

# Lake Tahoe Unified School District Student Enrollment Information

<u>OFFICE USE</u>		
Student's Last Name	First Name	MI
Male <input type="checkbox"/> Female <input type="checkbox"/>	/ / Date of Birth	Grade Level
Teacher: _____ Bus #: _____ Bus Stop: _____ Perm. ID# _____		
Birthplace City	Birthplace State	Birthplace Country
Email Address _____		
Street Address	City	State
		Zip Code
		Home Ph.# _____
		( ) _____
Mailing Address	City	State
		Zip Code
		Home Ph.# _____
		( ) _____

## PARENT/LEGAL GUARDIAN - list adults who are responsible for this student

Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian	
Last Name _____ First Name _____		Last Name _____ First Name _____	
( ) _____ ( ) _____		( ) _____ ( ) _____	
Home Phone _____ Cell Phone _____		Home Phone _____ Cell Phone _____	
Address if different than student's _____ City/State/Zip _____		Address if different than student's _____ City/State/Zip _____	
Occupation _____ Employer Name _____		Occupation _____ Employer Name _____	
( ) _____		( ) _____	
Employer Address _____ Employer Phone _____		Employer Address _____ Employer Phone _____	
<b>Parent Education Level - Be sure to check one box</b>		<b>Parent Education Level - Be sure to check one box</b>	
<input type="checkbox"/> Graduate School/Post Grad <input type="checkbox"/> College Grad (BS or BA) <input type="checkbox"/> AA Degree/College (2 or 4 year <b>academic</b> program; not Voc Ed or Tech School) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not A High School Graduate <input type="checkbox"/> Decline to state		<input type="checkbox"/> Graduate School/Post Grad <input type="checkbox"/> College Grad (BS or BA) <input type="checkbox"/> AA Degree/College (2 or 4 year <b>academic</b> program; not Voc Ed or Tech School) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not A High School Graduate <input type="checkbox"/> Decline to state	

## EMERGENCY STUDENT CONTACTS - Other than Parent

1.	Name _____	Relationship _____	Phone _____	Work or Cell Phone _____
	( ) _____		( ) _____	
2.	Name _____	Relationship _____	Phone _____	Work or Cell Phone _____
	( ) _____		( ) _____	

**Before/After School Child Care Provider:** \_\_\_\_\_ Phone: \_\_\_\_\_

1.	A. Has your child attended a school within Lake Tahoe Unified School District before? B. What grade and date did your child first enter this school district.	Grade: _____ _____/_____/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	A. Has your child attended this school before? B. What grade and date did your child first enter this school.	Grade: _____ _____/_____/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What date did your child first attended school in the U.S.?	_____/_____/_____	
4.	Special Program or Services Received at a Previous School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Student Resides With: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		
6.	Custody Information: _____	Restraining Order on File: _____	
7.	Is your current address a temporary living arrangement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is this temporary living arrangement due to loss of housing or economic hardship? <i>If Yes</i> , where is the student presently living? <input type="checkbox"/> in a shelter <input type="checkbox"/> in a car <input type="checkbox"/> in a motel <input type="checkbox"/> in a campground <input type="checkbox"/> in a trailer <input type="checkbox"/> moving from place to place <input type="checkbox"/> with more than one family in a house or apartment		<input type="checkbox"/> Yes <input type="checkbox"/> No

**MEDICAL INFORMATION**

**Insurance Coverage:**

- School Insurance       Private Medical Insurance      Private Insurance Company (Name): \_\_\_\_\_
- Medi-Cal                       Healthy Families

Students must be examined by a physician upon entering school for the first time. The P.E. Program in grades 7-12 involves sufficient exercise to make a physical examination advisable.

Date of last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_      Doctor: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_\_

Date of last Dental Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dentist: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_\_

**In the event of an emergency involving injury to my child, the personnel of the school is authorized to use their discretion to secure the necessary services for my child (children). This does not imply liability to the school district for any medical services requested for my child as a result of an injury incurred in school. It is the parent(s)/guardian(s) responsibility to keep this information up-to-date. Contact the school immediately if any information has changed.**

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

\_\_\_\_\_  
**Date**

**MEDICAL HISTORY**

Please notify the school of any known health concerns or important health history items. This information may be used in case of an emergency. Please check below if your child has experienced any of the following, and provide additional information if needed:

- Diabetes                       Seizures                       Heart Concerns                       Bee Sting Allergy                       Epi Pen/Benadryl
- Asthma - medication       Asthma - no medication       Needs inhaler at school       Glasses/Contacts                       Physical Limitations
- Known allergies: Please list - to what and reaction: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**My child takes the following medication(s):** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**ABSENT PARENT THAT INFORMATION MAY BE GIVEN TO/SENT TO/OR MESSAGES TAKEN FROM**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LAST SCHOOL STUDENT ATTENDED & ADDRESS**

Entered in Aeries, Supp I

\_\_\_\_\_  
School Name      (\_\_\_\_)      Phone Number      District Name

\_\_\_\_\_  
Street Address      City      State      Zip Code      Fax Number

**Expulsion Order/Expelled:**

**Is your student under an expulsion order/expelled from a previous school district he/she attended?**       Yes       No

**HOME LANGUAGE SURVEY**

cc: Cumulative Folder

What language would you like correspondence sent home in?       English       Spanish

Which language did your child learn when he or she first began to talk? \_\_\_\_\_

What language do you use most frequently when speaking to your child? \_\_\_\_\_

Which language does your child most frequently use at home? \_\_\_\_\_

Name the languages most often spoken by the adults at home: \_\_\_\_\_/\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**ETHNIC ORIGIN - Please check one**

- American Indian or Alaskan Native       Asian Indian                       Guamanian                       Hispanic or Latino
- Chinese                                       Laotian                                       Samoan                                       Black or African American
- Japanese                                       Cambodian                                       Tahitian                                       White (not of Hispanic origin)
- Korean                                       Other Asian                                       Other Pacific Islander                       Declined to State
- Vietnamese                                       Native Hawaiian                                       Filipino                                       Other: \_\_\_\_\_

**SIBLINGS CURRENTLY ENROLLED IN LAKE TAHOE UNIFIED SCHOOL DISTRICT**

1. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      2. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Last Name      First Name      Grade      School      Last Name      First Name      Grade      School

3. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      4. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Last Name      First Name      Grade      School      Last Name      First Name      Grade      School

**School Use Only - Previous District Information**

<b>English Proficiency</b>	<b>CELDT</b>	Score	Prof.	Date	<b>FAX CELDT Request Form</b> to previous district if student has other language than English on Home Language Survey. Send results to Education Center, attn: Educational Services.	<b>Algebra I Passed?</b> _____
English Only _____	Listening _____	_____	_____	_____		<b>CSIS #</b> _____
IFEP _____	Speaking _____	_____	_____	_____		Entered in Aeries, Supp I
EL _____	Reading _____	_____	_____	_____		<b>CAHSEE</b> Passed      Date
RFEP _____ Date: _____	Writing _____	_____	_____	_____		ELA _____
	Overall _____	_____	_____	_____	Math _____	