

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Student Registration/Emergency Form

School Year: 20__ - 20__

Please check school of enrollment:

- | | | |
|--------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Burney Elementary | <input type="checkbox"/> Burney Jr. Sr. High | <input type="checkbox"/> Mt. View High |
| <input type="checkbox"/> Fall River Elementary | <input type="checkbox"/> Fall River Jr. Sr. High | <input type="checkbox"/> Soldier Mt. High |
| <input type="checkbox"/> Burney Elementary Community Day | <input type="checkbox"/> Burney Community Day | <input type="checkbox"/> Mt. Burney |
| <input type="checkbox"/> Fall River Elementary Community Day | <input type="checkbox"/> Fall River Community Day | <input type="checkbox"/> Independent Study |

Student's Legal Name: _____
Last
First
Middle

Birth date: _____ 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	<input type="checkbox"/> (1) Not a high school graduate <input type="checkbox"/> (2) High School graduate <input type="checkbox"/> (3) Some college or AA Degree <input type="checkbox"/> (4) College graduate (Bachelor's Degree) <input type="checkbox"/> (5) Graduate School/Post graduate training <input type="checkbox"/> (6) Decline to state	<input type="checkbox"/> (1) Not a high school graduate <input type="checkbox"/> (2) High School graduate <input type="checkbox"/> (3) Some college or AA Degree <input type="checkbox"/> (4) College graduate (Bachelor's Degree) <input type="checkbox"/> (5) Graduate School/Post graduate training <input type="checkbox"/> (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

Correspondence LanguageIn 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