



# NEW STUDENT ENROLLMENT FORM

FOR SCHOOL USE ONLY	
Household Name:	_____
School:	_____
Student #:	_____
Enrollment Date:	_____

## STUDENT INFORMATION

Student's LEGAL Last Name	First	Middle	Gender	Grade	Birthdate (mm/dd/yy)
Student's Primary Address			City	State	Zip Code
Home Phone No.	Student Nickname (Optional)		Birthplace (City, State, Country)		
Home Language	Date first entered U.S. School (kindergarten and above):		Has this student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level(s)? _____		
Date first entered California School (Out-of-State Students):		Was this student ever enrolled in Redondo Beach Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of Redondo Beach school(s) attended:			
Last School Attended	Address of Last School Attended (Street, City, State)			Phone # of Last School Attended	

<b>WHAT IS YOUR CHILD'S ETHNICITY?</b> (Please check one):	<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
	<input type="checkbox"/> NOT Hispanic or Latino

<b>WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)</b>		
<i>The above part of the question is about ethnicity, not race. No matter what you select above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.</i>		
<input type="checkbox"/> American Indian or Alaskan Native (100) <small>(persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<small>(persons having origins in any of the original people of Europe, North Africa, or the Middle East)</small>
	<input type="checkbox"/> Samoan (303)	

## PARENT INFORMATION

<b>Student Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother ONLY <input type="checkbox"/> Father ONLY <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Foster Family (If student lives with foster family please provide Notification of Placement Form)			
Are there any court orders you wish to notify the school about regarding legal custody, physical custody or restricted contact with the school or child? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, a copy of the court order must be provided to the school.</b>			
<b>Mother/Guardian:</b> Last Name, First Name		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Title
Mother/Guardian Home Phone	Mother/Guardian Cell Phone		Mother/Guardian Work Phone
Street Address (if different from student)		City State	E-Mail Address:
<b>Father/Guardian:</b> Last Name, First Name		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Title
Father/Guardian Home Phone	Father/Guardian Cell Phone		Father/Guardian Work Phone
Street Address (if different from student)		City State	E-Mail Address:

Parent's/Guardian's HIGHEST Level of Education Completed:

- Some High School  High School Graduate  Some College  College Graduate  Grad School/Post Grad  Decline to State

**I certify that my son/daughter:**

- IS NOT** under an expulsion order, or recommended for expulsion from another school district.
- IS** currently under expulsion or has been recommended from \_\_\_\_\_ School District. I hereby request a hearing for his/her admission into the Redondo Beach Unified School District.

**SPECIAL EDUCATION PROGRAMS:** Please check each item below as it applies to your student.

- Current** Special Ed Placement (RSP/SDC) *please provide a copy of most recent IEP.*
- Adapted Physical Education
- Designated Instructional Services (DIS)
- Speech/Language Program
- Resource Specialist Program (RSP)

**OTHER PROGRAMS:** Explain as necessary in the space provided below.

- Title 1 Program
- Learning Center
- 504 Plan
- English Language Development Program
- Gifted and Talented Education (GATE)
- Alternative Classes
- Out-Patient Hospital Program
- In-Patient Hospital Program
- Individual/Family Counseling
- Probation
- Extra-Curricular Activities

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME LANGUAGE SURVEY:**

The California Education Code requires schools to determine the language(s) spoken at home by each student. Your cooperation in answering the questions below will help us meet this important requirement.

When a language other than English is identified in question 1, 2 or 3 below, districts are required to assess the student with the California English Language Development Test (CELDT). (CA Ed Code 313, 60810 and 60812)

1. Which language did your son/daughter learn when he or she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home: \_\_\_\_\_

If a language other than English is identified in question 1, 2 or 3, you will be contacted to schedule a CELDT assessment. Parents may **NOT** opt out of the CELDT for their student. The CELDT score will help schools provide meaningful instruction for students.

**I AM AWARE THAT THE FALSIFICATION OF INFORMATION WILL INVALIDATE FUTURE CONSIDERATION FOR ATTENDANCE IN THE REDONDO BEACH UNIFIED SCHOOL DISTRICT.**

Your signature authorizes Redondo Beach Unified School District to request your child’s school records from his/her previous school. Your signature also authorizes your child’s previous school to provide any school records requested by Redondo Beach Unified School District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# RESIDENCY VERIFICATION FORM

The Redondo Beach Unified School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Educational Services can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.** Please **attach** copies of the information requested below so that we may legally enroll/re-enroll your child in the Redondo Beach Unified School District.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
(LEGAL Last Name) (First Name)

Home Phone: ( ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(circle one above)

Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Zip Code

### VERIFICATION OF IDENTITY

- Please check the box below indicating the form of *Verification of Identity* you will submit as the student's parent, caregiver, licensed foster agency or group home representative, or California Superior Court-appointed legal guardian:
  - A **Driver's License** (any current photo driver's license or CA ID Card is permitted) or,
  - A **passport with photo ID**
  - A **Current California State ID Card**
  - If an agent or representative of social services or foster care agency, appropriate identification.

**AND**

### VERIFICATION OF RESIDENCY (NO telephone bills, cable bills, or drivers' licenses will be accepted as verification of residency.)

- Please check **one** of the following original documents with the parent/guardian name and address:
  - Current Utility Bill** with current address or verification of service connection. \*
  - Current Income Tax Document** with current address (from the IRS, State, and/or County)
  - Current Payroll Stub** (both name and current address must appear on payroll stub)
  - Current Social Services documents** (CalWorks or Social Security)

**AND**

- Please check **one** of the following original documents with the parent/legal guardian name and address:
  - Homeowners: Most recent **Property Tax Bill**
  - Escrow Papers**
  - Renters: Annual or Monthly **Rental or Lease Agreement** (both parent/guardian name and address must appear on agreement as well as manager/owner name and current phone number). The agreement must include the minor/children that reside at the said property\*\*

\*Note:

- If you are a renter and do not pay utilities (gas, electric, or water) because it is included in the rent, we will need a letter from the lessor and/or copy of the rental agreement stating that utilities are included.
- In the event a utility service connection is used as a proof of residency, then a utility bill must be provided **within 30 days** to assure continued enrollment. It is the parent(s)/guardian(s) responsibility to provide this data before the 30 days has lapsed.

\*\*Note:

- The RBUSD may contact the management company to verify residency and to require the management company to provide evidence of ownership of the property.



RESIDENCY VERIFICATION AFFIDAVIT

- HOMEOWNER, RENTER, CO-RESIDENT, OTHER (Specify)

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies.

I acknowledge and agree to the following: (each statement must be initialed by the resident home owner/lessee):

- The student (listed above) resides with me three (3) days of the school week at the address listed above, which is my primary residence.
NOTE: If the child does not reside with you three (3) days of the school week at the above-listed address, please initial here instead, and attach a written explanation of where and with whom your child resides each day of the week.
I agree to notify the District/School within thirty (30) days when I change my residence or that of my student to a new address, either within or outside the District.
The district will actively investigate all cases where it has a reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Verification may include home visits.
The District may refer cases in which false information has been intentionally provided under penalty of perjury to the District Attorney's office for further action and/or file a civil action to recover damages incurred as a result of providing false Information.
Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four years in state prison. (Family Code §6552; Penal Code §118, 125)
Persons who provide false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code §1709)
Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code §127)
Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment and/or withdrawal from the District.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of Documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Signature of Parent/Guardian Date

Signature of Homeowner/Lessee (If claiming Co-Residency) Date

\*In order to validate the residency affidavit, the parent/legal guardian signature must be witnessed by authorized school personnel.

Authorized School Personnel Signature Date



# NEW STUDENT EMERGENCY CONTACT INFORMATION

Room #: \_\_\_\_\_

<b>Student Last Name</b>		<b>First Name</b>		<b>Middle</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Grade
Address Apt #		City		Zip	Phone		Language Spoken in Home	
<b>Mother</b>		Place of Employment				Work Phone		
<b>Father</b>		Place of Employment				Work Phone		
Mother Cell Phone		Father Cell Phone		Primary Email Address			Student Lives With: (Check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both	
Sibling		Grade	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		School of Attendance		
Sibling		Grade	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		School of Attendance		
Sibling		Grade	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		School of Attendance		

### EMERGENCY CONTACT DATA In the event of emergency and parents cannot be contacted, you may contact **OR** release my child to:

Name	Relationship	Address	Home Phone	Work Phone
Name	Relationship	Address	Home Phone	Work Phone
Name	Relationship	Address	Home Phone	Work Phone
Name	Relationship	Address	Home Phone	Work Phone

Please list **ANY** medical condition that may result in a classroom emergency: \_\_\_\_\_

Is your child currently taking medication? \_\_\_\_\_ List medication & dosage: \_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please fill out this information if there is a 2<sup>nd</sup> household to include for this student:**

Parent Name (2<sup>nd</sup> household): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### OUT-OF-STATE EMERGENCY CONTACT

If an emergency situation occurs (such as an earthquake) during school hours your child(ren) **will remain at school**. Children will be released to parents or a parent-designated person **only** when the appropriate authorities have told us they may be released. Even then, it is quite possible that a number of children will remain under our care at school for additional hours following this clearance. **Our schools are prepared for this eventuality.**

In the event that local phone lines are not operating, we ask that you provide a contact in another state. Out-of-state phone calls may be possible in the event of an emergency when local calls are not possible.

\_\_\_\_\_  
Name of Person to Contact

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone: Area Code & Number



# STUDENT HEALTH UPDATE

STUDENT NAME: \_\_\_\_\_ M  F  GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ROOM #: \_\_\_\_\_

### HEALTH CONDITIONS:

Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify Type: _____
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____
Bee Sting Allergy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Local <input type="checkbox"/> or Severe <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Takes Insulin? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ear Infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How often? _____
Epilepsy or Seizures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Last Seizure: _____
Heart Condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____
Frequent Nose Bleeds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____
Orthopedic Problem	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____

### PREVIOUS ILLNESS/CONDITION(S):

Chicken Pox	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Date: _____
Serious Illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify/Date: _____
Serious Injury	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify/Date: _____
Surgery	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify/Date: _____

### CURRENT MEDICAL CONDITION(S):

Have trouble with vision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Near sighted? <input type="checkbox"/>	Far sighted? <input type="checkbox"/>
Have trouble with hearing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____	
Other medical/physical condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____	

### MEDICATION:

Does child take daily medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____
Does child have emergency medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____
Does child have medication that needs to be taken during school hours? *see Medication Policy below	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify: _____

#### **\*MEDICATION POLICY**

State law and district policy require doctor and parent permission for any medication to be taken at school. You can obtain the necessary forms in the health office. All medications **MUST** be in a prescription container with the student's name, name of the medicine, dosage and prescribing doctor's name on the bottle. No "over the counter" medications such as **cough drops, cough medicine, pain medication (i.e. Tylenol), etc.**, may be taken by students without a doctor's prescription. All medications are kept in the health office and given with adult supervision. Under certain circumstances, students may be able to carry emergency medications with them.

Any physical restrictions must be confirmed by a written physician's note stating the type and duration of the restriction (i.e. casts, crutches, wheelchairs, ace bandages, stiches, sunglasses, open-toed shoes, etc.)

**\*Please bring a copy of your student's immunization records to update your child's health records.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_