RIVERSIDE UNIFIED SCHOOL DISTRICT

Student Registration/Data Confirmation Form

1) STUDENT INFORMATION

Student Last Name	Student First Name	Middle Name

Legal Name, if different	Family Email Address	
Current Street Address	**City**	**Zip Code**
Mailing Address, if different	**City**	**Zip Code**

Home phone ( )	Father/Parent Cell ( )	Mother/Parent Cell ( )	
Student Date of Birth	**Gender:** ❒ Male ❒ Female	**Birth City**	**Birth State**

2) LAST SCHOOL ATTENDED

Name of School	Date Last Attended	Grade	City/County/State

Has student previously attended a RUSD school? ❒ No ❒ Yes* *School:

Date student first enrolled in school in U.S. / /

3) FAMILY INFORMATION

Please include first and last name — **Check if student lives with**

Father/Stepfather/Parent
Foster/Caregiver/Guardian ❒

Mother/Stepmother/Parent
Foster/Caregiver/Guardian ❒

Active Duty Armed Forces Family Member Education Program Code 192 ❒

4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

5) STUDENT RESIDENCY QUESTIONNAIRE

❒ Single Family Residence
❒ With more than one family in a house or apartment **NOT** due to economic hardship
❒ With relatives or friends because you **CANNOT** afford housing (120)
❒ In a shelter or transitional housing program (100)
❒ In a hotel/motel (110)
❒ Temporarily unsheltered, car, campsite (130)
❒ In a foster care placement or group home (190)

*** PARENT/GUARDIAN SIGNATURE***

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature **Date**

6) HEALTH INFORMATION

Check all that apply:

❒ **No known health problems**
❒ Allergies (please explain)
❒ Attention Deficit/Hyperactivity
❒ Asthma (❒ Inhaler dependent*)
❒ Diabetic (❒ Insulin dependent*)
❒ Seizures/Epilepsy (❒ Medication required*)
❒ Surgeries
❒ Serious Illness (please explain)
❒ Other Medical (please explain)
❒ Other Medications* (please explain)

Comments:

* **REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM**

** **SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION**

7) SPECIAL PROGRAMS *NEW STUDENTS ONLY*

❒ **Yes, my child has a current Individualized Education Plan (IEP)**
❒ Speech Therapy
❒ Resource Specialist Program (RSP)
❒ Special Day Class (SDC)
❒ **My child has not participated in any special programs.**
❒ Gifted and Talented Education (GATE)
❒ 504 Accommodation Plan
❒ My child has been tested for special education
❒ Behavior Plan/Behavior Contract
❒ Student Study Team
❒ Retained in grade: _____
❒ Home Hospital
❒ Other _____

8) PAST BEHAVIOR HISTORY *NEW STUDENTS ONLY*

SUSPENSION:

❒ My child **has** previously been suspended from a public/private school.*

EXPULSION:

❒ My child **has** been expelled from a public/private school or district. *
❒ My child **is currently** being referred for expulsion from a public/private school or district. *

*** Parents are required by law to divulge this information (EC 48918)**

9) PARENT EDUCATION LEVEL

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to ***parents:***

❒ Not a high school graduate
❒ High school graduate
❒ Some college (2 or 4 yr College or University)
❒ College graduate
❒ Graduate school/Post graduate training
❒ Declines to state or unknown graduate

10) STUDENT ETHNICITY *NEW STUDENTS ONLY*

❒ No, not Hispanic or Latino
❒ Yes, Hispanic or Latino

11) STUDENT RACE *NEW STUDENTS ONLY*

❒ 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

Office Use Only

GRADE: ❒ REGISTRATION COMPLETE

Student ID

School of Residence

Special Education Placement (if applicable)

DOCUMENTS VERIFIED:

❒ Mandatory Parent Notification Receipt
❒ Parent Handbook
❒ Residency:
  ❒ Utility Bill Date: _____
  ❒ Utility Bill Date: _____
  ❒ Other Verification: _____
❒ Affidavit of Residency
❒ Parent/Guardian Signature
❒ Photo ID
❒ Caregiver
❒ Lunch Application
❒ Emergency Card
❒ Custody documents
❒ Birth Verification
❒ Immunization record ❒ Waiver
❒ Physical ❒ Waiver
❒ Transcripts
❒ Student Residency Questionnaire
❒ Health History Form
❒ Student Ethnicity and Race
❒ Home Language Survey

❒ Pending _____ Date ❒ Complete _____ Date

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact**: *Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200*

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