



REGISTRATION CHECKLIST

Required Forms:

- _____ Enrollment Form
- _____ Verification of Residency
- _____ Class Planning Card
_____ 7th Grade
_____ or
_____ 8th Grade
- _____ Emergency Form
- _____ Health Info Card
- _____ Annual Notification
(Signature Page ONLY)
- _____ Important Notice Regarding New Students
- _____ Acceptable Use Policy
(Signature Page ONLY)

Optional Forms:

- _____ AVID Program Application
- _____ Journalism Application
- _____ Leadership Application
- _____ TV Broadcasting Application
- _____ Advanced Band
- _____ Duplicate Mailing Form
- _____ OPT Out of Student Directory
- _____ Parent Foundation Membership Form
- _____ Drug Free Pledge Form
- _____ Authorization for Medication Administration

Parent/Guardian **MUST** Also Include:

- _____ A certified copy of the student's birth certificate or passport.
- _____ A complete yellow California Immunization Record. Must include Hep B series, MMR, Whooping Cough (Pertussis), and proof of immunization for chicken pox (Varicella) or proof of the disease, Polio and DPT (Diphtheria/Tetanus/Pertussis) . All dates **MUST** be verified by a doctor or a clinic.

Download all required and optional forms at
www.sduhsd.net/oc

All required and optional forms due to 6th grade teacher by **March 11th, 2011**

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

COPY OF BIRTH CERTIFICATE REQUIRED

PRINT Legal Name (No Nicknames): _____ Enrolling in: _____ School _____ Grade: _____ Student ID# _____

STUDENT: Last Name _____ First Name _____ Middle _____ Male Female Date of Birth: _____
Month/Day/Year

PLACE OF BIRTH _____ Social Security # _____
City State Country

Student resides with? _____ (Father / Mother / Guardian / Caregiver)
 Student's E-mail Address _____

Father's Name _____ (Note: Father / Guardian / Caregiver) Mother's Name _____ (Note: Mother / Guardian / Caregiver)

Home Phone _____ Work Phone _____ No Yes
 Father's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____
 Mother's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____

Father's Home Address _____ City _____ State _____ Zip Code _____
 Mother's Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (If Different from Above Address) City _____ State _____ Zip Code _____
 Mailing Address (If Different from Above Address) City _____ State _____ Zip Code _____

Father needs interpreter for phone calls / meetings: No Yes
 Mother needs interpreter for phone calls / meetings: Yes No

Last School your Student Attended _____ City _____ State _____ Zip Code _____ School's Fax Number _____ School's Telephone Number _____

Has student previously attended school in the San Dieguito Union High School District? No Yes, School: _____

When did your student begin school in the United States? _____ When did your student begin school in California? _____
Month/Day/Year Month/Day/Year

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months? Yes No
2. What language did your child speak when he/she first began to talk? _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. Name the language in the order most often spoken by the adults at home. 1st _____ 2nd _____
6. I prefer materials sent home in: English If available in: Spanish Other: _____

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?** Yes, Hispanic or Latino No, Not Hispanic or Latino

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

<input type="checkbox"/> White	<input type="checkbox"/> Pacific Islander →	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian/Asian American →	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Laotian
		<input type="checkbox"/> Asian Indian
		<input type="checkbox"/> Cambodian
		<input type="checkbox"/> Hawaiian
		<input type="checkbox"/> Homng

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:** 1) Not a high school graduate 2) High school graduate 3) Some college
 4) College graduate 5) Graduate school/Graduate training 6) Decline to state or unknown

Parent/Guardian Signature _____ **Date** _____

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

OFFICE USE ONLY: _____ **Emergency Card** _____ **Health Card** _____ **Birth Cert.** _____ **AUP** _____
 _____ **Imm. Verified** _____ **Chicken Pox** _____ **Hep. #1** _____ **Hep. #2** _____ **Hep. #3** _____

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

Verification of Residency

The California Attorney General has concluded that, with limited exceptions, a child must attend school in the district where the child's parent or guardian resides, rather than where the child lives. Therefore, a child who lives apart from his or her parents or guardians must still attend school in a district in which a parent or guardian resides. (Guardian is defined as court appointed legal guardian, "blood relative," or Caregiver.)

There are a few exceptions to the general rule. An exception is made for a child who has been placed in a licensed institution, a licensed home, or a state hospital. A further exception is made for a child granted an interdistrict attendance permit in accordance with Education Code Section 46600, *et seq.* There is also an exception for a child who is legally emancipated through judicial declaration, marriage, or military service.

Student Name: _____ Date of Birth: _____

Last Name
First Name
Initial

Month/Day/Year

Parent/Guardian Name: _____ Home Phone: _____

Last Name
First Name

Parent/Guardian Address: _____ Cell Phone: _____

Current Address

_____ Work Phone: _____

City
Zip Code

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF THE ENROLLMENT PROCESS.

Include copies of at least two of the following items:

- Deed to primary residence
- Escrow papers for primary residence
- Rental/lease agreement for primary residence
- Military housing orders (base housing office written verification)
- Declaration of temporary residence affidavits for homeless families
- Current bill local utility company
- Any other legal document(s) which establish residence address within District boundaries

The housing status of a student must be verified by presentation of one of the following:

<u>HOUSING STATUS</u>	<u>DOCUMENTATION REQUIRED</u>
___ Living with parent(s)	Prove district residency
___ Living with Foster Parent(s)	Order placing child with Foster Parent(s)
___ Living with Court-appointed legal guardian	Court order authorizing guardianship
___ Living with a "CAREGIVER"	CAREGIVER's Authorization Affidavit

I am the parent/guardian of the above student residing within the boundaries of the San Dieguito Union High School District. I hereby confirm that the information provided on this form is correct.

Signature of Parent/Guardian: _____ **Date:** _____

School Official: _____ **Date:** _____

Name
Position
School

OAK CREST MIDDLE SCHOOL

8 TH GRADE CLASS PLANNING SHEET

NAME (LAST) _____ (FIRST) _____

Students are required to take Math, English, World History, Life Science, Physical Education, and one elective each semester from the following list. Rank in order (1 through 4) your elective choices with number 1 being your first choice. Please note that your elective choices will be used in scheduling your first and second semester at Oak Crest. We will try our best to honor your 1st and 2nd choices for semester 1 and semester 2. Please refer to the Course Description page the Oak Crest website for a brief description of elective courses.

SEMESTER ELECTIVE COURSES

- _____ 6170 TV Broadcasting**
- _____ 8253 Leadership**
- _____ 4202 CE SMART
- _____ 6072 Intro to Drama
- _____ 7251 Intro to Multi-Media
- _____ 6051 General Studio Art
- _____ 6053 Cartooning

YEAR LONG ELECTIVE COURSES

- _____ G5681 Spanish I
- _____ G5682 Spanish II
- _____ 1201 Journalism **
- _____ 8252 AVID **
- _____ 6160 Beginning Marching Band
 - ___ **Will replace PE**
 - ___ **Will not replace PE**
- _____ 6162 Advanced Marching Band
 - ___ **Will replace PE**
 - ___ **Will not replace PE**

****APPLICATION NEEDED**

Parent/Guardian Signature _____

Student Signature _____

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT EMERGENCY FORM

The following information is necessary for the Student Health Record.
Please complete this form, **sign** and **return** to your school annually. This is not a "change of residency" form.

*** If you have changed your residence, please complete and submit a "Verification of Residency Form" available at your student's school registrar's office.**

Male Female _____ ID# _____
STUDENT: Last Name First Name Initial Date of Birth Month/Day/ Year Student Identification

Address Where the Student Resides Currently Apartment # City Zip Code School Grade

Please check which Parent/Guardian should be contacted first:

FATHER _____

MOTHER _____

Father's Name (Please indicate: Father/Guardian/Tutor)

Mother's Name (Please indicate: Mother/Guardian/Tutor)

Home Phone # Cell #

Home Phone # Cell #

Place of Employment /Department Work Phone #

Place of Employment /Department Work Phone #

Father's E-mail Address

Mother's E-mail Address

Father's Address Is This a New Address? No * Yes

Mother's Address Is This a New Address? No * Yes

Mailing Address (If different than above)

Mailing Address (If different than above)

Father's Level of Education: _____ Language _____

Mother's Level of Education: _____ Language _____

Father needs interpreter for phone calls and meetings: NO YES

Mother needs interpreter for phone calls and meetings: NO YES

ADDITIONAL CONTACTS: If parent/guardian cannot be reached, we authorize the school staff to release the student to:
CONTACTS MUST BE LOCAL: List contacts for **two adults** other than parent/guardian

1st Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

2nd Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

MEDICAL INFORMATION:

Name of Student's Physician/Clinic: _____
 Name Address Phone # Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician NO YES

Does the student take continuing medication: NO YES

Will it be necessary to take medication at school? NO YES

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the "**Authorization for Administration of Medication**" form signed by parent and physician. The form is available at: <http://www.sduhsd.net/downloads/>

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: NO YES

Student has medical insurance? NO YES

Medical insurance in: Father's name Mother's name

Medical Insurance Carrier Policy Number / Group Insurance Contact Number/s

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

SAN DIEGUITO HIGH SCHOOL DISTRICT HEALTH INFORMATION

The following information is necessary for the student health record. It is required only once upon registration of the student. If, however, new health problems develop in the future, we request that you notify the school nurse as this will help her provide better care for your child. Please complete this form and return it to the school nurse's office.

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: _____

Please check the appropriate box if your child has any of the following conditions:

CONDITION	FREQUENTLY	OCCASIONALLY	EXPLAIN:
<input type="checkbox"/> Allergy	<input type="checkbox"/>	<input type="checkbox"/>	To what? _____
<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/>	When was last attack? _____
<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____
<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Under doctor's care? _____
<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____
<input type="checkbox"/> Orthopedic problem	<input type="checkbox"/>	<input type="checkbox"/>	When was the last one? _____
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Severe Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Anemia	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____
<input type="checkbox"/> Birth Defect	<input type="checkbox"/>	<input type="checkbox"/>	How affected? _____
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Special equipment used _____
<input type="checkbox"/> Diagnosed ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Medication? _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	When diagnosed? _____
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____
<input type="checkbox"/> Immune Deficiency Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____
<input type="checkbox"/> Other:			

VISION:
 Student wears: glasses contact lenses
 Glasses are worn for:
 Distance vision
 Reading
 Astigmatism
 Continuously
 Date of last doctor's vision test ? _____

MEDICATION:
 Does the student take continuing medication? No Yes
 If yes, what? _____
 Current dosage _____ From Dr. _____
Will it be necessary to take at school?
If yes, submit "Authorization for Medication Administration"

HEARING:
 Student has a hearing problem
 Left Ear Right Ear Both Ears

SPEECH:
 Student has a speech problem
 Has had therapy
 Needs therapy

PHYSICAL RESTRICTIONS:
 Are there any physical restrictions to P.E. class participation? _____
 What kind of restrictions? _____

SIGNATURE _____ DATE _____
(Parent/Guardian)

Nurse's Notes:

STUDENT

ACCEPTABLE USE CONTRACT

I accept full responsibility for supervision if and when my child's technology use is not in a school setting and may have an impact on school activities.

The student and the parent or legal guardian of the student agree to hold harmless and indemnify the District for and against any claim that is brought by the student, the student's parent or legal guardian, or on their behalf, which may arise from the student's use of the information system. In addition, the student and/or parent or legal guardian of the student agree to indemnify the District for any actual damages to the District arising from the student's intentional misuse of the information system and/or any other intentional violation of this policy.

As parent or legal guardian of the student, I have read this document and voluntarily give my permission to issue an account to my child, and I voluntarily sign my name on the behalf of my child and myself as evidence of our acceptance of the foregoing responsibilities and associated risks.

_____ Student Name (print)	_____ Signature	_____ Date
_____ Parent/Guardian Name (print)	_____ Signature	_____ Date



Union High School District

710 Encinitas Boulevard, Encinitas, CA 92024
Teléfono (760) 753-6491
www.sduhsd.net

Directiva de Fideicomisarios
Joyce Dalessandro
Linda Friedman
Barbara Groth
Beth Hergesheimer
Deanna Rich

Superintendente
Ken Noah

Departamento de Servicios al Alumno
Fax (760) 634-0676

IMPORTANT NOTICE REGARDING NEW STUDENTS

(NOTIFICACIÓN DE IMPORTANCIA PARA ESTUDIANTES DE NUEVO INGRESO)

Education Code Section 48915.1(b) states, "If a student has been previously expelled from his/her previous school, the parent/guardian, shall, upon enrolment, inform the receiving school district of his/her status with the previous school district."

El Código de Educación Sección 48915.1(b) consta que, "Si un estudiante ha sido anteriormente expulsado de la escuela, el padre/guardián, al matricular al estudiante, deberá de informarle al distrito escolar al cual esté matriculando a el/la estudiante acerca de su disposición/estado en el distrito escolar al que asistió previamente".

STUDENT NAME: SCHOOL: DOB:
(NOMBRE DE EL/LA ESTUDIANTE) (ESCUELA) (FECHA DE NACIMIENTO)

Has your son/daughter been previously expelled? NO YES
(¿Se le ha expulsado a su estudiante previamente?) NO SÍ

If YES, please explain including dates of expulsion and school:
(Si ha sido expulsado/a, favor de explicar incluyendo la fecha y la escuela a la que asistió)

Has your son/daughter been previously suspended? NO YES
(¿Se le ha suspendido a su estudiante previamente?) NO SÍ

If YES, please explain including dates of suspension and school:
(Si ha sido suspendido/a, favor de explicar incluyendo la fecha y la escuela a la que asistió)

Is your student currently enrolled in a GATE program? NO YES
(¿Actualmente está su estudiante registrado en el programa GATE?) NO SÍ

Has your student ever received Special Education Services? NO YES
(¿Se le han proporcionado Servicios de Educación Especial a su estudiante?) NO SÍ

Does your student have an ACTIVE IEP Individualized Education Plan? NO YES (Please attach copy)
(¿Tiene su estudiante un Plan de Educación Individualizada -IEP activo actualmente?) NO SÍ (Por favor incluya una copia)

Does your student have an ACTIVE 504 Plan? NO YES (Please attach copy)
(¿Tiene su estudiante un Plan 504 activo actualmente?) NO SÍ (Por favor incluya una copia)

Has your student ever received 504 plan accommodations? NO YES Date:
(¿Ha recibido su estudiante adaptaciones bajo un plan 504?) NO SÍ (Fecha)

Has your student ever been placed on a SARB contract? NO YES Date:
(¿Se le ha puesto a su estudiante bajo un contrato de SARB?) NO SÍ (Fecha)

Parent/Guardian Signature (Firma del Padre/Guardián) Date (Fecha)

NOTE: Failure to disclose this information could result in termination from the San Dieguito Union High School District. If further information is desired, please telephone the Director of Pupil Services, Bruce Cochrane at (760) 753-6491, ext. 5619.

NOTA: Si no proporciona usted esta información, puede resultar en la anulación de la matrícula para el/la estudiante en el distrito San Dieguito Union High School District. Si desea obtener más información, por favor llame usted al Director de Servicios al Alumno, Bruce Cochrane al teléfono (760) 753-6491 ext. 5619

Revision 2-09