

**PALERMO UNION SCHOOL DISTRICT
ENROLLMENT/EMERGENCY INFORMATION FORM**

Allergy/Bee Sting

Restraining Order

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STUDENT LEGAL NAME: LAST FIRST MIDDLE Other Names Used (if any) Grade Teacher
 Birthplace
 Girl__ Boy__ Birth Date: ____/____/____ City _____ State ____ Country _____ Social Sec. # _____

If student was born in country other than U.S. complete the following: Arrival date in US: ____/____/____ **U.S. Citizen:** Yes No
 Date of first enrollment in a U.S. School: ____/____/____ Date of first enrollment in a California School: ____/____/____

Home Address City Zip Mailing Address (if different) City Zip Home Phone Cell Phone

Parent/Guardian email address: _____

Student lives with: Father Mother Both Step-Father Step-Mother Guardian Foster parent Other _____

Father/Guardian Name: LAST FIRST Employer Work Phone

Mother/Guardian Name: LAST FIRST Employer Work Phone

Is the above person(s) the **LEGAL** guardian? Yes No If **NO**, please obtain a **Caregiver Authorization Affidavit** from the office.

Is there a **Custody** court order regarding this student? Yes No If **YES**, please provide the office with a copy of the **Court Order**.

If **Foster** or **Group Home**, Organization: _____ Phone# _____ Case worker _____

If parent lives outside the home:

Father's Name _____ Phone _____ Able to sign out: Yes No

Mother's Name _____ Phone _____ Able to sign out: Yes No

In case of **Illness/Emergency**, **ONLY** the following people may pick up this student:

_____ Name	_____ Phone	_____ Name	_____ Phone
_____ Name	_____ Phone	_____ Name	_____ Phone
_____ Name	_____ Phone	_____ Day Care/Baby-sitter	_____ Phone
_____ Doctor	_____ Phone		

Pursuant to Family Code Section 6910, I authorize district personnel to administer first aid, obtain medical care or call an ambulance for this student. I also understand charges for these services are my responsibility. Yes No

School last attended _____ Address _____

DISTRICT OF RESIDENCE:

Does student live outside the Palermo Union School District attendance area? (You may be asked to show proof of residence). Yes No

If yes, do you have an **Interdistrict Agreement**? Yes No

Date of Withdrawal _____ Reason for Withdrawal _____

Has student ever been **Expelled**? Yes No If yes, Date _____ School _____

Has student ever been **Retained**? Yes No If yes, Grade _____ School _____

Other children in family	Year of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continued on reverse.....)

Federally mandated by No Child Left Behind Act (NCLB) 2001

PRIMARY RESIDENCE: Where is this student currently living? Please check appropriate box

- Single family permanent residence—house, apartment, condominium, mobile home
- In foster care or awaiting placement
- Doubled-up (sharing housing with other family or individual/s)
- Motel/hotel
- Sheltered or transitional housing program
- Unsheltered (car or campsite)

ETHNICITY:

1. Is this student Hispanic or Latino? (Please choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic, or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin)

RACE:

2. What is the student's race? (No matter what you selected above, please mark one or more boxes to indicate this student's race)

- American Indian or Alaska Native
- Asian—please circle: Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Other _____
- Black or African American
- Pacific Islander - please circle: Guamanian, Hawaiian, Samoan, Tahitian, Other _____
- White

PARENT/GUARDIAN HIGHEST EDUCATION LEVEL: Circle the response that describes the highest education level of parent.

- 14 = Not a High School Graduate
- 11 = College graduate (B.A. or B.S. Degree)
- 13 = High School Graduate
- 10 = Graduate School/Post Graduate (M.A. or PhD)
- 12 = Some College (2 or 4 year academic program – not vocational)
- 15 = Decline to Answer / Unknown

PRIMARY LANGUAGE SURVEY: Please indicate **only one** language per line:

1. Which language did your child learn when he/she began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults in the home _____

ENGLISH LANGUAGE ACQUISITION:

Is this student enrolled in, or has the student ever been enrolled in, an **English Learner (EL) Program**? Yes No

If yes, Start Date _____ Exit Date (Reclassified Fluent English Proficient: R-FEP) _____

Has this student participated in any **SPECIAL PROGRAMS**? Please check all that apply:

- Resource Specialist Program
- Special Day Class
- Speech
- 504
- Migrant
- Indian Education
- GATE
- Counseling
- Other Explain _____

Do you believe this student has a handicap or disability which affects his/her ability to learn? Yes No Explain _____

EMERGENCY/MEDICAL CONDITIONS (Please check all that apply):

- * Allergy: _____ ADD/ADHD (diagnosed) Chicken Pox
- * Asthma: _____ Speech Diabetes
- Medication required Hearing Loss – hearing aide/s Heart Problems
- Bee Sting Reaction: _____ Vision Loss – glasses Seizures
- Medication required PE Limitations _____ Tuberculosis
- (Need doctor note if for more than 3 days)

*In order to provide more health information about my child, I would like a **Student Health Inventory** sent to me: Yes No

Medications needed at school _____ Please obtain a **Medication Authorization** form from the office

Health Insurance Carrier _____ **Policy** _____

The undersigned declares under penalty of perjury that they are the parent or legal guardian of the above named student and grant the above authorizations

X _____
Signature of Parent/Guardian living with Student

Date