

**COTTONWOOD UNION SCHOOL DISTRICT  
2017/2018 SCHOOL YEAR  
REGISTRATION FORM**

North Cottonwood

West Cottonwood

<b>Student's Legal Name</b> _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
(from Birth Certificate)	Last	First Middle
<b>Grade:</b> _____	<b>Birthdate</b> ____/____/____	
<b>Residence Address:</b> _____		
	Street	City Zip County
<b>Mailing Address if different:</b> _____		
	Street or P.O. Box	City Zip
<b>Home Phone #</b> _____	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Student Email</b> _____		

**PARENT/GUARDIAN INFORMATION**

**Who does student live with?** \_\_\_\_\_

Please enter one parent per side

**Relation to Student:** \_\_\_\_\_

**Name:** \_\_\_\_\_

First Last

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Military?** Yes / No

**Relation to Student:** \_\_\_\_\_

**Name:** \_\_\_\_\_

First Last

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Military?** Yes / No

**Parent Education Level (for state testing purposes)**

- No Diploma  High School Graduate  
 Some College/AA  College Graduate  
 Graduate School/PhD  Decline to state/unknown

**Parent Education Level (for state testing purposes)**

- No Diploma  High School Graduate  
 Some College/AA  College Graduate  
 Graduate School/PhD  Decline to state/unknown

Residence – Where is your child/family currently living?

**This information is federally mandated by *No Child Left Behind* – Please check appropriate box(es)**

- |  |  |
|--|--|
| <input type="checkbox"/> In a single family permanent resident – house, apartment, condominium, mobile home (20)           | <input type="checkbox"/> In or awaiting foster care placement (21)                           |
| <input type="checkbox"/> With more than one family in a house or apartment (11)  | <input type="checkbox"/> In a motel (09) <input type="checkbox"/> In a care or campsite (12) |
| <input type="checkbox"/> With friends or other family members – other than parents, grandparents, or legal care giver (11) | <input type="checkbox"/> In a group home (14)  |
| <input type="checkbox"/> In a shelter or transitional housing program (10)   |  |

**Student's Ethnicity** Is this student Hispanic or Latino?  Yes  No The previous question was about ethnicity, not race. **No matter what you just selected, please continue to answer the following** by making one or more selections to indicate what you consider the student's **race** to be. Write the number(s) on the line(s).

- |                                    |                               |
|------------------------------------|-------------------------------|
| 100-American Indian/Alaskan Native | 301-Hawaiian                  |
| 201-Chinese                        | 302-Guamanian                 |
| 202-Japanese                       | 303-Samoan                    |
| 203-Korean                         | 304-Tahitian                  |
| 204-Vietnamese                     | 399-Other Pacific Islander    |
| 205-Asian Indian                   | 400-Filipino                  |
| 206-Loatian                        | 600-Black or African American |
| 207-Cambodian                      | 700-White                     |
| 299-Other Asian                    |                               |

**Home Language Survey**

- Which language did your student learn when he or she first began to talk? \_\_\_\_\_
- What language does your student most frequently use at home? \_\_\_\_\_
- What language do you use most frequently to speak to your student? \_\_\_\_\_
- Name the language most often spoken by the adults at home:** \_\_\_\_\_

**FOR SCHOOL USE ONLY**

EO <input type="checkbox"/>	I-FEP <input type="checkbox"/>	EL <input type="checkbox"/>	RFEF <input type="checkbox"/>	Redes Date if RFEF _____
Grade Level _____	District of Residence _____	Interdistrict on file _____		
Date Enrolled _____	IS _____	CUM Rcv'd _____	School ID # _____	Group # _____
CSIS # _____	HmRm _____	Bus # _____	Scheduled _____	

**TRANSFER INFORMATION**

Last School Attended: \_\_\_\_\_ City &amp; State \_\_\_\_\_

Was student attending this school on an inter-district transfer?  Yes  No Date of withdrawal: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_**District of Residence** (for Inter-district transfer students coming **INTO** Cottonwood Union School District: \_\_\_\_\_  
Has the student ever gone by a different name?  Yes  No If yes, please give full name used: \_\_\_\_\_Has the student been expelled/or in the process of being expelled from any school?  Yes  No Name of School \_\_\_\_\_Has the student ever been to the SARB Board?  Yes  No If yes, reason for SARB & when \_\_\_\_\_Is the student now enrolled/or has the student previously been enrolled in **special education** classes?  Yes  No Date of last IEP \_\_\_\_\_If yes, please check the program  RSP  SDC Does the student have an active 504 Plan?  Yes  NoIs the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD)  Yes  NoHas the student been an English learner less than 12 months?  Yes  No Has the student ever received Title 1 Services?  Yes  No**MEDIA PERMISSION**I grant permission for identified school-related photographs or video of my child to be included in publicity information such as news releases, videos, newsletters, reports and district web site postings.  Yes  No**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Gender	Date of Birth	Lives @ Home	School Attending/Grade (if graduated, N/A)
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**OTHER PARENT OR LEGAL GUARDIAN INFORMATION** not previously listed, if applicable.Check *one* None  Father  Step-Father  Mother  Step-Mother  Guardian  Other  \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Last

Home Address \_\_\_\_\_

Street Address City State Zip

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email Address \_\_\_\_\_ Extra Mailings?  Grades Only? 

If Foster or Group Home, name of organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Case Worker: \_\_\_\_\_

Is there a custody court order regarding this student?  Yes  No If **Yes**, please provide a copy of the court order to the school.Check *one* None  Father  Step-Father  Mother  Step-Mother  Guardian  Other  \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Last

Home Address \_\_\_\_\_

Street Address City State Zip

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email Address \_\_\_\_\_ Extra Mailings?  Grades Only? 

If Foster or Group Home, name of organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Case Worker: \_\_\_\_\_

Is there a custody court order regarding this student?  Yes  No If **Yes**, please provide a copy of the court order to the school.

**EMERGENCY CONTACTS**

List two *local* contacts to who the student may be released in the case of illness or other emergency if unable to notify parent.

Name _____	Name _____
Home Phone _____	Home Phone _____
Address _____	Address _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

**ADDITIONAL CONTACTS**

Additional contacts who the student may be released to.

Name _____	Name _____
Home Phone _____	Home Phone _____
Address _____	Address _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

In the event of a disaster, if parents or emergency contacts are not available, my son/daughter may be released to an adult familiar to him/her.  Yes  No

**HEALTH INVENTORY**

Student's Physician \_\_\_\_\_

Doctor's Name	Street Address	City	Phone Number
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Student's Dentist \_\_\_\_\_

Dentist's Name	Street Address	City	Phone Number
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Hospital Preference \_\_\_\_\_

Do you have Health Insurance?  Yes  No If yes, Name of Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Do you have a religious or other objection to your child receiving emergency medical care?  Yes  No If yes, please explain: \_\_\_\_\_

Current Medication(s)  Yes  No

**State law requires written doctor and parent permission for taking any medication at school. Please obtain a form from the school office.**

If yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a special health problem or physical disability that should be brought to the attention of the school nurse or teacher?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

According to appropriate grade level schedules, all children will receive vision, hearing and dental screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you. My 7<sup>th</sup> grade daughter / 8<sup>th</sup> grade son may participate in the free scoliosis screening:  Yes  No

**Health Problems** Check all that apply:

- |   |   |   |  |
|---|---|---|--|
| Diagnosed ADD or ADHD..... <input type="checkbox"/>   | Epilepsy..... <input type="checkbox"/>            | Wears Glasses..... <input type="checkbox"/>   | For close work <input type="checkbox"/>                              |
| Asthma..... <input type="checkbox"/>                  | Eye Injury..... <input type="checkbox"/>          | For distance only <input type="checkbox"/>    | At all times <input type="checkbox"/>                                |
| Bladder Problems..... <input type="checkbox"/>        | Hypoglycemia..... <input type="checkbox"/>        | Known Hearing Loss <input type="checkbox"/>   | Right <input type="checkbox"/> Left <input type="checkbox"/>         |
| Bleeding Disorder..... <input type="checkbox"/>       | Frequent Nosebleeds..... <input type="checkbox"/> | Known Vision Loss... <input type="checkbox"/> | Right <input type="checkbox"/> Left <input type="checkbox"/>         |
| Color Vision Deficiency..... <input type="checkbox"/> | Scoliosis..... <input type="checkbox"/>           | Wears Hearing Aide.. <input type="checkbox"/> | Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> |
| Diabetes..... <input type="checkbox"/>                | Seizure Disorder..... <input type="checkbox"/>    |   |  |
| Eczema/Skin Trouble..... <input type="checkbox"/>     | Wears Contact Lens..... <input type="checkbox"/>  |   |  |

- |  |          |       |
|--|----------|-------|
| History of Ear Problem..... <input type="checkbox"/>     | Describe | _____ |
| Heart Problem..... <input type="checkbox"/>              | Describe | _____ |
| Head Injury..... <input type="checkbox"/>                | Describe | _____ |
| History of Fracture..... <input type="checkbox"/>        | Describe | _____ |
| History of Hospitalization..... <input type="checkbox"/> | Describe | _____ |
| History of Surgery..... <input type="checkbox"/>         | Describe | _____ |
| Physical Limitations..... <input type="checkbox"/>       | Describe | _____ |
| Other or further details of above                        |          | _____ |

**Allergies** Check all that apply:

- |                                 |                                    |   |
|---------------------------------|------------------------------------|---|
| None <input type="checkbox"/>   | Animals <input type="checkbox"/>   | List specific item(s) student is allergic to: _____ |
| Food <input type="checkbox"/>   | Insects <input type="checkbox"/>   | Describe allergic reaction or treatment: _____      |
| Drugs <input type="checkbox"/>  | Bee Sting <input type="checkbox"/> | _____   |
| Plants <input type="checkbox"/> | Other <input type="checkbox"/>     | _____   |

**Permission for Medical Records**

I/We GIVE consent to the Cottonwood Union School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.)  Yes  No

**EMERGENCY MEDICAL AUTHORIZATION**

I understand that the Cottonwood School District does not provide medical or accident insurance for students in school related injuries. Parents may purchase medical insurance. Information about this option is available from the Health Clerk.

**Optional Emergency Treatment Authorization:** We hereby authorize the staff of my child's School District to secure emergency medical help for our child at our expense when necessary in accordance with information on this form.

**To Physician or Emergency Personnel:** I give permission for emergency treatment if I am not available.

On \_\_\_\_\_ at \_\_\_\_\_, California.

Date

City

Parent/Guardian Signature(s) \_\_\_\_\_

I/We have reviewed this Registration Form and to the best of my/our knowledge the information contained herein is true and complete.

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

**PRIMARY PARENT OR GUARDIAN** (from page one)

**PRIMARY PARENT OR GUARDIAN** (from page one)

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Phone \_\_\_\_\_  
Best number between 7:00am and 5:00 pm Monday-Friday

Phone \_\_\_\_\_  
Best number between 7:00am and 5:00 pm Monday-Friday