

RIVERSIDE UNIFIED SCHOOL DISTRICT

New Student Registration 2020-2021

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

- | | |
|--|---|
| <input type="checkbox"/> Yes, my child has a current Individualized Education Plan (IEP) | <input type="checkbox"/> Gifted and Talented Education (GATE) |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Behavior Plan/Behavior Contract |
| <input type="checkbox"/> Resource Specialist Program (RSP) | <input type="checkbox"/> Student Study Team |
| <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> Foster/Group Home |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> Homeless/McKinney-Vento |
| <input type="checkbox"/> My child has been tested for special education | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> 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**:

- | | |
|---|---|
| <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 |
| <input type="checkbox"/> Some college (2 or 4 yr College or University) | <input type="checkbox"/> 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)

- | | | | |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> 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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Birth Verification | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Emergency Card | <input type="checkbox"/> Student Housing Questionnaire |
| <input type="checkbox"/> Proof of Address | <input type="checkbox"/> Immunization record | <input type="checkbox"/> Home Language Survey |
| Proof #1 Date: _____ | <input type="checkbox"/> Physical | <input type="checkbox"/> Mandatory Parent Notification Receipt |
| Proof #2 Date: _____ | <input type="checkbox"/> Custody documents | <input type="checkbox"/> Parent Handbook |
| | <input type="checkbox"/> Health History Form | <input type="checkbox"/> Lunch Application |

SCHOOL OF RESIDENCE: