



YOSEMITE HIGH SCHOOL

"Home of the Badgers"

Mr. Ed Van Hoose, Principal

Dear Parent or Guardian,

Welcome to Yosemite High School, a California Distinguished School. After completing the enrollment forms for your student, please call me to schedule an appointment with one of our counselors.

You will need to submit the following information with your completed paperwork:

- Proof of residence (utility bill, or rent receipt with your address)
- Up-to-date immunization records, including a current TB Test
- A copy of your child's social security card
- A copy of your child's birth certificate
- A withdrawal report from your child's previous school showing an exit date and leaving grades and a transcript
- A copy of the last IEP if your child is enrolled in Special Education
- A notarized guardianship paper or caregiver form if you are not the parent and are serving as a caretaker for this child
- A copy of any custody agreement or restraining order if applicable.

Our Administration Building is located on Road 427 past the YHS marquee and the Ansel Adams Building, next to the flag pole. We look forward to meeting you and your student. If you have any questions, please give me a call at (559)683-4667, ext. 315.

Sincerely,

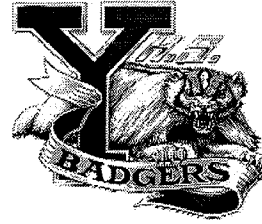
Jeanne Ratchford

Jeanne Ratchford
Registrar
Yosemite High School

Yosemite High School

50200 Road 427 Oakhurst, CA 93644 (559) 683-4667

Attention: Registrar or Student Records Secretary



Request for Transcript and Educational Records

Student's Name: _____

AKA: _____ Birth Date: _____ Grade: _____

The above student has moved into our school district and is enrolling in Yosemite High School. I hereby authorize the last school attended to transfer:

- ❖ all of the cumulative school records (discipline & attendance)
- ❖ transcripts
- ❖ immunization/health records
- ❖ athletic physical evaluation reports
- ❖ CAHSEE testing results
- ❖ special education reports
- ❖ withdrawal grades at the exit of the above student

Please forward the requested information along with your requirements for graduation, a profile of your school and this year's start date to assist us in assessing your transcript format. Thank you.

Mail to: J. Ratchford, Registrar Yosemite High School 50200 Road 427 Oakhurst, California 93644	Phone: (559) 683-4667 ext. 315 Fax: (559) 641-5183 e-mail: jratchford@yosemiteusd.com
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Previous School: _____

Mailing Address: _____

Telephone: () _____ Fax: () _____

Section 10947 (a)(2) of the Calif Ed Code states-access to pupil records shall be permitted to "officials and employees of the other public schools or School systems including local, county or state correctional facilities where educational programs leading to high school graduation are provided."

Signature of Parent or Guardian Date

Jeanne Ratchford

Registrar Date

Notes: _____

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"/>	<input type="checkbox"/>	Is this student currently under a 504 plan?		<input type="checkbox"/>	SDC
<input type="checkbox"/>	<input type="checkbox"/>	Is this student currently enrolled in an alternative program?		<input type="checkbox"/>	Other _____
<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:
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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.

- | | |
|---|--|
| <input type="checkbox"/> Chino | <input type="checkbox"/> Japonés |
| <input type="checkbox"/> Coreano | <input type="checkbox"/> Vietnamés |
| <input type="checkbox"/> Indio Asiático | <input type="checkbox"/> Laosiano |
| <input type="checkbox"/> Camboyano | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Otro Asiático |

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

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Hawaiano | <input type="checkbox"/> Guamo |
| <input type="checkbox"/> Samoano | <input type="checkbox"/> Tahitiano |
| <input type="checkbox"/> Otro Isleño del Pacífico | |

- 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.

- | | |
|---|--|
| <input type="checkbox"/> Chino | <input type="checkbox"/> Japonés |
| <input type="checkbox"/> Coreano | <input type="checkbox"/> Vietnamés |
| <input type="checkbox"/> Indio Asiático | <input type="checkbox"/> Laosiano |
| <input type="checkbox"/> Camboyano | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Otro Asiático |

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

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Hawaiano | <input type="checkbox"/> Guamo |
| <input type="checkbox"/> Samoano | <input type="checkbox"/> Tahitiano |
| <input type="checkbox"/> Otro Isleño del Pacífico | |

- 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: _____

Page Two of Home Language Survey

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: _____

PLEASE SIGN BELOW:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Please review and sign the reverse side of this form.

YOSEMITE UNIFIED SCHOOL DISTRICT

Annual Student Health History

STUDENT NAME _____

Yes No Allergies to: Food Insects Pollen Medication
Please List _____

Yes No Will your child need medication/epi-pen at school? Name of Medication _____

Yes No Asthma: **Mild Moderate Severe** Triggered by: _____
Requires inhaler/medication? Yes No Name of Medication: _____
Will your child require any medication/inhaler at school? Yes No

Yes No Bee Sensitivity: Localized swelling Hives/Rash Breathing Problems
Yes No Will your child need medication/Epi-pen at school? Name of Medication _____

Yes No Diabetes: Type 1 Type 2
Taking Medication? _____
Will your child require medication at School? Yes or No

Yes No Epilepsy (Convulsions) Date of last seizures: _____
Requires Medication: Yes No Name of Medication: _____

Yes No Heart disease: Diagnosis: _____
Physical restrictions _____
Requires medication? Yes No Name of Medication _____

Yes No Headaches or Migraine headaches: How frequent _____
Requires Medication: _____ Name: _____

Yes No Frequent Ear Infections: Requires medication: _____

Yes No Hearing loss: Right / Left / Both Need preferential seating? _____
Yes No Wears a hearing aid? _____ Last exam: _____

Yes No Vision problems: Wears glasses / contacts? To be worn for reading only? _____
To be worn all the time? _____ Last eye exam: _____

Yes No Speech problems: Presently seeing a therapist? Yes No How Long? _____

Yes No Bone or joint problems. Describe _____
Any physical restrictions: _____

Other:

___ Frequent nosebleeds	___ Eating difficulties	___ Dental Problems
___ Breathing problems	___ Neurological	___ Blood pressure problems
___ Blood disorders	___ Fears	___ Bladder problems
___ Skin Problems	___ ADD/ADHD	___ Requires Catheterizations

Is your child taking any other medication? Yes No For what condition? _____
Medication Name _____ Need to take at school? Yes No

Any other health or behavior information you would like us to be aware of: _____

If your student requires medication at school or a PE excuse, please get the necessary forms from the school for the doctor to fill out.

Parent/Guardian Signature _____

Date _____

STUDENT NAME _____

**HEALTH HISTORY (page 2)
and PARENTAL RIGHTS**

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.

I further acknowledge that I have received a copy of the Student-Parent Hand book, that I have read it and reviewed it with my student. Among the items in the handbook are:

- **Regulations**
- **Parental Rights**
- **District Internet Acceptable Use Policy**

I understand the district may release student directory information to persons, agencies, or organizations that have a legitimate educational interest pursuant to California Education Code 49076.

PLEASE SIGN BELOW:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____