

# Nevada Joint Union High School District

## Student Enrollment Form

**For office use only**  
Student ID Number: \_\_\_\_\_

Student Enrollment Date: \_\_\_\_\_

**Instructions:** The Enrollment Form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. **Please complete ALL pages and sign where applicable.**

STUDENT INFORMATION					
Legal Last Name		Legal First Name		Middle Name	Suffix
Grade	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>		Preferred Last Name (if different)	Preferred First Name	
Age	Birth Date	Birth City	Birth State	Birth Country	
Oral Language to home:			Written Language to home:		
I hereby certify that the above named student was born on the date and place specified. Signature: _____					Date: _____
If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Would you like more information about these services? Y <input type="checkbox"/> N <input type="checkbox"/>					
RACE & ETHNICITY (Please answer BOTH)					
<b>ETHNICITY:</b> Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race) The above Hispanic/Latino part of the question is about ethnicity, not race. <b>Please continue to answer the following question</b> by marking one or more boxes under RACE.					
<b>RACE:</b> What is the student's race? (Choose one or more) <input type="checkbox"/> American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal Affiliation or community attachment). <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). <input type="checkbox"/> Black/African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa). <b>The above information is required per federal law (72 Fed. Reg. 59267)</b>					
Home Address (Street Address and Apt #)		City	State	Zip Code	County
Mailing Address, if different (Street Address and Apt #)		City	State	Zip Code	County
Primary Phone Number: ( ) _____ - _____ Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____		Additional Phone Number: ( ) _____ - _____ Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____			
Has your child attended school in the United States for periods of time totaling less than three (3) years during their lifetime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your child previously attended school in California? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of previous California public school		
Date your child first entered United States School	Last school district attended	Last school attended (Name and Address)		Dates Attended	
In accordance with Education Code 48915, please answer these questions: Has your child ever been expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, reason _____ Date _____ Name of School _____			
Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> (This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marked 'Yes' for this item.)					
If yes, please provide the tribe name: _____					

Student Name:

Student ID Number (for office use only):

**PARENT/GUARDIAN INFORMATION**

<b>FIRST PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		First Name:	
Last Name:		Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different than student address): City, State, Zip Code:		Contact Allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone:	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:	Job Title:	

<b>SECOND PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		First Name:	
Last Name:		Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different than student address): City, State, Zip Code:		Contact Allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone:	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:	Job Title:	

<i>Is there joint custody of this student?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, please complete the following:</b>
<i>Is there a Non-Custodial Parent/Guardian?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>FIRST JOINT/NON CUSTODIAL PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		First Name:	
Last Name:		Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different than student address): City, State, Zip Code:		Contact Allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone:	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:	Job Title:	

<b>SECOND JOINT/NON CUSTODIAL PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		First Name:	
Last Name:		Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different than student address): City, State, Zip Code:		Contact Allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone:	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:	Job Title:	

Access to student information will be permitted pursuant to Education Codes 49073-49079.

Student Name:

Student ID Number (for office use only):

**PERSON(S) NOT AUTHORIZED TO MAKE CONTACT WITH STUDENT OR RECEIVE STUDENT INFORMATION**

Is there a **current** restraining/court order pertaining to this student? \* Yes  No   
\*If there is a **current** restraining/court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current Court/Restraining Order: Yes  No

If yes, Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Relationship:	Restraining Order? Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Order? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Relationship:	Restraining Order? Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Order? Yes <input type="checkbox"/> No <input type="checkbox"/>

**SIBLINGS (List siblings grades 9 - 12)**

Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade: _____ School: _____
Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade: _____ School: _____
Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade: _____ School: _____

**STUDENT SERVICES**

Is the student currently on an IEP? Yes  No   
Has the student been enrolled in a special program in the past? Yes  No  **If yes**, indicate the program(s):  
Special Ed (IEP)  Title I Reading/Math  English Learner  Migrant Education  Section 504  Other : \_\_\_\_\_

**PARENT EDUCATION**

Please mark the education level of the most educated parent/guardian. (**Federal regulations require a response.**)

- Graduate School/post graduate training (10)
  - College Graduate (11)
  - Some College (12)
  - High School Graduate (13)
  - Not a High School Graduate (14)
- Name of Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACTS**

*Please list persons, other than parent or guardian. It is assumed that the emergency contacts can pick up student.*

Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name:	First Name:
Relationship to student:	Address:	
Home Phone:	Work Phone:	Cell Phone: _____ Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language: _____
Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name:	First Name:
Relationship to student:	Address:	
Home Phone:	Work Phone:	Cell Phone: _____ Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language: _____
Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name:	First Name:
Relationship to student:	Address:	
Home Phone:	Work Phone:	Cell Phone: _____ Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language: _____

*List additional emergency contacts on a separate piece of paper*

**Person to Contact in the Event of an Emergency Closure**

Last Name:	First Name:	Relationship to student:
Address:		
Home Phone:	Work Phone:	Cell Phone: _____ Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language: _____

**Enrolling Record**

Name of person enrolling student (Please print name):	Relationship to student:
Signature: _____	Date: _____

Student Name:

Student ID Number (for office use only):

**HEALTH CONDITION INFORMATION**

List any health conditions that will or may affect your child while at school, such as heart disease, diabetes, seizure disorder, allergies, eye or ear problems, asthma, or any chronic condition:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Do you anticipate your child will need accommodations at school related to the above medical condition? Yes  No   
If medication is to be given at school, parental instruction and permission is needed. The school has a permission form for this purpose available upon request.

**MEDICATIONS**

Please list any medications that are necessary for your child to take during school hours.

1 \_\_\_\_\_ Daily or As needed  
2 \_\_\_\_\_ Daily or As needed  
3 \_\_\_\_\_ Daily or As needed

**IMMEDIATE MEDICATIONS**

Nevada Joint Union High School District must have a medication authorization form completed by the parent granting permission for designated school personnel to administer medication in case of a life-threatening situation.

Please list any medications requiring immediate administrations:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Please check all types of medication needed by student in case of emergency:

Oral  Inhaled  Injection  Nasal  Rectal

**NUTRITION ALLERGY INFORMATION**

Does your child need an allergy alert for any of the following?

Eggs  Fish  Milk  Peanut  Shellfish  Soy  Tree Nut  Wheat

(If your child has multiple allergies, additional paperwork will be required)

**MEDICAL INFORMATION**

School staff needs to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

Doctor's Name:	Phone Number: ( )
Dentist's Name:	Phone Number: ( )
Health Insurance/Medicaid Number:	Insurance Carrier (Optional):

Hospital Preference:

**MEDICAL TREATMENT**

I, the undersigned, do hereby authorize officials of Nevada Joint Union High School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian/Eligible Student: (Eligible Student indicates any student who is 18 years or older, or emancipated.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EMERGENCY TRANSPORTATION**

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_