

Lake Tahoe Unified School District Student Enrollment Information

			OFFICE USE		
Student's Last Name	First Name	MI	Teacher: _____	Bus #: _____	
Male <input type="checkbox"/> Female <input type="checkbox"/>	_____/_____/_____ Date of Birth	_____ Grade Level	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.#	
Student Email Address: _____			Student Cell Phone Number: _____		

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 _____	
Parent Email Address _____		Parent Email Address _____	

Highest Parent Education Level - Be sure to check one box

<input type="checkbox"/> Graduate School/Post Grad	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> College Grad (BS or BA)	<input type="checkbox"/> Not A High School Graduate
<input type="checkbox"/> AA Degree/College (2 or 4 year academic program; not Voc Ed or Tech School)	<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 <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: _____ Email Address: _____
 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

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- Hispanic or Latino No Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (SELECT ONE OR MORE, REGARDLESSS OF ETHNICITY):

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

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

English Proficiency English Only _____ IFEP _____ EL _____ RFEP _____ Date: _____	CELDT Listening _____ Speaking _____ Reading _____ Writing _____ Overall _____	Score _____ Prof. _____ Date _____	If Student has other language than English on Home Language Survey. Notify Education Center, EC will check CALPADS for Language Fluency status, and schedule CELDT testing if required.	Algebra I Passed?: _____ CSIS # _____ Entered in Aeries, Supp screen CAHSEE Passed Date ELA _____ Math _____
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