### 2019-2020 RUSD Registration Checklist

- **Proof of student’s birth** *(provide ONE from the list below):*
  - Birth Certificate (County Record), Current Passport, Hospital Record, OR Baptismal Record

- **CALIFORNIA IMMUNIZATION REQUIREMENTS FOR**
  - **K-12**\(^\text{th}^\text{Grade}** (including transitional kindergarten)

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION(^1,2,3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12 Admission</td>
<td>4 Polio(^4) 5 DTaP(^5) 3 Hep B(^6) 2 MMR(^7) 2 Varicella</td>
</tr>
<tr>
<td>(7th-12th)(^8)</td>
<td>1 Tdap</td>
</tr>
<tr>
<td>7th Grade Advancement(^6,10)</td>
<td>1 Tdap(^8) 2 Varicella(^9)</td>
</tr>
</tbody>
</table>

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
6. For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the first birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

### INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry.

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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:

**Director of Pupil Services or the District Complaint Officer**

5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 2/2019
Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil’s record.

For a pupil transferring from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

☐ Please see “Establishing Proof of Residency” (for Acceptable documents to establish residency)

☐ Copy of IEP (Special Education students only)

☐ Completed RUSD Registration Packet

☐ Parent/Guardian Photo ID
2019-2020 School Year - Establishing Proof of Residency

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.

Acceptable Documents Used To Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date. (Note: Escrows fail to monitor this. Ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement with receipt from property owner;
- Mortgage statement
- Employer’s verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers. (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders

Documents NOT Acceptable:

- Cable, Water, Electric, Trash, Telephone/Cell bills
- Credit card statements
- Junk Mailers. (Advertisements)
- Drivers License
- Restraining Orders
STUDENT EMERGENCY CARD

Student ID # __________________________ Gender: M / F
Grade: __________________________ Age: ________ Birthdate: __________________________

Name __________________________________________________________ Last / Apellido
________________________________________________________ First / Nombre

Address __________________________ Zip Code __________________________ Home Phone __________________________
Domicilio __________________________________________ Código Postal __________________________ Teléfono __________________________

Father/Guardian Name __________________________ Work Phone __________________________ Cell __________________________
Padre/Tutor __________________________________________ Num. del Trabajo __________________________ Vive con el estudiante
Email Address __________________________
Correo Electrónico __________________________
Lives with student ______Yes ______No
Vive con el estudiante __________________________

Mother/Guardian Name __________________________ Work Phone __________________________ Cell __________________________
Padre/Tutor __________________________________________ Num. del Trabajo __________________________ Vive con el estudiante
Email Address __________________________
Correo Electrónico __________________________
Lives with student ______Yes ______No
Vive con el estudiante __________________________

List medical conditions that may require special attention
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication __________________________________________
Nombre del medicamento recetado __________________________________________

Physician’s Name __________________________ Phone __________________________
Nombre del doctor __________________________ Teléfono __________________________

Is there a court order restraining any person from this student? ______Yes ______No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person’s name and provide a copy of the court order: __________________________
Si marco que si anote el nombre de la persona y provee una copia de la orden judicial __________________________

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school with prior written notice from the parent/guardian. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information.
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una nota de previo aviso por escrito del Padre/Tutor. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos.

Name / Nombre __________________________ Relationship to student / Parentesco con el estudiante __________________________
Home/Work/ Cell / Teléfono de casa/trabajo/ cell __________________________

Name / Nombre __________________________ Relationship to student / Parentesco con el estudiante __________________________
Home/Work/ Cell / Teléfono de casa/trabajo/ cell __________________________

Name / Nombre __________________________ Relationship to student / Parentesco con el estudiante __________________________
Home/Work/ Cell / Teléfono de casa/trabajo/ cell __________________________

Name / Nombre __________________________ Relationship to student / Parentesco con el estudiante __________________________
Home/Work/ Cell / Teléfono de casa/trabajo/ cell __________________________

Name / Nombre __________________________ Relationship to student / Parentesco con el estudiante __________________________
Home/Work/ Cell / Teléfono de casa/trabajo/ cell __________________________

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.
En caso de una emergencia si no se puede comunicar conmigo, doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature __________________________ Date __________________________
Firma de Padre/Tutor __________________________ Fecha __________________________

Rev. 1/19}
Riverside Unified School District

STUDENT ETHNICITY AND RACE

The Federal government and the California Department of Education require race and ethnicity information be collected on all students. Please review the following categories and mark the ones which best describes your child's ethnic origin and race.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Is this student Hispanic or Latino? (Select only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ No, not Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td>□ Yes, Hispanic or Latino</td>
</tr>
</tbody>
</table>

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 student's race to be.

<table>
<thead>
<tr>
<th>Race</th>
<th>What is the race of this student? (Select one or more*)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;If you mark more than one, please circle the primary race.&quot;</td>
</tr>
<tr>
<td>□ American Indian or Alaska Native</td>
<td>□ Japanese</td>
</tr>
<tr>
<td>□ Asian Indian</td>
<td>□ Korean</td>
</tr>
<tr>
<td>□ Black or African American</td>
<td>□ Laotian</td>
</tr>
<tr>
<td>□ Cambodian</td>
<td>□ Other Asian</td>
</tr>
<tr>
<td>□ Chinese</td>
<td>□ Other Pacific Islander</td>
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<tr>
<td>□ Filipino</td>
<td>□ Samoan</td>
</tr>
<tr>
<td>□ Guamanian</td>
<td>□ Tahitian</td>
</tr>
<tr>
<td>□ Hawaiian</td>
<td>□ Vietnamese</td>
</tr>
<tr>
<td>□ Hmong</td>
<td>□ White</td>
</tr>
</tbody>
</table>

PARENT EDUCATIONAL LEVEL

The California Department of Education is directing school districts to include the following information about its students. This information will be confidential and will not become part of a student's permanent record.

Please indicate the educational level of the student's most highly educated parent:

- □ Not a High School Graduate
- □ High School Graduate
- □ Some College Units
- □ College Graduate
- □ Graduate School/Post Graduate Training
- □ Decline to State

I verify that the above information is correct

Parent/Guardian Signature: __________________________ Date: ____________

Student's Last Name/First Name: ______________________ Birthday: ____________
**Riverside Unified School District**  
Dept. Research, Assessment, and Evaluation  

**Home Language Survey**

**Instructions for parents/guardians:** The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

<table>
<thead>
<tr>
<th>Student</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Grade</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student's Address</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
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Name of Previous School, District Attended

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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<tr>
<th>Name of Previous School, District Attended</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

1. Which language did your child learn when he or she first began to speak?

2. Which language does your child use most frequently at home?

3. Which language do you use most frequently to speak to your child?

4. Name the language spoken most often by the adults at home?

Would you like to have school correspondence sent home to you translated in English or another language?  

- [ ] English  
- [ ] Other Language

Write in the language

[ ] Signature of Parent/Guardian / Date

Printed name of Parent/Guardian

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El Distrito Escolar Unificado de Riverside prohíbe la discriminación, acoso, intimidación, o acoso estudiantil, en todos los programas del distrito, actividades, y empleos en base a ascendencia aparente o percibida, edad, color, discapacidad, género, identidad de género, expresión de género, nacionalidad, raza o etnicidad, religión, sexo, orientación sexual, estado civil o parental, embarazo, o la asociación con una persona o grupo con una o más de estas características actuales o percibidas.

From revised 2-2019
MCKINNEY-VENTO RESIDENCY FORM

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a Homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

☐ Does not apply; student is not homeless (if this box is checked, please proceed to sign and date at bottom)

If your family is experiencing homelessness, please select one of the following statements:

☐ Living in a shelter, including transitional housing shelters (i.e. Path of Life Family Shelter);
   Please provide name of shelter: ____________________________
   Shelter Address: ____________________________

☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation;
   Please provide information regarding area in which student is living: ____________________________

☐ Living in a hotel/motel for lack of other suitable housing; Please list name and address of hotel/motel (including room #):
   ____________________________

☐ Doubled-up; temporarily living with family or friends due to lack of adequate housing or economic hardship.
   Please provide address of where student is living: ____________________________

Please answer the following if you checked one of the four boxes above:

Date student moved into this address: ____________________________

How long do you expect to be at this address? ____________________________

Are you seeking permanent housing? ____________________________

Is a parent living in the home with the student? ____________________________

If not, with whom is the student living? ____________________________ Relationship: ____________________________

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

<table>
<thead>
<tr>
<th>NAME</th>
<th>GRADE</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL</th>
<th>DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

Parent/Legal Guardian/Caregiver/Unaccompanied Student ____________________________

Print Name ____________________________ Date ____________________________

For Office Use Only:

If student qualifies for homeless program scan and email this form to Jaemy Zavala in Pupil Services: jzavala@rusd.k12.ca.us

Name of school site personnel receiving this form: ____________________________

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Revised 01/30/2019
RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

Student Name ___________________________  □ Male  □ Female  Birthdate __________ Age ___ Grade ___

□ My child does not have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? □ Yes  □ No  □ During school hours? □ Yes □ No  If yes,
Name of medication __________________________ Name of medication __________________________
Name of medication __________________________ Name of medication __________________________

If your child must take prescriptions or over the counter medications during the school day, complete the
Medication Administration parent/physician authorization form and return to the school office. (One form for
each medication).

Check □ the box and explain if your child has a history of or now has the following conditions or concerns.

□ Asthma  □ Mild  □ Moderate  □ Severe
   □ Inhaler at home  □ Inhaler at school office
□ Seizures □ As an infant only  □ Currently takes medication

□ Allergies  □ Mild  □ Moderate  □ Severe
   □ Bee/insects
   □ Foods
   □ Seasonal Hay fever
   □ Allergic to Medication
   □ Other
   □ EpiPen at home □ EpiPen at school

□ Physical Limitations __________________________
   □ Special Equipment needed at home
   □ Special Equipment needed at school

□ Other Conditions

□ Diabetes  □ Type I  □ Type II
   • Has your child been hospitalized for diabetes? □ Yes □ No
   If yes, give date and explain hospital course:
   • Can your child monitor his/her blood glucose level independently? □ Yes □ No
   • Can your child tell if he/she is having symptoms of high or low blood glucose levels? □ Yes □ No
   If yes, what are his/her symptoms?
   • Has Glucagon ever been given to your child? □ Yes □ No  Last given: __________

Is your child currently under a doctor’s care for any of the above? □ Yes □ No
If yes: Doctor’s name ___________________________ Phone ___________________________ Fax __________

□ Address ___________________________

□ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature ___________________________ Date __________________________

For Office Use Only:
□ Doctor’s orders completed including parent and physician signatures.
□ Diabetic Supplies
□ Snacks
□ Signed Diabetic Treatment Plan for School indicating parent review

□ Original to Cum □ Faxed to District Nurse 951-274-4200 (Internal #83100) □ Health Assistant □ Teacher

Health History Form 2/4/2019
Parents/Guardians, please complete information in the box below:

Name of former School: ____________________________
Street Address: ____________________________________
City, State, Zip: _____________________________________
Phone: ____________________________________________
Student Name: _______________________________________
Student Date of Birth: ________________________________
Grade at former school: _______________________________

Please forward pupil records of the student listed above. The Federal Family Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission to release the records to new schools of enrollment.

Please send records for the above pupil to:

School ________ Amelia Earhart Middle School
Address ________ "A California Distinguished School"
City ________ 20202 Apts Street
Zip ________ Riverside, CA 92508
Date ________________________________

Principal/Registrar

In compliance with California Education Code(EDC) Section(§) 49068, the Riverside Unified School District is informing the parent of their right to inspect, review, and challenge the content of the records.

If the above-named pupil left your school with a debt remaining for lost or damaged books or items and you have withheld grades, diplomas, transcripts from the parent/student we will reciprocally withhold these records on your request, pursuant to EDC §48904 et seq., until this debt is settled. Please note that these provisions apply to publics and private schools but do not include PTA debts or private school tuition, which are matters for the small claims court.

PLEASE RETURN THIS FORM WITH ALL
STUDENT RECORDS FORWARDED TO RUSD

26-4720 (Revised 9-19-06)