



STUDENT INFORMATION

Has student ever attended an EGUSD School (including Preschool): [] YES [] NO EGUSD Student ID# _____
Is this student currently expelled or pending an expulsion hearing in EGUSD or any other District? [] YES [] NO

*Indicates that a response is required

*Student's full legal name _____
(As it appears on birth certificate) Last First Middle Suffix (Jr. III. IV)

*Grade Level _____ Student's SSID# (if known) _____ *Gender: [] Male [] Female

Nick Name AKA Last Name AKA First Name AKA Middle Name AKA Suffix

*Birth Date (Month/Day/Year): _____ *Birthplace: _____
City State Country

Student's Email Address: _____

RACE / ETHNICITY

*1) Ethnicity [] Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin) [] Not Hispanic or Latino

*2) Race - Please select one or more Race Categories

- [] White [] African American-Black [] American Indian
[] Chinese [] Japanese [] Korean
[] Vietnamese [] Asian Indian [] Laotian
[] Cambodian [] Hmong [] Other Asian
[] Native Hawaiian [] Guamanian [] Samoan
[] Tahitian [] Other Pacific Islander [] Filipino

DEMOGRAPHICS

*Residence Address: _____
(Number & Street - Apt.) (City) (State) (Zip Code)

*Mailing Address: _____
(if different from Residence address) (Number & Street - Apt. or P.O.) (City) (State) (Zip Code)

*Primary Phone: _____ *Type: [] Home [] Personal Cell [] Work

*HOME LANGUAGE SURVEY (For "new" student registrations only, i.e. students registering for enrollment in the District for the first time.)

- *1. Which language did your child learn when he/she first began to talk? _____
*2. What language does your child most frequently speak at home? _____
*3. What language do you most frequently use at home when speaking with your child? _____
*4. What is the language most often spoken by the adults in the home? _____
(parents, guardians, grandparents, or any other adults)

FOR OFFICE USE ONLY
School Name _____ Enrollment Date _____ Birth Date Verified [] Birthplace Verified []
Birth Verification Method _____ Address Verification Method (1) _____ (2) _____
Immunizations Complete? [] YES [] NO Student Notifications? [] YES [] NO Permit Type _____ Permit Date _____
Track _____ Enrolled by _____ Date entered in Synergy _____

ADDITIONAL STUDENT INFORMATION

Which of the following best describes where this child is currently living, if applicable? (Federally Required)

Homeless (If yes, please identify residence category) Temporary shelter Hotel/Motel Temporarily doubled-up Temporarily unsheltered
Foster Primary Residence (If yes, please identify dwelling type) Foster Family Home or Kinship Plan Licensed Children's Institution (Group Home)

What special services has your child received? 504 Accommodation GATE Special Ed. Program ESL/Bilingual None
 Request for Migrant Ed. Migrant Student ID: _____

PARENT/GUARDIAN INFORMATION

*Parent/Guardian: _____ * Legal Guardian * Other

*Relationship: _____ Does this person live with student: YES NO Release contact: YES NO

*Mailing Address: _____
(if different from student) (Number & Street) (City) (State) (Zip Code)

*Primary phone _____ Contact? _____ Not Listed? _____

Home Telephone: _____

Personal Cell: _____

Work Phone: _____ Ext. # _____

*Email Address: _____ Preferred Language: _____

*Education level - please check *one* box that most closely applies:

- Not a high school graduate Some college or Associate's degree Graduate school/post graduate
- Graduated from high school College graduate

Parent/Guardian: _____ * Legal Guardian * Other Deceased: YES

*Relationship: _____ Does this person live with student: YES NO Release contact: YES NO

Mailing Address: _____
(if different from student) (Number & Street) (City) (State) (Zip Code)

Primary phone _____ Contact? _____ Not Listed? _____

Home Telephone: _____

Personal Cell: _____ Ext. # _____

Work Phone: _____ Ext. # _____

Email Address: _____ Preferred Language: _____

*Education level - please check *one* box that most closely applies:

- Not a high school graduate Some college or Associate's degree Graduate school/post graduate
- Graduated from high school College graduate

ENROLLMENT

Previous School Attended: _____
(Name of School) (Address) (City) (State) (Zip) (Phone / Fax #s)

Previous School District: _____ Last Date Attended: _____

*What month, day and year did your child enter (or enroll) in a California Public School? Month/Day/Year: _____

*U.S. School Entry Date - Month/Day/Year: _____ Enrolled in U.S. less than three years?

ADDITIONAL STUDENT INFORMATION

NAMES OF ALL/OTHER CHILDREN IN FAMILY (ALL AGES)	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE	LIVING AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contacts: Individuals who may be contacted in an emergency when no Parent or Guardian can be reached. *(Valid identification must be provided in order to release student.)*

*Relationship: _____ Name: _____ Release: YES NO

Home Telephone: _____ Personal Cell: _____ Work Phone: _____ Ext.: _____

Email Address: _____ Preferred Language: _____

*Relationship: _____ Name: _____ Release: YES NO

Home Telephone: _____ Personal Cell: _____ Work Phone: _____ Ext.: _____

Email Address: _____ Preferred Language: _____

*Relationship: _____ Name: _____ Release: YES NO

Home Telephone: _____ Personal Cell: _____ Work Phone: _____ Ext.: _____

Email Address: _____ Preferred Language: _____

Day Care Provider Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Probation Officer: _____ Email Address: _____ Phone/Ext.: _____

Social Worker (Agency): _____ Email Address: _____ Phone/Ext.: _____

Social Worker (County): _____ Email Address: _____ Phone/Ext.: _____

Physician Name: _____ Phone: _____ Ext.: _____ Hospital: _____

Insurance Company: _____ Phone _____ Ext.: _____ Policy #: _____

Additional Information: _____

***HEALTH RECORD PLEASE CHECK HERE IF STUDENT HAS NO KNOWN HEALTH PROBLEMS**

Please check any and all conditions in this student's medical history. Use the area below to add an explanation/recommendation.

- MEDICAL ALERT (unlisted condition – describe below)
- ADHD Asthma Concussion Headache - Migraine Immunization Alert Specialized Healthcare Procedure
- Allergy – Nonfood Autism Cystic Fibrosis Health Plan Intestinal Disorder Speech Impairment
- Allergy – Food Autoimmune Disorder Dental Hearing Impairment Orthopedic / Scoliosis Syndrome – Other
- Allergy - Nut Blood Disorder Diabetes Heart Condition Pacemaker Tuberculosis
- Allergy - Peanut Cancer Eating Disorder Hepatitis Seizure Disorder Urinary Disorder
- Anxiety Disorder Celliac Disease Eczema Hypertension Sickle Cell Anemia Vision Impairment
- Arthritis Cerebral Palsy Fracture IEP Nursing Services Skin Condition – Other Weight Disorder

Explanation/Recommendations regarding above: _____

Is the student currently taking medications? YES NO Is the medication required during school hours? YES NO

**MEDICATION CANNOT BE DISPENSED AT SCHOOL WITHOUT A FORMAL REQUEST SIGNED BY A DOCTOR AND PARENT.
MEDICATION FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.**

I UNDERSTAND THAT IN AN EMERGENCY WHEN NO GUARDIAN OR EMERGENCY CONTACT CAN BE LOCATED, THE SCHOOL IS AUTHORIZED TO TAKE MY STUDENT TO THE FAMILY DOCTOR, LICENSED PHYSICIAN OR TO THE NEAREST HOSPITAL AT PARENT/GUARDIAN EXPENSE.

* Name of person completing form (please print): _____ * Relationship: _____

* Signature of Parent/Guardian (certifying information provided is accurate): _____ Date: _____

Please complete ALL sections of this form

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Thank You!