

Yosemite Unified School District – Enrollment Form

Name of School: _____

Student's Last Name		First Name			Middle Name	
SS #	Sex	Grade	Date of Birth	Place of Birth (City/State)		
Parents/Guardians: (Include both names)						
Home Telephone #: () -						
Mother's Work #: () - ext. Cell # () -						
Father's Work #: () - ext. Cell # () -						
Mailing Address: City/State/ZIP						
Residence Address (if different from mailing): City/State/ZIP						
This information is REQUIRED BEFORE ENROLLMENT:						
Last School Attended: _____ Date: _____						
YES NO						
<input type="checkbox"/> <input type="checkbox"/> Has this student ever enrolled in this district? Year _____ School _____						
<input type="checkbox"/> <input type="checkbox"/> Is this student currently enrolled in Special Education <input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> Other _____						
<input type="checkbox"/> <input type="checkbox"/> Is this student currently under a 504 plan?						
<input type="checkbox"/> <input type="checkbox"/> Is this student currently enrolled in an alternative program?						
<input type="checkbox"/> <input type="checkbox"/> Is this student currently under an expulsion order?						
<input type="checkbox"/> <input type="checkbox"/> Has this student ever been expelled from school? If so, what school and what conduct led to the expulsion: _____						

Required by the State of California for state testing program: Home Language

Language student learned when he/she first began to talk _____
 Language student uses most frequently at home _____
 Language you use most frequently to speak to your student _____
 Name the languages in order most often spoken by the adults at home _____

(If language other than English, please complete Home Language Survey.)

Highest education level of most educated parent:

- | | |
|--|---|
| <input type="checkbox"/> Have not graduated from high school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High School graduate | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> Have some college education | <input type="checkbox"/> Decline to state or unknown |

Parent/Guardian: Student lives with (please check all that apply.) Guardian or custody documents must be attached.

Mother	Father	Stepmother	Stepfather	Temporary Guardian	Guardian relationship:

List all Children living in the home now (indicate age) in order of age:

I hereby certify that I have custody of the above named student and he/she resides with me the majority of each week. I declare under penalty of perjury that the foregoing information is true and complete and that to the best of my knowledge and belief, my residence is in the Yosemite Unified School District.

Parent/Guardian Signature _____ Date _____

STUDENT INFORMATION – ETHNICITY / RACE

IMPORTANT – PLEASE ANSWER BOTH QUESTIONS BELOW REGARDING ETHNICITY (culture) and RACE!!

This information is required by the Federal Government.

Student Name _____ Date _____

Grade _____ Date of Birth _____ Sex _____

ETHNICITY

Mark the ***ethnicity*** with which the student most closely identifies

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

PRIMARY RACE

Mark the ***race*** with which the student most closely identifies

- American Indian or Alaskan Native** - A person having origins in any of the original people 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 people of the Far East, Southeast Asia, or the Indian subcontinent.
- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian |
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

SECONDARY RACE

Mark ***any additional race*** with which the student most closely identifies

- American Indian or Alaskan Native** - A person having origins in any of the original people 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 people of the Far East, Southeast Asia, or the Indian subcontinent.
- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian |
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

INFORMACION DEL ESTUDIANTE – ETNICIDAD/RAZO

IMPORTANT – PLEASE ANSWER BOTH QUESTIONS BELOW REGARDING ETHNICITY (culture) and RACE!!

Nombre del Estudiante _____ Fecha _____

Grado _____ Fecha de Nacimiento _____ Sexo _____

GRUPO ÉTNICO

Marque **el grupo étnico** con el cual el estudiante se identifica más

- Hispano /Latino** – Una persona Cubana, Mexicana, Puertorriqueña, de América del Sur o América Central, o de cualquier otra cultura Hispana sin importar el origen de su raza.
- No Hispano /Latino**

RAZA PRIMARIA

Marque la **raza** con la cual el estudiante se identifica más

- Indio Americano o Nativo de Alaska** – Una persona de descendencia de cualquier persona originaria del Norte o Sur de América (incluyendo América Central), y la cual mantiene una afiliación o vínculo de tribu o comunidad.

Asiático – Una persona de descendencia de cualquier persona originaria del Lejano Oriente, Sureste de Asia, o el subcontinente de la India.

- Chino**
- Coreano**
- Indio Asiático**
- Camboyano**
- Filipino**
- Japonés**
- Vietnamés**
- Laosiano**
- Hmong**
- Otro Asiático**

Isleño del Pacífico - Una persona de descendencia de cualquier persona originaria de Hawai, Guam, Samoa, u otras Islas del Pacífico.

- Hawaiano**
- Samoano**
- Otro Isleño del Pacífico**
- Guamo**
- Tahitiano**

- Negro o Afro Americano** – Una persona de descendencia de cualquier grupo racial negro de África.
- Blanco** - Una persona de descendencia de cualquier persona originaria de Europa, Medio Este, o África del Norte.

RAZA SECONDARIA

Marque la **raza** con la cual el estudiante se identifica más

- Indio Americano o Nativo de Alaska** – Una persona de descendencia de cualquier persona originaria del Norte o Sur de América (incluyendo América Central), y la cual mantiene una afiliación o vínculo de tribu o comunidad.

Asiático – Una persona de descendencia de cualquier persona originaria del Lejano Oriente, Sureste de Asia, o el subcontinente de la India.

- Chino**
- Coreano**
- Indio Asiático**
- Camboyano**
- Filipino**
- Japonés**
- Vietnamés**
- Laosiano**
- Hmong**
- Otro Asiático**

Isleño del Pacífico - Una persona de descendencia de cualquier persona originaria de Hawai, Guam, Samoa, u otras Islas del Pacífico.

- Hawaiano**
- Samoano**
- Otro Isleño del Pacífico**
- Guamo**
- Tahitiano**

- Negro o Afro Americano** – Una persona de descendencia de cualquier grupo racial negro de África.
- Blanco** - Una persona de descendencia de cualquier persona originaria de Europa, Medio Este, o África del Norte.

(Only to be completed if home language is not English.)

Yosemite Unified School District – Home Language Survey

Student's Name: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Date of birth: _____
(Full Name of School)

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students and to meet the needs of the California public school population. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions by referring to the list of languages and codes on the back of this page. Please return this form to the Registrar's Office.

On lines 1-4, please write the Code and the Language Name that best answers the question (see back of page for codes.)

1. Which language did your son or daughter learn when he/she first began to talk? _____
2. What language does your son or daughter use most frequently at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the languages in order most often spoken **BY THE ADULTS** at home: _____

5. If a language other than English is indicated on any line above, can your student communicate in that language?

Understands: Yes No Reads: Yes No
Speaks: Yes No Writes: Yes No

6. Was your son/daughter born in another country? Yes No

If yes, which country? _____
Date entered the United States? _____

7. Has your student had instruction in a language used at home other than English? Yes No
If yes, how many years have he or she had the instruction? _____ years

8. Did your student attend school in another country? Yes No
If yes, how long? _____ years

9. Has your student attended school in the United States? Yes No
If yes, what was the beginning date? _____ date

10. Has your student attended school in California? Yes No
If yes, what was the beginning date? _____ date

11. Do you feel that your student can communicate well in English? Yes No
-

FOR OFFICE USE ONLY:

Date student enrolled: _____

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Code	Language	Code	Language
56	Albanian	47	Lahu
37	American Sign Language	10	Lao
11	Arabic	07	Mandarin (Putonghua)
12	Armenian	48	Marshallese
42	Assyrian	44	Mien (Yao)
51	Bengali	49	Mixteco
13	Burmese	40	Pashto
03	Cantonese	41	Polish
36	Cebuano (Visayan)	06	Portuguese
54	Chaldean	29	Punjabi
20	Chamorro (Guamanian)	45	Rumanian
39	Chaezhou (Chaochow)	29	Russian
15	Dutch	30	Samoan
00	English	52	Serbo-Croatian (Bosnian, Croatian, Serbian)
16	Farsi (Persian)	60	Somali
05	Filipino (Tagalong or Pilpino)	01	Spanish
17	French	46	Taiwanese
18	German	32	Thai
19	Greek	57	Tigrinya
43	Gujarati	53	Toishanese
21	Hebrew	34	Tongan
22	Hindi	33	Turkish
23	Hmong	38	Ukrainian
24	Hungarian	35	Urdu
25	Ilocano	02	Vietnamese
26	Indonesian		
27	Italian		
08	Japanese	99	Other Non-English Language (specify _____)
09	Khmer (Cambodian)		
50	Khmu		
04	Korean		
51	Kurdish (Kurdi, Kurmanji)		

YOSEMITE UNIFIED SCHOOL DISTRICT
EMERGENCY PROCEDURE AND ADDRESS CARD

Student Name: _____
(Last) (First) (Middle)

Student's Date of Birth: _____ Birth City/State _____

Mailing Address: _____
(Street) (City) (Zip)

Home Address: _____
(Street) (City) (Zip)

Home Phone: _____ Students Social Security #: _____

If you are unable to reach me during an illness, accident, or medical emergency I hereby authorize any employee of Yosemite Union High School district to seek medical attention for my child. I authorize the release of my child to the following people and give them permission to verify absences for my student. Persons listed must be over 18:

1. Parent/Guardian: _____
(Name) (Work #) (Cell #)

2. Parent/Guardian: _____
(Name) (Work #) (Cell #)

3. _____
(Name) (Relationship) Telephone # Additional #

4. _____
(Name) (Relationship) Telephone # Additional #

5. _____
(Name) (Relationship) Telephone # Additional #

Physician's Name _____ Phone: _____

Parent email address: _____

I HAVE READ AND UNDERSTAND THE IMPORTANCE OF THIS MEDICAL EMERGENCY PROCEDURE AND ADDRESS CARD. I FURTHER ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE STUDENT/PARENT HANDBOOK which contains: Regulations, Parental Rights, District Internet Use Policy, etc, AND I HAVE REVIEWED **IT WITH MY STUDENT**. I understand the district may release student directory information to persons, agencies or organizations that have a legitimate educational interest pursuant to ED. Code 49076.

PLEASE SIGN BELOW:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

STUDENT NAME _____

YOSEMITE UNIFIED SCHOOL DISTRICT HEALTH INVENTORY:
It is important that we inform emergency personnel of any medication/dosage your child is currently taking, any medical conditions, and/or allergies.

Does this student have any of the following:			
<input type="checkbox"/> Eye problems	<input type="checkbox"/> Wears Glasses/Contacts	<input type="checkbox"/> Hearing Loss/Hearing Aids	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Serious Bee Sting Allergy Anaphylaxis/Epi-pen
<input type="checkbox"/> Other significant health problems or allergies _____			
<input type="checkbox"/> Limited physical activity (Doctor Verification Required) – please explain _____			

Is your son/daughter taking any medication? If yes, please indicate the name and dosage:

Medication Name	Dosage	Reason for medication

California Education Code 49423 requires written permission from the parent/guardian AND the physician before a student can take medication at school. If your son/daughter must take medication at school, please request a Medication at School form and have it completed before any medication is brought to school. California Education Code 49480 requires parents or legal guardians to inform the school nurse or the principal of any student taking medication on a routine basis.

I understand that the Yosemite Unified High School District, its officers and its employees assume no liability of any nature in relation to the transportation or treatment of the above student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, ex-ray, or treatment provided in relation to this authorization shall be borne by the parent/guardian.

Please sign below:

Parent/Guardian

Parent/Guardian

Date

Date