Lake Tahoe Unified School District Student Enrollment Information

					OFFICE USE						
St	udent's Last Name	s Last Name First Name Middle Name Teacher:			Bus #:						
Mal	e □ Female □	/ /		Bus Stop:		Per	Perm. ID#				
Iviai	remaie =	Date of Birth	Grade Level								
Birthplace City Birthplace State			Birthplace Country		Email Address						
					Zip Code	()					
	Street Address	City	State	Home Ph.#							
	Mailing Address City State Zip C			Zip Code	() Home Ph.#						
Studer	Student Email Address: Student Cell Phone Number:										
PARENT/LEGAL GUARDIAN - list adults who are responsible for this student											
Relationship: □ Father □ Step-Father □ Legal Guardian Relationship: □ Mother □ Step-Mother □ Legal Guardian											
Last Na	Last Name First Name Last Name First Name										
(<u>)</u> Home	() () () () () Home Phone Cell Phone Cell Phone										
Addre	Address if different than student's City/State/Zip Address if different than student's City/State/Zip										
Occup	Occupation Employer Name Occupation Employer Name										
Emplo	yer Address	Employer Phone	Employ	er Addre	SS	Employ	yer Phoi	ne			
Parent	Email Address		Parent E	Email Addr	ess						
Highe	est Parent Education Lo	e vel - Be sure to check on	e box P	arent/Gi	ıardian on Activ	ve Milita	ary Dut	ty?			
		☐ High School Graduate	Is a par		an on Active Militar	y Duty or l	Full Time	e			
		□ Not A High School Gra □ Decline to state	Nation □ Yes	al Guard? □ No	Branch			_			
Емев	RGENCY STUDENT CON	TACTS - Other than Parent	•								
1				()		()					
	Name Relationship Ph			one	Work or C	Cell Phor	ne				
2	Name		elationshin	()	one	() Work or (Call Phor	10			
	*						tor Cen Fhone				
Before/.	After School Child Care I	Provider:			Ph	one:					
1. A	A. Has your child attendedB. What grade and date did	a school within Lake Tah your child first enter this	oe Unified School D school district.	istrict bef	Fore? Grade:		□ Yes	□ No			
2. A	A. Has your child attended B. What grade and date did	this school before? your child first enter this	school.		Grade:		□ Yes	□ No			
3. V	What date did your child first attended school in the U.S.?							/			
4.	Special Program or Services	Received at a Previous S	chool?				□ Yes	□ No			
5. S	Student Resides With:	☐ Father ☐ Mother ☐ St	ep-Parent □ Legal	Guardian	□ Ot	her:		_			
6. (Custody Information:			Res	training Order on l	File:					
7. I	s your current address a ten		□ Yes	□ No							
	Is this temporary living arrangement due to loss of housing or economic hardship? <i>If Yes</i> , where is the student presently living?										
	□ in a shelter □ in a car □ in.a motel □ in a campground □ in a trailer with more than one family in a house or apartment										

Page 1 of 2 Date CUM Sent: _____ Date Student Left School: _____

School Incurance	□ Deirota N	Indical Income		Drivoto Inguana - C	Company (Nom-)				
□ School Insurance□ Medi-Cal	☐ Private N☐ Healthy I	Iedical Insuran Families	ce I	Private Insurance C	лошрану (тате):	•			
Students must be examine			g school for th	ne first time. The I	P.E. Program in g	rades 7-12	involves s	ufficient exercise	
to make a physical examin	nation advisable	÷.	•		0 0				
Date of last Physical Exar		/ Do	ctor:						
Date of last Dental Exam:/ Dentist:					Pho	one: ()			
n the event of an emergen ervices for my child (child f an injury incurred in sch f any information has cha	dren). This do nool. It is the pa	es not imply li	ability to the	school district fo	r any medical se	rvices req	uested for	my child as a result	
		Sig	nature of Pa	arent/Guardian			-	Date	
MEDICAL HISTORY									
Please notify the school of Please check below if you Diabetes Asthma - medication Known allergies: Please Additional Information:	r child has expe ☐ Seizures ☐ Asthma - e list - to what a	erienced any of no medication nd reaction:	the following Heart C Needs i	g, and provide addi oncerns nhaler at school	itional information ☐ Bee Sting All ☐ Glasses/Conta	n if needed ergy	d: □ Epi l	e of an emergency. Pen/Benadryl cical Limitations	
My child takes the follow	ving medicatio	n(s):							
					Physician:_				
ABSENT PARENT TH	HAT INFORM	ATION MAY	Y BE GIVE	N TO/SENT TO	OOR MESSAG	ES TAKI	EN FROM		
Name:		Relation	onship:		Email	Address:			
Telephone: ()	Address:			City:		State:	2	Zip Code:	
LAST SCHOOL STUD	DENT ATTEN	IDED & ADI	ORESS					in Aeries, Supp I	
Cahaa	1 Nama		()	Phone Number		Dia	triat Nama		
Schoo	ol Name			Phone Number		District Name			
Street A	ddress			City	State	Zip Cod	le	Fax Number	
Expulsion Order/Expelle									
Is your student under an	=	er/expelled fro	om a previou	ıs school district l	ne/she attended?	□ Ye	es 🗆	l No	
HOME LANGUAGE S	SURVEY						cc: Cu	mulative Folder	
What language would you Which language did your What language do you use Which language does you Name the languages most	child learn whe e most frequentl r child most fre	n he or she firs by when speaking quently use at h	t began to talling to your ching to your ching	C? Englis		nish			
Traine are languages most	orten sponen s	y tile additis at 1				Parer	nt/Guardia	n Signature	
WHAT IS YOUR CHI	LD'S ETHNIC	CITY? (Please	check one):	□ His	panic or Latino		Hispanic o	or Latino	
WHAT IS YOUR CHI	LD'S RACE?	(SELECT O	NE OR MOI	RE, REGARDLE	SSS OF ETHNI	ICITY):			
□ American Indian or Ala □ Chinese □ Japanese □ Korean □ Vietnamese	askan Native	□ Asian India □ Laotian □ Cambodian □ Other Asian □ Native Hav	n n	□ Guamanian □ Samoan □ Tahitian □ Other Pacific □ Filipino	□ Wh	☐ Black or African American☐ White (not of Hispanic origin)			
SIBLINGS CURRENT	LY ENROLL	ED IN LAKE	TAHOE U	NIFIED SCHOO	L DISTRICT				
1.				2.					
Last Name Fi	irst Name	Grade	School	Last Name 4.	Fir	st Name	Grade	School	
Last Name Fi	irst Name	Grade	School	Last Name	Fir	st Name	Grade	School	

MEDICAL INFORMATION

Page 2 of 2 Enrollment Form 080916