COTTONWOOD UNION SCHOOL DISTRICT
2018/2019 SCHOOL YEAR
REGISTRATION FORM

North Cottonwood ☐ West Cottonwood ☐

Student's Legal Name _____ Sex: ☐M ☐ F
(from Birth Certificate) Last First Middle

Grade: _____ Birthdate ____/____/_____

Residence Address: _____
Street City Zip County

Mailing Address **if different**: _____
Street or P.O. Box City Zip

Home Phone # _____ Unlisted? Yes☐ No☐

Student Email _____

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

Parent Education Level (for state testing purposes)
☐No Diploma ☐High School Graduate
☐Some College/AA ☐College Graduate
☐Graduate School/PhD ☐Decline to state/unknown

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

Residence – Where is your child/family currently living?
This information is federally mandated by *No Child Left Behind* – Please check appropriate box(es)

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

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

Home Language Survey

1. Which language did your student learn when he or she first began to talk? _____
2. What language does your student most frequently use at home? _____
3. What language do you use most frequently to speak to your student? _____
4. **Name the language most often spoken by the adults at home:** _____

FOR SCHOOL USE ONLY EO☐ I-FEP☐ EL ☐ RFEP☐ Redes Date if RFEP _____
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 & 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 ☐No
Is the student now enrolled, or has the student ever been enrolled in an English Language Development program (ELD) ☐Yes ☐No
Has 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)
_____	☐M ☐F	_____	☐Yes ☐No	_____
_____	☐M ☐F	_____	☐Yes ☐No	_____
_____	☐M ☐F	_____	☐Yes ☐No	_____
_____	☐M ☐F	_____	☐Yes ☐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.

Student Name

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

Student's Dentist _____
Dentist's Name Street Address City Phone Number

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 7th grade daughter / 8th grade son may participate in the free scoliosis screening: ☐Yes ☐No

Health Problems Check all that apply:

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

History of Ear Problem ..... ☐ Describe _____
Heart Problem ..... ☐ Describe _____
Head Injury ..... ☐ Describe _____
History of Fracture ..... ☐ Describe _____
History of Hospitalization ..... ☐ Describe _____
History of Surgery ..... ☐ Describe _____
Physical Limitations ..... ☐ Describe _____
Other or further details of above _____

Allergies Check all that apply:

None ☐ Animals ☐ List specific item(s) student is allergic to: _____
Food ☐ Insects ☐ Describe allergic reaction or treatment: _____
Drugs ☐ Bee Sting ☐ _____
Plants ☐ Other ☐ _____

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)

_____
Please print full name

_____
Signature

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

PRIMARY PARENT OR GUARDIAN (from page one)

_____
Please print full name

_____
Signature

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