

## SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Student's Legal Last Name	First Name	Middle Name	Suffix (i.e. Jr.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____ Birth Date / /	Student Last Name:																		
Residence Address		City	Zip Code	Correspondence language																				
Father's Last Name	First Name	Home Phone ( )	Father's Employer																					
Father's Email Address		Father's Cell Phone ( )	Father's Work Phone ( )																					
Mother's Last Name	First Name	Home Phone ( )	Mother's Employer																					
Mother's Email Address		Mother's Cell Phone ( )	Mother's Work Phone ( )																					
Other Parent/Guardian Last Name	First Name	Home Phone ( )	Employer																					
		Guardian's Cell Phone ( )	Work Phone ( )																					
<p><b>PARENT/GUARDIANSHIP INFORMATION</b> - Student lives with? Check all that apply</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____</p> <p>If the above person(s) are not the legal guardian(s) you must file a "Caregiver Affidavit"</p> <p>If there is a legal custody agreement regarding this student, please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian</p> <p>Specify any persons to whom the student is not to be released: (Contact School Office) _____</p>																								
<p><b>WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>																								
<p><b>WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)</b></p> <p><i>The above question is about ethnicity, not race. Please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native (100)</td> <td><input type="checkbox"/> Laotian (206)</td> <td><input type="checkbox"/> Samoan (303)</td> </tr> <tr> <td><input type="checkbox"/> Chinese (201)</td> <td><input type="checkbox"/> Cambodian (207)</td> <td><input type="checkbox"/> Tahitian (304)</td> </tr> <tr> <td><input type="checkbox"/> Japanese (202)</td> <td><input type="checkbox"/> Hmong (208)</td> <td><input type="checkbox"/> Other Pacific Islander (399)</td> </tr> <tr> <td><input type="checkbox"/> Korean (203)</td> <td><input type="checkbox"/> Other Asian (299)</td> <td><input type="checkbox"/> Filipino/Filipino American (400)</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese (204)</td> <td><input type="checkbox"/> Hawaiian (301)</td> <td><input type="checkbox"/> African American or Black (600)</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian (205)</td> <td><input type="checkbox"/> Guamanian (302)</td> <td><input type="checkbox"/> White (700)</td> </tr> </table>							<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)	<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)
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<p><b>RESIDENCE</b> - Where is your child/family currently living? (federally mandated by NCLB) Please check the appropriate box:</p> <p><input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)</p> <p><input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)</p> <p><input type="checkbox"/> In a shelter or transitional housing program</p> <p><input type="checkbox"/> Unsheltered (car/campsite)</p> <p><input type="checkbox"/> Other (please specify): _____</p>			<p><b>ADDITIONAL MAILING ADDRESS</b> - Duplicate mailing address or if different than residence address.</p> <p><input type="checkbox"/> All correspondence <input type="checkbox"/> Grades only</p> <p><b>Full Name:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____</p> <p><b>Email Address:</b> _____</p>				Permanent ID:																	
<p><b>STUDENT DATA:</b></p> <p>Former Last Names: _____ Nickname: _____</p> <p>Student's Email Address: _____</p> <p>Student's Cell Phone: (____) _____</p> <p>BIRTHPLACE City: _____ State: _____</p> <p>Country: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>U.S. Entry Date: _____ U.S. School Entry Date: _____</p> <p>Has your child ever attended SVUSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous School: _____ Previous District: _____</p>			<p><b>PARENT EDUCATION</b> - Check the response that describes the education level of the <b>most educated parent</b>.</p> <p><input type="checkbox"/> Not a High School Graduate</p> <p><input type="checkbox"/> High School Graduate</p> <p><input type="checkbox"/> Some College or Associate's Degree</p> <p><input type="checkbox"/> College Graduate</p> <p><input type="checkbox"/> Graduate Degree or Higher</p>																					

*Please complete the information on the reverse side of this form.*

**STUDENT SIBLINGS** - List any siblings.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

**RELEASE INFORMATION** - I agree to the release of information as described below. *(Please check Yes or No for each area)*  
*Release information may include names, addresses, phone numbers, and email addresses.*

1.  Yes  No Press, television, Internet, and other news media (Participation in Athletics / Activities)
2.  Yes  No I give my child permission to access the Internet / SVUSD Network
3.  Yes  No PTA, PTSA, PTO
4.  Yes  No Orange County Registrar of Voters (18 Years or Older)
5.  Yes  No Official employment or recruitment representatives of private industry; Federal and State Legislators; federal, state, and local government agencies (Seniors only)
6.  Yes  No Military forces of the United States (Juniors and Seniors)
7.  Yes  No Colleges and scholarship organizations for application and scholarship requirements (Transcripts / Test Scores)
8.  Yes  No Local law enforcement and fire departments solely for use in the event of a natural or man made disaster
9.  Yes  No Non-profit organizations benefiting SVUSD schools, e.g. SV Educational Foundation, Boosters
10.  Yes  No I agree to receive my progress and report cards online **only**. (7th - 12th grade)

**EMERGENCY INFORMATION** - In the event a parent/guardian or designated physician cannot be reached, personnel of the school district are authorized to use their discretion to secure medical aid.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of medical emergency your child will be transported to the nearest available hospital**

**Other Emergency Contacts:** \_\_\_\_\_ **Phone Numbers:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm: (\_\_\_\_) \_\_\_\_\_ Wk: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm: (\_\_\_\_) \_\_\_\_\_ Wk: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**STUDENT HEALTH INFORMATION** - Check all that apply **\* Please contact Health Services 588-7657 or 598-3883**

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Type I Diabetes *                      | <input type="checkbox"/> Seizure Disorder         | <input type="checkbox"/> Food Allergy                           | <input type="checkbox"/> Bee Allergy |
| <input type="checkbox"/> Glucagon *                             | <input type="checkbox"/> Healthcare Plan Needed * | <input type="checkbox"/> Mild <input type="checkbox"/> Severe * | <input type="checkbox"/> EpiPen *    |
| <input type="checkbox"/> Asthma                                 | <input type="checkbox"/> Severe Hearing Problem   | <input type="checkbox"/> EpiPen *                               | Other: _____                         |
| <input type="checkbox"/> Mild <input type="checkbox"/> Severe * | <input type="checkbox"/> Severe Vision Problem    | Type(s) of Foods: _____   | _____                                |
| <input type="checkbox"/> Heart Disorder                         | <input type="checkbox"/> Orthopedic Disorder      | _____   | _____                                |
| <input type="checkbox"/> Mild <input type="checkbox"/> Severe * |   |   |                                      |

Additional Details: \_\_\_\_\_ Is a Specialized Healthcare Plan Needed at School?  Yes \*  No

Has this student had any recent serious illness or accident we need to be aware of?  Yes  No Please explain below.

Will medication be needed at school?  Yes  No If Yes, name of medication(s): \* \_\_\_\_\_

Does this student have any health history or health problems requiring notification to the District Health Specialist?  
 Yes  No Please Explain: (Attach additional information if necessary) \_\_\_\_\_

Are there psychological, confidential reports available from your child's former school?  Yes  No

Has your child ever been retained?  Yes  No Has your child ever been expelled?  Yes  No

Has your child been suspended?  Yes  No Does your child have a probation officer?  Yes  No

**What special services has your child received? Check all that apply**

- |  |   |  |
|--|---|--|
| <b>Special Education:</b>                          | <b>Other:</b>                             |  |
| <input type="checkbox"/> Resource (RSP)            | <input type="checkbox"/> Gifted (GATE)    | <input type="checkbox"/> English Learner / English Language Development                    |
| <input type="checkbox"/> Special Day Classes (SDC) | <input type="checkbox"/> Remedial Math    | <input type="checkbox"/> Any concerns about academic or emotional status. (Specify): _____ |
| <input type="checkbox"/> Speech / Language         | <input type="checkbox"/> Remedial Reading | _____  |
| <input type="checkbox"/> 504                       |   |  |

Your signature below attests that the information on this form is accurate to the best of your knowledge.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY Proof of Birth: Type: _____ Verified By: _____	FOR SCHOOL USE ONLY Proof of Residence: Type: _____ Verified By: _____	FOR SCHOOL USE ONLY Tetanus Booster: Date: _____ Verified By: _____
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