

OTHER PARENT OR LEGAL GUARDIAN INFORMATION not listed on page one, if applicable.

Custody Papers

Check *one*. None Father Step-Father Mother Step-Mother Guardian Other _____

Name _____ Home Phone _____
First Last

Home Address _____
Street Address City State Zip Code

Work Phone _____ Cell Phone _____
Area Code and Number Area Code and Number

Pager _____ Email Address _____

EMERGENCY CONTACTS

List four *local* contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name _____ Name _____
Phone _____ Phone _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday
Cell Phone _____ Cell Phone _____
Relationship _____ Relationship _____

Name _____ Name _____
Phone _____ Phone _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday
Cell Phone _____ Cell Phone _____
Relationship _____ Relationship _____

EMERGENCY MEDICAL AUTHORIZATION

I am/We are the parent/guardian of the above named student, in case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

On _____ at _____, California
Date City

Parent/Guardian Signature(s) _____

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

(The **signatures of BOTH parents** are needed unless a single parent or guardian has sole legal custody. **If you are a single parent with sole legal custody, please circle your name and submit a copy of the court order authorizing sole custody to the school.**)

PRIMARY PARENT OR GUARDIAN (from page one)

PRIMARY PARENT OR GUARDIAN (from page one)

Please Print Full Name

Please Print Full Name

Signature

Signature

Phone _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Phone _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

FOR SCHOOL USE ONLY	EO <input type="checkbox"/>	LEP <input type="checkbox"/>	FEP <input type="checkbox"/>	RFEP <input type="checkbox"/>	Redes Date if RFEP _____
GRADE LEVEL _____	InterDistrict <input type="checkbox"/> District of Residence _____				
STUDENT ID NUMBER _____	PERMANENT ID NUMBER _____			CSIS NUMBER _____	

School Use

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home. _____

OTHER STUDENT INFORMATION

Student's Birthplace _____
City State Country

When did the student first attend *school in the United States*? _____
Month and Year

At what grade level? Check one. K 1 2 3 4 5 6 7 8

When did the student first begin attending school *in California*? _____
Month and Year

At what grade level? Check one. K 1 2 3 4 5 6 7 8

What *school* did the student attend before enrolling in the current Happy Valley Union Elementary School?

Check one. Public Private Home School None

Name of Previous School _____ Area Code/Phone Number _____

Address: _____
Number Street Address City State Zip Code

Dates of Attendance at Previous School From _____ To _____

ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION: Please answer all questions.

I certify that my son/daughter: Check *one*.

- Has never been enrolled in a special educational program
- Was previously enrolled in a special program and is no longer enrolled
- Is currently enrolled in a special program.....

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Special Education | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Gifted & Talented Education Program (GATE) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Day Class (SDC)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | English Language Development (ELD) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Resource Specialist Program (RSP)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 504 Plan..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Speech and Language Program..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other: Please specify _____ | | |
| Visually Impaired Program..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

OTHER CHILDREN IN THE FAMILY

First and Last Name	Date of Birth	Lives at Home	School Attending/Grade (If graduated, NA)
		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 <input type="checkbox"/>	

