

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-12TH Grade (including transitional kindergarten)

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	1 Tdap				
7th Grade Advancement ^{9,10}	1 Tdap ⁸				2 Varicella ¹⁰

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.

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

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

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



BOARD OF EDUCATION

Dr. Angelov Farooq, *President* | Mrs. Kathy Allavie, *Vice President*
Mr. Tom Hunt, *Clerk* | Mr. Brent Lee, *Member* | Mrs. Patricia Lock-Dawson, *Member*
David C. Hansen, Ed.D., *Superintendent*

Mr. Timothy R. Walker, Assistant Superintendent, Pupil Services/SELPA
Dr. Gary McGuire, Director of Pupil Services

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 so 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

RIVERSIDE UNIFIED SCHOOL DISTRICT
3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES
6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER
5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

Student Registration/Data Confirmation Form

1) STUDENT INFORMATION		6) HEALTH INFORMATION		Office Use Only	
Student Last Name	Student First Name	Middle Name	Comments:	GRADE:	<input type="checkbox"/> REGISTRATION COMPLETE
Legal Name, if different	Family Email Address			Student ID	
Current Street Address	City	Zip Code		School of Residence	
Mailing Address, if different	City	Zip Code		Special Education Placement (if applicable)	
Home phone	Father/Parent Cell	Mother/Parent Cell	* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM		
() () ()	() () ()	() () ()	** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION		
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City			
() () ()		Birth State			
2) LAST SCHOOL ATTENDED		7) SPECIAL PROGRAMS		DOCUMENTS VERIFIED:	
Name of School	Date Last Attended	Grade	<input type="checkbox"/> Gifted and Talented Education (GATE)	<input type="checkbox"/> Mandatory Parent Notification Receipt	
Has student previously attended a RUSD school? <input type="checkbox"/> No <input type="checkbox"/> Yes*	City/County/State	*School: / /	<input type="checkbox"/> 504 Accommodation Plan	<input type="checkbox"/> Parent Handbook	
Date student first enrolled in school in U.S. / /			<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Residency	
3) FAMILY INFORMATION		8) PAST BEHAVIOR HISTORY		DOCUMENTS VERIFIED:	
Please include first and last name	Check if student lives with		<input type="checkbox"/> Expelled from a public/private school.*	<input type="checkbox"/> Utility Bill Date: _____	
Father/Stepfather/Parent <input type="checkbox"/>	Father/Stepfather/Parent <input type="checkbox"/>		SUSPENSION:	<input type="checkbox"/> Utility Bill Date: _____	
Foster/Carer/Parent <input type="checkbox"/>	Foster/Carer/Parent <input type="checkbox"/>		EXPULSION:	<input type="checkbox"/> Other Verification: _____	
Foster/Stepmother/Parent <input type="checkbox"/>	Foster/Stepmother/Parent <input type="checkbox"/>		<input type="checkbox"/> My child has been suspended from a public/private school.*	<input type="checkbox"/> Affidavit of Residency	
Foster/Carer/Parent <input type="checkbox"/>	Foster/Carer/Parent <input type="checkbox"/>		<input type="checkbox"/> My child has been expelled from a public/private school or district.*	<input type="checkbox"/> Parent/Guardian Signature	
Active Duty Armed Forces Family Member Education Program Code 192 <input type="checkbox"/>	Active Duty Armed Forces Family Member Education Program Code 192 <input type="checkbox"/>		<input type="checkbox"/> Parents are required by law to divulge this information (EC 49918)	<input type="checkbox"/> Photo ID	
4) OTHER CHILDREN LIVING AT HOME		9) PARENT EDUCATION LEVEL		DOCUMENTS VERIFIED:	
Name (first and last)	Date of Birth	Grade	This information is for statistical/survey information only and will be kept confidential.	<input type="checkbox"/> Custody documents	
		School	Please check the box that most closely pertains to parents:	<input type="checkbox"/> Birth Verification	
			<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> Immunization record <input type="checkbox"/> Waiver	
			<input type="checkbox"/> High school graduate	<input type="checkbox"/> Physical <input type="checkbox"/> Waiver	
			<input type="checkbox"/> Some college (2 or 4 yr College or University)	<input type="checkbox"/> Transcripts	
			<input type="checkbox"/> Declines to state or unknown graduate	<input type="checkbox"/> Student Residency Questionnaire	
5) STUDENT RESIDENCY QUESTIONNAIRE		10) STUDENT ETHNICITY		DOCUMENTS VERIFIED:	
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	NEW STUDENTS ONLY	<input type="checkbox"/> Health History Form	
<input type="checkbox"/> With more than one family in a house or apartment NOT due to economic hardship	<input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Student Ethnicity and Race	
<input type="checkbox"/> With relatives or friends because you CANNOT afford housing (120)		<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Home Language Survey	
<input type="checkbox"/> In a shelter or transitional housing program (100)		<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Pending	
<input type="checkbox"/> In a hotel/motel (110)		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian		
<input type="checkbox"/> Temporarily unsheltered, car, campsite (130)		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian		
<input type="checkbox"/> In a foster care placement or group home (180)		<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan		
*** PARENT/GUARDIAN SIGNATURE ***		11) STUDENT RACE		DOCUMENTS VERIFIED:	
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.		<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White	
Parent/Guardian Signature _____ Date _____		<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White	
		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> White	
		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	
		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Tahitian	

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 expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person of 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 Compliance Officer 5700 Adlington Avenue, Riverside, CA 92504, (951) 756-7135 or (951) 352-7200

4/1 5/17

2019-20 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ Gender: M / F _____ Grade: _____ Age: _____ Birthdate: _____
Genero Grado Edad Fecha de Nacimiento

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
Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico Vive con el estudiante

Mother/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor Num. del Trabajo
Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico 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 Telefono 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, yo doy autorización al doctor/hospital para que le den cuidados médicos.

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

Riverside Unified School District

CENTRAL REGISTRATION CENTER
5700 Arlington Avenue
Riverside, California 92504
PUPIL SERVICES DEPARTMENT
(951) 352-1200
FAX: (951) 274-4200

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.

Ethnicity	Is this student Hispanic or Latino? (Select only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, 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 student's race to be.	
Race	What is the race of this student? (Select one or more*) *If you mark more than one, please circle the primary race.
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Laotian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hmong	<input type="checkbox"/> White

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:	
<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> College Graduate
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate School/Post Graduate Training
<input type="checkbox"/> Some College Units	<input type="checkbox"/> Decline to State
I verify that the above information is correct	
_____ Parent/Guardian Signature	_____ Date
_____ Students Last Name/First Name	_____ Birthdate



Riverside Unified School District Dept. Research, Assessment, and Evaluation Home Language Survey

Assessment Center Use Only: STU-ID: _____	School Year: _____
Appointment Date: _____	Time: _____
Distribution: Original = Cum Copy = Assessment Center (Fax 80881)	
Calif. Ed. Code §52164.1.a Required per NCLB & Title III Regulations	

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.

Student: _____	Last Name	First Name	Middle	Grade	Birthdate
Student's Address	Apt. #	City	State	Zip	Home Phone
Name of Previous School, District Attended		City	State	Name of Previous School, District Attended	
		City	State	City	State

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 _____ / _____

Signature of Parent/Guardian _____ / Date _____

Printed name of Parent/Guardian _____

Write in the language

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, national-ity, 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
-El Distrito Escolar Unificado de Riverside prohíbe la discriminación, acoso, intimidación, o acoso estudiantil, en todos los programas del distrito, actividades, y empleo 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.

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504
CONFIDENTIAL HEALTH HISTORY FORM

School _____

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.

- | | |
|--|--|
| <input type="checkbox"/> Asthma <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> Inhaler at home <input type="checkbox"/> Inhaler at school office | <input type="checkbox"/> Allergies <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> Bees/insects
<input type="checkbox"/> Foods _____
<input type="checkbox"/> Seasonal Hay fever
<input type="checkbox"/> Allergic to Medication _____
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Seizures <input type="checkbox"/> As an infant only
<input type="checkbox"/> Currently takes medication
_____ | <input type="checkbox"/> EpiPen at home <input type="checkbox"/> EpiPen at school |
| <input type="checkbox"/> Physical Limitations _____
<input type="checkbox"/> Special Equipment needed at home
<input type="checkbox"/> Special Equipment needed at school | <input type="checkbox"/> Heart Murmur/Disease _____ |

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 _____

<p>For Office Use Only:</p> <p><input type="checkbox"/> Doctor's orders completed including parent and physician signatures. <input type="checkbox"/> Diabetic Supplies <input type="checkbox"/> Snacks <input type="checkbox"/> Signed Diabetic Treatment Plan for School indicating parent review</p> <p><input type="checkbox"/> Original to Cum <input type="checkbox"/> Faxed to District Nurse 951-274-4200 (Internal #83100) <input type="checkbox"/> Health Assistant <input type="checkbox"/> Teacher</p>

Amelia Earhart Middle School
20202 Aptos Street
Riverside, CA 92508
(951) 697-5700
(951) 328-7580 fax

Request for Pupil Records

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 Aptos Street	_____
	Riverside, CA 92508	Zip _____
Date _____		_____

Principal/Registrar

In compliance with California Education Code(EC) 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 EC §48904 et seq., until this debt is settled. Please note that these provisions apply to public 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**