

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: _____
Residence Address		City	Zip Code	Correspondence Language	

PARENT / GUARDIAN INFORMATION
 Name: _____ Home: _____ Cell: _____ Work: _____ ☐ Student lives with?
 Relationship: _____ Employer: _____ Email: _____
 If the above person(s) are not the legal guardian(s) you must file a "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian
 Legal custody papers must be on file in school office if student is **NOT** to be released to: _____

CONTACT INFORMATION Student lives with?
Check **all** that apply

1. Name: _____	Home: _____	Cell: _____	Work: _____	<input type="checkbox"/>
Relationship: _____		Employer: _____		Email: _____

2. Name: _____	Home: _____	Cell: _____	Work: _____	<input type="checkbox"/>
Relationship: _____		Employer: _____		Email: _____

3. Name: _____	Home: _____	Cell: _____	Work: _____	<input type="checkbox"/>
Relationship: _____		Employer: _____		Email: _____

4. Name: _____	Home: _____	Cell: _____	Work: _____	<input type="checkbox"/>
Relationship: _____		Employer: _____		Email: _____

5. Name: _____	Home: _____	Cell: _____	Work: _____	<input type="checkbox"/>
Relationship: _____		Employer: _____		Email: _____

EMERGENCY CONTACT 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.

PARENT EDUCATION - Check the response that describes the education level of the most educated parent.

☐ Not a High School Graduate
☐ High School Graduate
☐ Some College or Associate's Degree
☐ College Graduate
☐ Graduate Degree or Higher

ADDITIONAL MAILING ADDRESS - Duplicate mailing address or if different than residence address

☐ All correspondence ☐ Grades only
 Full Name: _____
 Relationship: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)
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.

<input type="checkbox"/> American Indian or Alaskan Native (100) <i>Persons having origins in any of the original people of North, Central, or South America.</i>	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Samoan (303)	
<input type="checkbox"/> Laotian (206)		

STUDENT SIBLINGS - List any siblings.
 Name: _____ Birth Date: _____ School: _____
 Name: _____ Birth Date: _____ School: _____

Student Last Name:

First Name:

Perm ID:

STUDENT DATA:

Former Last Names: _____ Nicknames: _____

Student's Email Address: _____ Student's Cell Phone: _____

Student's Birth City: _____ State: _____ Country: _____

U.S. Citizen: ☐ Yes ☐ No U.S. Entry Date: _____ U.S. School Entry Date: _____

Has your child ever attended SVUSD before? ☐ Yes ☐ No

Previous School/District: _____

STUDENT HEALTH INFORMATION - Check all that apply**Please contact Health Services (949) 588-7651 or (949) 589-3883*

<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*	Others:
<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 Medication Authorization forms must be updated every school year.

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

<input type="checkbox"/> Special Education:	Other:	
<input type="checkbox"/> Specialized Academic Instruction (SAI)	<input type="checkbox"/> Gifted (GATE)	<input type="checkbox"/> English Learner / English Language Development
<input type="checkbox"/> Resource (RSP)	<input type="checkbox"/> Remedial Math	<input type="checkbox"/> Any concerns about academic or emotional status: (specify)
<input type="checkbox"/> Special Day Classes (SDC)	<input type="checkbox"/> Remedial Reading	_____
<input type="checkbox"/> Speech / Language	<input type="checkbox"/> Mental Health Services	_____
<input type="checkbox"/> 504 Plan		

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.*

- ☐ Yes ☐ No Press, television, Internet, and other news media (Participation in Athletics/Activities)
- ☐ Yes ☐ No I give my child permission to access the Internet / SVUSD Network
- ☐ Yes ☐ No PTA, PTSA, PTO
- ☐ Yes ☐ No Orange County Registrar of Voters (18 Years or Older)
- ☐ Yes ☐ No Official employment or recruitment representatives of private industry; Federal and State Legislators; federal, state, and local government agencies (Seniors only)
- ☐ Yes ☐ No Military forces of the United States (Juniors and Seniors)
- ☐ Yes ☐ No Colleges and scholarship organizations for application & scholarship requirements (Transcripts / Test Scores)
- ☐ Yes ☐ No Non-profit organizations benefiting SVUSD schools, e.g. SV Educational Foundation, Boosters
- ☐ Yes ☐ No I agree to view progress & report cards online through the Family Portal. No paper report will be mailed (7th - 12th grades only)

TO BE COMPLETED BY FAMILIES CONNECTED TO THE ARMED FORCES ONLY

In an effort to provide resources and support to families connected to the military, we are requesting the following information:

☐ Yes ☐ No Student's Parent/Guardian is currently on full time active duty in the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard) or full time National Guard

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

Signature of Parent / Guardian: _____ Date: _____