

Part II: Supplemental Student Information Form

Unlike the Enrollment Form, completion of the Supplemental information form is **not required** for purposes of enrolling your child in the District. Please note, however, submission of the Supplemental information assists the District in providing students academic supports and access to specific student programs. Please provide us with additional information to support your student's placement and services.

EDUCATIONAL PROGRAM PARTICIPATION ELIGIBILITY

What special services has your child received?

None 504 Accommodation GATE Special Education English Language Development (ELD) Bilingual

Request for Migrant Education Migrant Student ID: _____

Do you have refugee status? Yes No Are you a holder of a Special Immigrant Visa? Yes No

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

- Homeless (If yes, please identify residence category): Yes No
- Temporary Shelter Hotel/Motel Temporarily Doubled-up Temporarily Unsheltered
- Foster Primary Residence (if yes, please identify dwelling type): Yes No
- Foster Family or Kinship Licensed Child Institution (Group Home)

PRESCHOOL ATTENDANCE

Did your child attend preschool? Yes No
If yes, what type of preschool? EGUSD Preschool Other Public Private

ADDITIONAL DEMOGRAPHIC INFORMATION

Birthplace: City _____ State _____ Country _____

U.S. School Entry Date: ___/___/___ City _____ State _____

NAMES OF ALL OTHER CHILDREN IN FAMILY (ALL AGES)

NAME	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE	LIVING AT HOME

PREVIOUS ENROLLMENT

Previous School Attended _____ Last Date Attended _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Name of Previous School District _____

EMERGENCY CONTACTS: Individuals who may be contacted in an emergency when no parent or guardian can be reached.

Relationship _____ Name _____ Release Contact Yes No
Home Phone _____ Work _____ Cell _____

Relationship _____ Name _____ Release Contact Yes No
Home Phone _____ Work _____ Cell _____

Relationship _____ Name _____ Release Contact Yes No
Home Phone _____ Work _____ Cell _____

Daycare Provider _____
Name Address City Zip
Home Phone _____ Work _____ Cell _____ Release Contact Yes No

ADDITIONAL CONTACTS

Physician Name _____ Phone _____ Ext _____ Hospital _____

Insurance Provider _____ MED Policy # _____

Social Worker (Agency) _____ Email _____ Phone _____

Social Worker (County) _____ Email _____ Phone _____

Probation Officer _____ Email _____ Phone _____

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

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

Medical Alert (unlisted condition – describe below)

- | | | | | | |
|---|--|--|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Concussion | <input type="checkbox"/> Headache-Migraine | <input type="checkbox"/> Immunization Alert | <input type="checkbox"/> Specialized Healthcare Procedure |
| <input type="checkbox"/> Allergy – Non-food | <input type="checkbox"/> Autism | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Health Plan | <input type="checkbox"/> Intestinal Disorder | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Allergy – Food | <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Dental | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic/Scoliosis | <input type="checkbox"/> Syndrome - Other |
| <input type="checkbox"/> Allergy – Nut | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Allergy – Peanut | <input type="checkbox"/> Cancer | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Urinary Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sickle cell Anemia | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Fracture | <input type="checkbox"/> IEP Nursing Services | <input type="checkbox"/> Skin Condition – Other | <input type="checkbox"/> 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: _____ Date: _____

(certifying information provided is accurate)



PART III: NEW STUDENT WELCOME PACKET

Information for Families

The final section of the “New Student Welcome Packet” is for parents/guardians to keep. The information here covers the following required district-wide topics:

- Immunization Requirement Sheet
- Health Care Coverage Options
- Information Regarding Protections for Immigrant Students (AB 699)
- EGUSD Non-discrimination and Title IX Guidance

Additional parent notifications can be found online in the EGUSD Parent and Student Handbook at <http://www.egusd.net/students-families/district-handbook/>.

Schools may include school-specific information in this section to welcome you and your child.