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)

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL OF ATTENDANCE</th>
<th>LIVING AT HOME</th>
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PREVIOUS ENROLLMENT

Previous School Attended ____________________________________________ Last Date Attended ______________________

Address            City          State          Zip          Phone          Fax

Name of Previous School District____________________________________

Please complete both pages 1 of 2
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)
☐ ADHD  ☐ Asthma  ☐ Concussion  ☐ Headache-Migraine  ☐ Immunization Alert  ☐ Specialized Healthcare Procedure
☐ Allergy – Non-food  ☐ 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  ☐ Celiac 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: ______________________________________________Date: ____________________________
(certifying information provided is accurate)

Please complete both pages 2 of 2
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.*