

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Other Name(s) used (AKA):		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Student E Mail:		•Main Phone Number:
Date of Birth:	Birth City:		Birth State:		Birth Country:
Residence Address:		City:		Zip Code:	Student Cell Phone:
Mailing Address:			City:		Zip Code:

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian Last Name:		First Name:		Cell Phone:	Place of Employment:
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Caregiver		E Mail Address:		Work Phone:	Parent Primary Language:
Parent Education Level - indicate highest level completed: <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Decline to Respond					
2. Parent/Guardian Last Name:		First Name:		Cell Phone:	Place of Employment:
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Caregiver		E Mail Address:		Work Phone:	Parent Primary Language:
Parent Education Level - indicate highest level completed: <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Decline to Respond					
Educational Rights Holder: (Father, Mother, Guardian, or Court Appointed): _____					
Is either Parent/Guardian on active Military Duty? Circle: Yes or No If yes, circle which branch: Army Navy Air Force Marine Corps Coast Guard					
Is there a biological parent <u>not</u> living at home? <input type="checkbox"/> Yes (Complete below) <input type="checkbox"/> No					Primary Language:
Parent /Guardian Last Name:		First Name:		Cell Phone:	Work Phone:
Residence Address:		E Mail Address:		City:	State: Zip Code:
Relationship to Student: <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother Is there a legal custody agreement regarding this student <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide school with a copy of the most recent custody orders.					
Parent Education Level - indicate highest level completed: <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Decline to Respond					

ADDITIONAL STUDENT INFORMATION

Has your child attended Oakdale Joint Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last School Attended: _____	Address: _____
State: _____ Zip: _____ Grade: _____	Last Day of Enrollment: _____
California School Entry Date: _____	U.S. School Entry Date: _____
Has your child been retained: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what grade? _____	
Has your child ever been expelled: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of School and District: _____	
Is your child currently under SARB directives: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: (Select One): <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	
Race: (Please select one or more, regardless of Ethnicity):	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Japanese	<input type="checkbox"/> Laotian <input type="checkbox"/> Tahitian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Black or African American

Residence Status - Where is your child/family living: (check one)

Permanent Residence Unsheltered Group Home* Temporary Shelter Motel/Hotel

Unaccompanied Minor Runaway Foster Home* Temporarily w/ another family

*Social Worker Name: _____ Phone#: _____

*Student's Attorney: _____ Phone#: _____

*Foster Placement Agency: _____ Phone#: _____

Student Name: _____ DOB: _____ Grade: _____ School: _____

Student Services: (Check all that apply)

Resource (RSP) Special Day Class (SDC) Speech/Language (SLP) 504

ELD Counseling Remedial Reading Migrant

DIEP GATE Remedial Math Other: _____

SIBLING INFORMATION

Complete this section only if applicable. Include all siblings.

Full Name:	Date of Birth:	Grade:	School:
Full Name:	Date of Birth:	Grade:	School:
Full Name:	Date of Birth:	Grade:	School:
Full Name:	Date of Birth:	Grade:	School:

PLEASE READ: The parent/guardian is responsible for keeping updates/changes to the student's emergency information. The school shall be notified in writing, of phone or address changes within 3 days of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left at school during non-school hours, the school will contact law enforcement or Child Protective Services.

EMERGENCY CONTACT INFORMATION

Note: The adults listed below are authorized to pick up and care for the above named student.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

GENERAL HEALTH INFORMATION

Health Problems: (*check all that apply*) If none please check here:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Major Surgery	_____
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Emotional Concerns	_____
<input type="checkbox"/> Seizure Disorder	Type: _____	<input type="checkbox"/> Known Hearing Loss	<input type="checkbox"/> L O R
<input type="checkbox"/> Heart Problem	Restrictions: _____	<input type="checkbox"/> Wear Glasses	<input type="checkbox"/> Contacts
<input type="checkbox"/> Chronic Health Condition:	_____	<input type="checkbox"/> Other:	_____

Allergies-Specific items(s) student has been diagnosed as allergic to:

Bee Sting: _____ Doctor diagnosis requires Epi Pen? Yes No

Food (type): _____ Doctor diagnosis requires Epi Pen? Yes No

Other (type): _____ Doctor diagnosis requires Epi Pen? Yes No

Please give details of any items checked:

1. _____

2. _____

Does your child use any medication? Yes/No If Yes, please specify: _____

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation. I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent/guardian is responsible for the cost of such emergency care.

I have viewed this document and to the best of my knowledge, the information contained herein is true and complete. The undersigned declares penalty of perjury that they are the parent/guardian of the above-named student.

Parent/Guardian Signature _____ Date _____

Pupil Services 10/202.3