FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Student Initial Registration/Emergency Form School Year: 20___ - 20___

Please check school of enrollment:

- ☐ Burney Elementary
- ☐ Fall River Elementary
- ☐ Burney Elementary Community Day
- ☐ Fall River Elementary Community Day
- ☐ Burney Jr. Sr. High
- ☐ Fall River Jr. Sr. High
- ☐ Burney Community Day
- ☐ Fall River Community Day
- ☐ Mt. View High
- ☐ Soldier Mt. High
- ☐ Mt. Burney
- ☐ Intermountain Academy of Learning

Student's Legal Name: _____
Last First Middle

Birth Date: _____ Birthplace: _____ Gender: _____ Grade: _____

Parent/Guardian: _____

Mailing Address: _____

Primary Phone:
(To be used for automated calls) _____ Student Cell Phone: _____

Residence Address (if different): _____

County of Residence: ☐ Shasta ☐ Modoc ☐ Lassen

Child is living with:

☐ Father ☐ Mother ☐ Legal Guardian/Foster Parent ☐ Authorized Caregiver

	Circle one: Father/Stepfather/Legal Guardian/Caregiver	Circle one: Mother/Stepmother/Legal Guardian/Caregiver
Name		
Mailing Address		
Home Phone		
Cell Phone		
Email		
Employed by		
Work Phone		
Parent Education Level * Required by California Department of Education	☐ (1) Not a high school graduate ☐ (2) High School graduate ☐ (3) Some college or AA Degree ☐ (4) College graduate (Bachelor's Degree) ☐ (5) Graduate School/Post graduate training ☐ (6) Decline to state	☐ (1) Not a high school graduate ☐ (2) High School graduate ☐ (3) Some college or AA Degree ☐ (4) College graduate (Bachelor's Degree) ☐ (5) Graduate School/Post graduate training ☐ (6) Decline to state

School Last Attended: _____ Previous Grade _____

Address: _____

Has your child ever been enrolled in the Fall River Joint Unified School District? ☐ Yes ☐ No Year: _____

Siblings

Brothers/Sisters Names	Month/Year Birth	School of Attendance	Living at Home

Residence – where is your child/family currently living? (Federally Mandated)
Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)
- ☐ In a shelter or transitional housing program (10)
- ☐ In a motel/hotel (09)
- ☐ Unsheltered (car/campsite) (12)
- ☐ Other (14) please specify:

My child receives the following services (check any that apply)

☐ Special Education (including Speech/Resource services) ☐ Migrant Education ID# _____

☐ English Learner ☐ Other_____ ☐ Indian Education

Federal Race and Ethnicity Data Collection Requirement

Schools and districts are required to collect race and ethnicity data using a two-part question

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

- ☐ Hispanic or Latino (A Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (choose one or more)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- ☐ American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America)
- ☐ Chinese (201)
- ☐ Japanese (202)
- ☐ Korean (203)
- ☐ Vietnamese (204)
- ☐ Asian Indian (205)
- ☐ Laotian (206)
- ☐ Cambodian (207)
- ☐ Hmong (208)
- ☐ Other Asian (299)
- ☐ Hawaiian (301)
- ☐ Guamanian (302)
- ☐ Samoan (303)
- ☐ Tahitian (304)
- ☐ Other Pacific Islander (399)
- ☐ Filipino/Filipino American (400)
- ☐ African American or Black (600)
- ☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Correspondence Language

In which language do you wish to receive written communications from the school? ☐ English (00) ☐ Spanish (01)

Emergency Contacts

NAME	PHONE	RELATIONSHIP	RELEASE (Yes/No)

Doctor's Name: _____

Phone:_____

List any Health Conditions (including Mental Health/Allergies/Medications/Substance Abuse Issues/History) the school should be aware of:

_____

Has your child been affected by suicide in any capacity? (circle one) Yes No

I understand the school does not provide medical or accident insurance for individual students, but school insurance is available at parent expense. In case of an emergency, I request the school to contact me or the people listed as emergency contact persons. If the school is unable to reach me or my emergency contact person, I understand the school may make whatever arrangements necessary, including contacting an ambulance and/or the Sheriff's Department. The parent/guardian will be responsible. I authorize the school to release this student to or by the emergency contact persons listed above.

_____

Signature of Parent/Guardian Date