</sup> grade ONLY)
  - This is the Report of Health Examination for School Entry form in the registration packet.
  - Required: Stamp from doctor's office AND doctor's signature
- ☐ Address Verification – (2) recent documents (dated within **30** days) verifying residence.
  - Please see attachment with Acceptable Documents to Establish Residency.
- ☐ Photo Identification of at least one of the parents/guardians
- ☐ Copy of Current IEP (individualized Education Plan)
  - Students that receive speech or academic support according to IEP.
- ☐ Completed RUSD Registration Packet forms
  - **Packet will not be accepted if it is incomplete.**

Mr. Timothy R. Walker, Assistant Superintendent, Pupil Services/SELPA

Mr. Raúl Ayala, Director of Pupil Services

## **2022-2023 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 2/2022

#### **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

| GRADE                                       | NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup> |                           |                            |                          |                                 |
|---|--|---------------------------|----------------------------|--------------------------|---------------------------------|
| <b>K-12 Admission</b>                       | <b>4 Polio<sup>4</sup></b>                                       | <b>5 DTaP<sup>5</sup></b> | <b>3 Hep B<sup>6</sup></b> | <b>2 MMR<sup>7</sup></b> | <b>2 Varicella</b>              |
| <b>(7th-12th)<sup>8</sup></b>               | <b>K-12 doses</b>  | <b>+ 1 Tdap</b>           |                            |                          |                                 |
| <b>7th Grade Advancement<sup>9,10</sup></b> |  | <b>1 Tdap<sup>8</sup></b> |                            |                          | <b>2 Varicella<sup>10</sup></b> |

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

## INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.\*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.\*

## CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

| DOSE                        | EARLIEST DOSE MAY BE GIVEN                                     | EXCLUDE IF NOT GIVEN BY  |
|-----------------------------|--|--------------------------|
| <b>Polio #2</b>             | 4 weeks after 1st dose   | 8 weeks after 1st dose   |
| <b>Polio #3<sup>1</sup></b> | 4 weeks after 2nd dose   | 12 months after 2nd dose |
| <b>Polio #4<sup>1</sup></b> | 6 months after 3rd dose  | 12 months after 3rd dose |
| <b>DTaP #2</b>              | 4 weeks after 1st dose   | 8 weeks after 1st dose   |
| <b>DTaP #3<sup>2</sup></b>  | 4 weeks after 2nd dose   | 8 weeks after 2nd dose   |
| <b>DTaP #4</b>              | 6 months after 3rd dose  | 12 months after 3rd dose |
| <b>DTaP #5</b>              | 6 months after 4th dose  | 12 months after 4th dose |
| <b>Hep B #2</b>             | 4 weeks after 1st dose   | 8 weeks after 1st dose   |
| <b>Hep B #3</b>             | 8 weeks after 2nd dose and<br>at least 4 months after 1st dose | 12 months after 2nd dose |
| <b>MMR #2</b>               | 4 weeks after 1st dose   | 4 months after 1st dose  |
| <b>Varicella #2</b>         | Age less than 13 years:<br>3 months after 1st dose             | 4 months after 1st dose  |
|                             | Age 13 years and older:<br>4 weeks after 1st dose              | 8 weeks after 1st dose   |

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

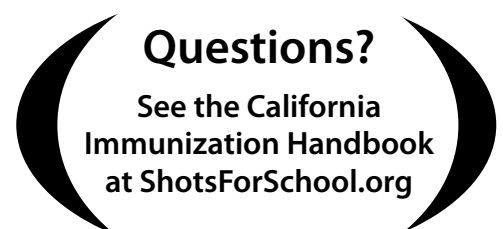
**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

\* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.



# 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<br>(   )           | Parent/Guardian Cell<br>(   )  | Parent/Guardian Cell<br>(   ) |             |
| Student Date of Birth         | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary |                               |             |

### 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>  | <b>Check if student lives with</b> |
| <b>Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent</b> <input type="checkbox"/><br><i>This information is for statistical/survey information only and will be kept confidential.</i><br><br>Please check the box that most closely pertains to <b><u>you</u></b> :<br><input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training<br><input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate |                                    |
| <b>Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent</b> <input type="checkbox"/><br><i>This information is for statistical/survey information only and will be kept confidential.</i><br><br>Please check the box that most closely pertains to <b><u>you</u></b> :<br><input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training<br><input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate |                                    |
| Is Either Parent/Guardian on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)<br>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

Check all that apply:

- ☐ No known health problems
- ☐ Allergies (please explain)
- ☐ Attention Deficit/Hyperactivity
- ☐ Asthma (☐ Inhaler dependent\*)
- ☐ Diabetic (☐ Insulin dependent\*)
- ☐ Seizures/Epilepsy (☐ Medication required\*)
- ☐ Surgeries
- ☐ Serious Illness (please explain)
- ☐ Other Medical (please explain)
- ☐ Other Medications\* (please explain)

Comments:

\* REQUIRES DOCTOR'S NOTE/COMPLETION  
OF DOCTOR'S AUTHORIZATION FORM  
\*\* SEE PARENT HANDBOOK FOR MORE  
HEALTH SERVICES INFORMATION

6) SPECIAL PROGRAMS

- ☐ Yes, my child has a current Individualized Education Plan (IEP)
- ☐ Gifted and Talented Education (GATE)
- ☐ Behavior Plan/Behavior Contract
- ☐ Speech Therapy
- ☐ Student Study Team
- ☐ Other \_\_\_\_\_
- ☐ NONE
- ☐ Foster/Group Home
- ☐ Special Day Class (SDC)
- ☐ Homeless/McKinney-Vento
- ☐ 504 Accommodation Plan
- ☐ Resource Specialist Program (RSP)
- ☐ My child has been tested for special education

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) STUDENT ETHNICITY

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

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

REV. 4/22

OFFICE USE ONLY

- GRADE:
- Student ID:
- ☐ REGISTRATION COMPLETE

- DOCUMENTS VERIFIED:
- ☐ Birth Verification
- ☐ Transcripts
- ☐ Photo ID
- ☐ Emergency Card
- ☐ Student Housing Questionnaire
- ☐ Caregiver
- ☐ Immunization record
- ☐ Home Language Survey
- ☐ Proof of Address
- ☐ Physical
- ☐ Mandatory Parent Notification Receipt Proof #1
- Date: \_\_\_\_\_
- ☐ Custody documents
- ☐ Parent Handbook Proof #2
- Date: \_\_\_\_\_
- ☐ Health History Form
- ☐ Lunch Application

SCHOOL OF RESIDENCE:





## 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/Nonbinary | 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](mailto:csewell@riversideunified.org)**

### FOR OFFICE USE ONLY

**If student qualifies for homeless program scan and email this form to Elvira Dering in Pupil Services: [edering@riversideunified.org](mailto:edering@riversideunified.org)**

**Name of school site personnel receiving this form:** \_\_\_\_\_



BOARD OF EDUCATION  
Mr. Brent Lee, President  
Dr. Angelo Farooq,  
Vice President  
Mr. Dale Kinnear, Clerk  
Mrs. Kathy Allavie, Member  
Mr. Tom Hunt, Member

## Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT  
5700 Arlington Avenue  
Riverside, California 92504

(951) 352-1200  
FAX: (951) 274-4202



### PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 18, 2022.

Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

I hereby request my student’s **directory information**, including name, address, and telephone number, **NOT** be released to the following entities:

Check one or more below that apply:

\_\_\_\_\_ Military (United States Army, Navy, Air Force, Marines) and military schools

\_\_\_\_\_ Colleges, universities, and educational institutions

\_\_\_\_\_ Potential employers

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

# 2022-2023 RIVERSIDE UNIFIED SCHOOL DISTRICT

## STUDENT EMERGENCY CARD

Date entered into Aeries \_\_\_\_\_  
Completed by \_\_\_\_\_

Student ID # \_\_\_\_\_

Gender: M / F / Nonbinary  
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? \_\_\_\_\_ Yes \_\_\_\_\_ No  
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: \_\_\_\_\_  
Si marco que **si** 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 \_\_\_\_\_

Date \_\_\_\_\_  
Fecha

Firma de Padre/

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
**SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2022-2023**  
**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:

<https://www.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](http://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 2022-2023*, and I have reviewed the school discipline information in this booklet.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

**CONFIDENTIAL HEALTH HISTORY FORM**

School \_\_\_\_\_

Student Name \_\_\_\_\_ ☐ Male ☐ Female ☐ Nonbinary

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

**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

|                        |       |          |                           |
|------------------------|-------|----------|---------------------------|
| CHILD'S NAME—Last      | First | Middle   | BIRTH DATE—Month/Day/Year |
| ADDRESS—Number, Street | City  | ZIP code | SCHOOL                    |

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

| REQUIRED TESTS/EVALUATIONS                | DATE (mm/dd/yy) |
|---|-----------------|
| Health History                            | ___/___/___     |
| Physical Examination                      | ___/___/___     |
| Dental Assessment                         | ___/___/___     |
| Nutritional Assessment                    | ___/___/___     |
| Developmental Assessment                  | ___/___/___     |
| Vision Screening                          | ___/___/___     |
| Audiometric (hearing) Screening           | ___/___/___     |
| TB Risk Assessment and Test, if indicated | ___/___/___     |
| Blood Test (for anemia)                   | ___/___/___     |
| Urine Test                                | ___/___/___     |
| Blood Lead Test                           | ___/___/___     |
| Other                                     | ___/___/___     |

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

| VACCINE   | DATE EACH DOSE WAS GIVEN |        |       |        |       |
|---|--------------------------|--------|-------|--------|-------|
|   | First                    | Second | Third | Fourth | Fifth |
| <b>POLIO</b> (OPV or IPV)   |                          |        |       |        |       |
| <b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) |                          |        |       |        |       |
| <b>MMR</b> (measles, mumps, and rubella)  |                          |        |       |        |       |
| <b>HIB MENINGITIS</b> (Haemophilus Influenzae B)<br>(Required for child care/preschool only)            |                          |        |       |        |       |
| <b>HEPATITIS B</b>  |                          |        |       |        |       |
| <b>VARICELLA</b> (Chickenpox)   |                          |        |       |        |       |
| OTHER (e.g., TB Test, if indicated)   |                          |        |       |        |       |
| OTHER   |                          |        |       |        |       |

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
Signature of health examiner

\_\_\_\_\_  
Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**

**INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA**

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

**PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN**

|                               |               |                |                                 |
|-------------------------------|---------------|----------------|---------------------------------|
| NOMBRE DEL NIÑO/NIÑA—Apellido | Primer Nombre | Segundo Nombre | FECHA DE NACIMIENTO—Mes/Día/Año |
| DOMICILIO—Número y Calle      | Ciudad        | Zona Postal    | Escuela                         |

**PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD****EXAMEN DE SALUD**

**AVISO:** Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

| PRUEBAS Y EVALUACIONES REQUERIDAS           | FECHA(mm/dd/aa) |
|---|-----------------|
| Historia de Salud                           | / /             |
| Examen Físico                               | / /             |
| Evaluación de Dientes                       | / /             |
| Evaluación de Nutrición                     | / /             |
| Evaluación del Desarrollo                   | / /             |
| Pruebas Visuales                            | / /             |
| Pruebas con Audiómetro (auditivas)          | / /             |
| Evaluación de Riesgo y prueba Tuberculosis* | / /             |
| Análisis de Sangre (para anemia)            | / /             |
| Análisis de Orina                           | / /             |
| Análisis de Sangre para el plomo            | / /             |
| Otra  | / /             |

**REGISTRO DE INMUNIZACIONES**

**Aviso al Examinador:** Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

**Aviso a la Escuela:** Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

| VACUNA  | FECHA EN QUE CADA DOSIS FUE DADA |         |         |        |        |
|---|----------------------------------|---------|---------|--------|--------|
|   | Primero                          | Segundo | Tercero | Quarto | Quinto |
| <b>POLIO</b> (OPV o IPV)  |                                  |         |         |        |        |
| <b>DTaP/DTP/DT/Td</b> (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)                 |                                  |         |         |        |        |
| <b>MMR</b> (sarampión, paperas, rubéola)  |                                  |         |         |        |        |
| <b>HIB MENINGITIS</b> (Hemófilo, Tipo B)<br>(Requerida para centros de cuidado para niños y centros preescolares solamente) |                                  |         |         |        |        |
| <b>HEPATITIS B</b>  |                                  |         |         |        |        |
| <b>VARICELLA</b> (Viruelas locas)   |                                  |         |         |        |        |
| OTRA (e.g. prueba TB, de ser indicado)  |                                  |         |         |        |        |
| OTRA  |                                  |         |         |        |        |

**PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)****RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

\*de ser indicado

**PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD**

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

\_\_\_\_\_  
Firma del padre/madre o guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del examinador de salud

\_\_\_\_\_  
Fecha

*Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jovenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).*

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)