

PLEASE PRINT- STUDENT'S LEGAL NAME

Male

Female

LAST - LEGAL

FIRST - LEGAL

MIDDLE - LEGAL

ALSO KNOWN AS

Address: _____ Apt. #: _____ City: _____ Zip: _____

Telephone: _____ Birthdate: _____ Birthplace: _____
Primary Contact Number Mo. Day Yr. City/State/Country

Ethnicity: Is this student Hispanic or Latino? (**Select only one**) Yes, Hispanic or Latino No, not Hispanic or Latino

The Above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

Race: American Indian or Alaska Native Asian Indian Black or African American Cambodian Chinese Filipino
 Guamanian Hawaiian Hmong Japanese Korean Laotian Other Asian Other Pacific Islander
 Samoan Tahitian Vietnamese White (Not Hispanic) Other

PARENT EDUCATION LEVEL

Not a high school graduate High school graduate Some college (attended 1-3 years) College graduate (4 year university diploma) Graduate school/post graduate (Completed academic units beyond 4 year college degree) Community Based English Tutoring training (CBET)

Immigrant (Month/Day/Year) _____ Language Spoken at Home: _____ Language Preference for Mailing: _____

Date 1st enrolled in any U.S. School: Mo/Yr _____ Date 1st enrolled in any California School: Mo/Yr _____

School/Preschool Last Attended _____ Grade _____ District _____ City _____ State _____

Has student ever been enrolled in the Rowland Unified School District? YES NO If YES, School: _____ Grade _____

Child living with: Both Parents Father Mother Guardian/Relationship of Guardian _____
 Step Parent Foster Parent Placement Agency _____ Case Number _____

Family living in: Owned or rented home/apartment Shelter Car Van Garage Rented Room
 Home/apartment with another family for financial reasons, or can't find housing.

Father's Name (Or Guardian)		Mother's Name (Or Guardian)	
Name of Employer	Occupation	Name of Employer	Occupation
Address of Employer		Address of Employer	
Work Telephone	Cell Phone	Hours of Employment	
E-mail: _____		E-mail: _____	

NAME OF PERSONS TO BE CALLED IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE AND TO WHOM CHILD MAY BE RELEASED:

1. Name	Address	Relationship	(Area Code)	Telephone
2. Name	Address	Relationship	(Area Code)	Telephone
3. Name	Address	Relationship	(Area Code)	Telephone

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

LAST - LEGAL	FIRST - LEGAL	MIDDLE - LEGAL	ALSO KNOWN AS
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Day Care/Babysitter or Adult other than parents living continuously in the pupil's home:
 NAME: _____ Relationship to pupil: _____

Has your child been expelled (or being considered for expulsion) from a district? Yes No
 If yes: District _____ Reason: _____ Date: _____

Has the student ever been in a Special Education program? Yes No
 If yes, which program? _____ What district? _____

Does student have any health problems that might require special attention while at school? Yes No
 If yes, describe _____

Does student have a speech problem? Yes No If yes, describe _____

Does student have a hearing problem? Yes No If yes, describe _____

Does student have a vision problem? Yes No Glasses? Yes No If yes, describe _____

Family Physician _____ Address _____ Telephone _____

CHILDREN OF FAMILY

FULL NAME (oldest first)	Birthdate	Boy/Girl	Grade	FULL NAME (oldest first)	Birthdate	Boy/Girl	Grade

The school district carries liability insurance only and is responsible only when negligence is proven. Normal childhood accidents are not covered under district policies and remain the responsibility of the parent. Please check one: I will enroll my child in the insurance program offered by the District. I will not enroll my child in the program.

The District has my permission to take photographs, video tapes or audio tapes of my child engaged in regular and extracurricular instructional activities in his/her classroom or other school facility. I understand these items may be used in District prepared press releases, slide presentations or brochures, publications, broadcasts, or internet; the nature of which illustrates or features educational instruction or programs. Yes No

Is this child taking continued medication? Yes No

If yes, complete the required form from your school office. Please call the school nurse if you need further information.

Any allergies? Yes No Type: _____

I hereby give permission for this child to be given emergency medical aid if necessary, including the use of Epipen for severe allergic reactions. Yes No

REQUIRED SIGNATURE OF PARENT(S)/LEGAL GUARDIAN _____

Month Day Year

SCHOOL USE ONLY

Grade _____ Room _____ Inter/Intra Dist. Transfer _____ Study Area (Zone) _____
 Bilingual Permission Slip _____ Entered: Date ____/____/____ Leaving: Date ____/____/____ Immunization-Comp. _____ Inc. _____
 Birth Verification _____ Records Req. _____ Rec. _____ Cum Sent _____
 Do not release to _____ Caregiver _____ McKinney _____

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