Nevada Joint Union High School District

	For office use only	
,	Student ID Number:	
	Student Enrollment Date:	

Student Enrollment Form

Instructions: The Enrollment Form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. *Please complete ALL pages and sign where applicable.*

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STUDENT INFORMATION									
				Legal First N		Middl	dle Name Suffix		Suffix
Grade Gender: M□ F□ X□				Preferred Las	st Name (if different) Preferred First Name				
Age Birth Date Birth City				Birth State	Birth Country				
Oral La	nguage to home:	1	1		Written Language to home	e:			
I hereby	y certify that the abo	ve name	d student was born o	on the date a	nd place specified. Signature:				Date:
If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Would you like more information about these services? $Y \square N \square$									
			RACE	& ETHN	ICITY (Please answer BOTH)				
ETHNICITY: Is this student Hispanic/Latino? (Choose only one) No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race) The above Hispanic/Latino part of the question is about ethnicity, not race. Please continue to answer the following question by marking one or more boxes under RACE.									
RACE:	What is the student's	race? (C	hoose one or more)						
 □ American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal Affiliation or community attachment). □ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). □ Black/African American (A person having origins in any of the black racial groups of Africa). □ Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). □ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa). The above information is required per federal law (72 Fed. Reg. 59267) 									
Home A	ddress (Street Address	and Apt #))	City		State	Zip Code	County	
Mailing Address, if different (Street Address and Apt #) City					State	Zip Code	County		
Primary Phone Number: Unlisted? Yes \(\square\) No \(\square\) Type					Additional Phone Number:		Unlisted Type	? Yes □] No □ —
Has your child attended school in the United States for periods of time totaling less than three (3) years during their lifetime? Yes \square No \square Has your child previously attended school in California? Yes \square No \square Name of previous California public school in California? Yes \square No \square						ornia public school			
Date your child first entered United States School Last school district attended				Last school attended (Name and Address) Dates Attended					
In accordance with Education Code 48915, please answer these questions: Has your child ever been expelled from school? Yes □ No □				If yes, reasonNam	e of Sch	lool			
					gnized American Indian Tribe? e Indian Education Act. Complete inform			narked 'Yes	s' for this item.)
If yes, please provide the tribe name:									

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Stud	lent.	11	am	C.

Student Ivanie.					(3/		
PARENT/GUARDIAN INFORMATION								
FIRST PARENT/GU	JARDIAN							
Mother □ Father □ S Other □ If other, list relation		Call order in case of emergency: First □ Second □ Third □ Fourth □ Yes □ No □						
First Name:			Last Name:					
Lives with Student? Ac	ddress (if diff	ldress): City, State	, Zip Code:		Contact Allowed? Yes □ No □			
Educational Rights? Yes □ No □	Yes	s Custody? s □ No □	If address is different than student's, check here to receive copies of correspondence ☐ Yes ☐ No ☐					
Speaks English: Yes ☐ If no, list primary language		Migrant Worker: Yes □ No □	years across the	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to				
Work Phone:		Home Phone:		obtain temporary employment in an agricultural or fishing activity. Unlisted? Yes □ No □ Cell Phone:				
E-Mail Address:		Empl						
SECOND PARENT/	CHAPDI		loyer.		300	Title.		
Mother □ Father □ S				Call order in case of a	marga	nov.	Active Duty Military?	
Other If other, list relation				First □ Second □ Third □ Fourth □ Yes □ No			Yes No No	
First Name:	11 (:0.1:0	2	11) (21 (21)	Last Name:		G + + 11 10		
Yes □ No □		ferent than student ac				Contact Allowed? Yes □ No □		
Educational Rights? Yes □ No □		s Custody? s □ No □		erent than student's, checopies of correspondence		Financially Respon Yes □ No □	sible for Student?	
Speaks English: Yes	No □	Migrant Worker:	To qualify for m	To qualify for migrant education services, a child must have moved within the past three (3)				
If no, list primary language) :	Yes □ No □		years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.				
Work Phone:		Home Phone:	Unlisted? Yes □ No □ Cell Phone:					
E-Mail Address:		Empl	oyer: Job			Title:		
Is there joint custody of th Is there a Non-Custodial I			s □ No □ If	f yes, please complete th	e foll	owing:		
FIRST JOINT/NON			GUARDIAN					
Mother □ Father □ S Other □ If other, list relation	•	l Guardian □		Call order in case of en First □ Second □			Active Duty Military? Yes □ No □	
First Name:				Last Name:				
Lives with Student? Ac Yes □ No □	ddress (if diff	erent than student ac	dress): City, State, Zip Code: Contact Allowed? Yes □ No □					
Educational Rights? Yes □ No □	Educational Rights? Has Custody?			If address is different than student's, check here to receive copies of correspondence ☐ Yes ☐ No ☐			sible for Student?	
Speaks English: Yes □	No □	Speaks English: Yes \square No \square Migrant Worker: To qualify for migrant education services, a child must have moved within the past three						
If no, list primary language		Wilgiant Worker.		igrant education services	, a chi			
		Yes □ No □	years across the		, a chi ity, or	state lines with their		
Work Phone:			years across the obtain temporary	igrant education services school district, city, cour	, a chi ity, or cultura	state lines with their		
Work Phone: E-Mail Address:		Yes □ No □	years across the obtain temporary Un	igrant education services school district, city, coun employment in an agric	, a chi nty, or cultura Cell	state lines with their l or fishing activity.		
	o:	Yes □ No □ Home Phone: Empl	years across the obtain temporary Un	igrant education services school district, city, cour remployment in an agric listed? Yes \(\sigma\) No \(\sigma\)	, a chi nty, or cultura Cell	state lines with their l or fishing activity. Phone:		
E-Mail Address: SECOND JOINT/NO Mother Father S	ON CUST(Step Parent	Yes No No Home Phone: Empl	years across the obtain temporary Un	igrant education services school district, city, cour vemployment in an agriculisted? Yes No	cultura Cell Job	state lines with their l or fishing activity. Phone: Title:	parents or guardians to Active Duty Military?	
E-Mail Address: SECOND JOINT/NO	ON CUST(Step Parent	Yes No No Home Phone: Empl	years across the obtain temporary Un	igrant education services school district, city, cour vemployment in an agriculated? Yes \(\Boxed{\Pi}\) No \(\Boxed{\Pi}\)	cultura Cell Job	state lines with their l or fishing activity. Phone: Title:	parents or guardians to	
E-Mail Address: SECOND JOINT/NO Mother Father SOther If other, list relation First Name: Lives with Student? Address:	ON CUST(Step Parent □ onship:	Yes No No Home Phone: Empl	years across the obtain temporary Un oyer:	igrant education services school district, city, cour remployment in an agric listed? Yes \(\Bar{\text{N}} \) No \(\Bar{\text{Call order in case of en First } \Bar{\text{Last Name:}} \)	cultura Cell Job	state lines with their l or fishing activity. Phone: Title: ney: d Fourth Contact Allowed?	parents or guardians to Active Duty Military?	
E-Mail Address: SECOND JOINT/NO Mother	ON CUST(Step Parent onship: ddress (if diff	Yes No Home Phone: Emploop	years across the obtain temporary Un oyer: T/GUARDIAN Iddress): City, State	igrant education services school district, city, cour remployment in an agric listed? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{Call order in case of en First } \Boxed{\text{Decond}} \(\Boxed{\text{Second}} \) Last Name: 2. Zip Code: erent than student's, check	, a chinty, or cultural Cell Job Third	state lines with their l or fishing activity. Phone: Title: Contact Allowed? Yes \(\) No \(\) Financially Respon	Active Duty Military?	
E-Mail Address: SECOND JOINT/NO Mother Father S Other If other, list relation First Name: Lives with Student? Adverse No	ON CUST(Step Parent onship: ddress (if diff Has Yes	Yes No Home Phone: Emploop	years across the obtain temporary Unoyer: T/GUARDIAN Iddress): City, State If address is different to receive control of the control of th	igrant education services school district, city, cour remployment in an agric listed? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{No}} \) Call order in case of en First \(\Boxed{\text{Second}} \) Second \(\Boxed{\text{Last Name:}} \) Last Name: The Code: The code opies of correspondence igrant education services	a chinty, or cultura Cell Job Thire	state lines with their l or fishing activity. Phone: Title: Contact Allowed? Yes \(\subseteq \) No \(\subseteq \) Financially Respon Yes \(\subseteq \) No \(\subseteq \) Id must have moved	Active Duty Military? Yes \(\square\) No \(\square\) sible for Student? within the past three (3)	
E-Mail Address: SECOND JOINT/NO Mother	ON CUST(Step Parent onship: ddress (if diff Has Yes No	Yes No Home Phone: Emploop	years across the obtain temporary Unoyer: T/GUARDIAN Iddress): City, State If address is different to receive on years across the engage of the state of the s	igrant education services school district, city, cour remployment in an agric listed? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{Call order in case of en First } \Boxed{\text{Decond}} \(\Boxed{\text{Second}} \) Last Name: 2. Zip Code: erent than student's, checopies of correspondence	mergen Thire	state lines with their l or fishing activity. Phone: Title: Contact Allowed? Yes \(\subseteq \) No \(\subseteq \) Financially Respon Yes \(\subseteq \) No \(\subseteq \) Id must have moved state lines with their	Active Duty Military? Yes \(\sigma \) No \(\sigma \) sible for Student? within the past three (3)	
E-Mail Address: SECOND JOINT/NO Mother	ON CUST(Step Parent onship: ddress (if diff Has Yes No	Yes No Home Phone: Emploop	years across the obtain temporary Unoyer: T/GUARDIAN Idress): City, State If address is diffinere to receive on the control of the control	igrant education services school district, city, cour remployment in an agric listed? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{No}} \) Call order in case of en First \(\Boxed{\text{Second}} \) Second \(\Boxed{\text{Last Name:}} \) Last Name: The copies of correspondence igrant education services school district, city, course second \(\Boxed{\text{Last No}} \)	nerger Thire	state lines with their l or fishing activity. Phone: Title: Contact Allowed? Yes \(\subseteq \) No \(\subseteq \) Financially Respon Yes \(\subseteq \) No \(\subseteq \) Id must have moved state lines with their	Active Duty Military? Yes \(\sigma \) No \(\sigma \) sible for Student? within the past three (3)	

Access to student information will be permitted pursuant to Education Codes 49073-49079.

Student ID Number (for office use only):

Student Name:

PERSON(S) NOT AUTHORIZED TO MAKE CONTACT WITH STUDENT						
OR RECEIVE STUDENT INFORMATION						
Is there a current restraining/court order pertaining to this student? * Yes \(\sqrt{No} \sqrt{No} \sqrt{No} \sqrt{Signature:} \) *If there is a current restraining/court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current Court/Restraining Order: Yes \(\sqrt{No} \sqrt{No} \sqrt{No} \sqrt{Signature:} \) Date:						
Name:	Relationship:	Restraining	Order? Yes \(\Boxed{\sigma} \) No \(\Boxed{\sigma}	Court Order? Yes □ No □		
Name:	Relationship:		Order? Yes \(\Boxed{\sigma} \) No \(\Boxed{\sigma}	Court Order? Yes □ No □		
	SIBLINGS (I	ist siblings grades 9 - 12)				
Sibling Last Name:	First Name:	<i>y</i>	Race:	Ethnicity:		
Relationship:	Birthdate:	Gender: M □ F □ Grad	e: School:			
Sibling Last Name:	First Name:	<u> </u>	Race:	Ethnicity:		
Relationship:	Birthdate:	Gender: M □ F □ Grad	e: School:	- 1		
Sibling Last Name:	First Name:	<u> </u>	Race:	Ethnicity:		
Relationship:	Birthdate:	Gender: M □ F □ Grad	e: School:	- 1		
1	ST	UDENT SERVICES				
Is the student currently on an IEP? Yes						
Has the student been enrolled in a speci Special Ed (IEP) □ Title I Reading/M						
		RENT EDUCATION				
Please mark the education level of the most educated parent/guardian. (Federal regulations require a response.) Graduate School/post graduate training (10) College Graduate (11) Some College (12) High School Graduate (13) Name of Parent/Guardian: Not a High School Graduate (14) Name of Parent/Guardian:						
EMERGENCY CONTACTS Please list persons, other than parent or guardian. It is assumed that the emergency contacts can pick up student.						
Call order in case of emergency: First □ Second □ Third □	Last Name:		First Name:			
Relationship to student:	T W. 1 DI	Address:				
Home Phone:	Work Phone:	Cell Phone:	Speaks English			
Call order in case of emergency:			If no, list prima	ry language:		
	Last Name					
First □ Second □ Third □	Last Name:		First Name:			
First □ Second □ Third □ Relationship to student:		Address:	First Name:	ry language:		
First □ Second □ Third □	Last Name: Work Phone:	Address: Cell Phone:	First Name:	: Yes □ No □		
First Second Third Relationship to student: Home Phone: Call order in case of emergency:			First Name: Speaks English	: Yes □ No □		
First Second Third Relationship to student: Home Phone: Call order in case of emergency: First Second Third	Work Phone:	Cell Phone:	First Name: Speaks English If no, list prima	: Yes □ No □		
First Second Third Relationship to student: Home Phone: Call order in case of emergency: First Second Third Relationship to student:	Work Phone: Last Name:	Cell Phone: Address:	First Name: Speaks English If no, list prima First Name:	: Yes No ary language:		
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First Second Third Relationship to student: Home Phone: Call order in case of emergency: First Second Third Relationship to student:	Work Phone: Last Name: Work Phone: List additional emergence of the second control of	Address: Cell Phone: gency contacts on a separate p	Speaks English If no, list prima First Name: Speaks English If no, list prima	: Yes No :		
First Second Third Relationship to student: Home Phone: Call order in case of emergency: First Second Third Relationship to student: Home Phone:	Work Phone: Last Name: Work Phone: List additional emer Person to Contact i	Address: Cell Phone:	First Name: Speaks English If no, list prima First Name: Speaks English If no, list prima lif no, list prima siece of paper gency Closure	: Yes No ary language: : Yes No ary language: : Yes No ary language:		
First Second Third Relationship to student: Home Phone: Call order in case of emergency: First Second Third Relationship to student: Home Phone: Last Name:	Work Phone: Last Name: Work Phone: List additional emergence of the second control of	Address: Cell Phone: gency contacts on a separate p	Speaks English If no, list prima First Name: Speaks English If no, list prima	: Yes No ary language: : Yes No ary language: : Yes No ary language:		
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Student ID Number (for office use only):

Student Name:

HEALTH CONDITION INFORMATION					
List any health conditions that will or may affect your child while at school, such as l asthma, or any chronic condition:	heart disease, diabetes, seizure disorder, allergies, eye or ear problems,				
2	_				
3					
Do you anticipate your child will need accommodations at school related to the above medical condition? Yes □ No □ If medication is to be given at school, parental instruction and permission is needed. The school has a permission form for this purpose available upon request.					
MEDICATIO					
Please list any medications that are necessary for your child to take during school ho					
2	Daily or As needed				
3	Daily or As needed				
	Daily or As needed				
IMMEDIATE MEDI					
Nevada Joint Union High School District must have a medication authorization fo school personnel to administer medication in case of a life-threatening situation.	rm completed by the parent granting permission for designated				
Please list any medications requiring immediate administrations:					
2					
3					
Please check all types of medication needed by student in case of emergency:					
Oral □ Inhaled □ Injection □ Nasal □	Rectal				
	RGY INFORMATION				
Does your child need an allergy alert for any of the following? Eggs □ Fish □ Milk □ Peanut □ Shellfish □ (If your child has multiple allergies, additional paperwork will be required)	\square Soy \square Tree Nut \square Wheat \square				
MEDICAL INFORM					
School staff needs to know when your child has a current ongoing health problem fo Remember to advise your school of any changes in information.					
Doctor's Name:	Phone Number: ()				
Dentist's Name:	Phone Number: ()				
Health Insurance/Medicaid Number:	Insurance Carrier (Optional):				
Hospital Preference:					
MEDICAL TREAT	TMENT				
I, the undersigned, do hereby authorize officials of Nevada Joint Union High School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.					
In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.					
I will not hold the school district financially responsible for the emergency care and/or transportation for said child.					
Signature of Parent/Guardian/Eligible Student: (Eligible Student indicates any student who is 18 years or older, or emancipated.)					
Signature: Date:					
MEDICAL EMERGENCY TRANSPORTATION					
I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located.					
Signature:	Date:				