



Lodi High School

Enrollment Requirements

PARENT/LEGAL GUARDIANS ARE REQUIRED TO PROVIDE THE FOLLOWING TO ENROLL STUDENTS:

- 1. Parent / Legal Guardian **must** provide photo I.D. **and** accompany their student @ time of enrollment
- 2. Birth Certificate
- 3. Complete Immunization Record (State Mandated)
- 4. Current Utility bill (PG &E, City of Lodi)- **under parent /legal guardian's name** as proof of residence
(Online access will be made available to email your utility bill directly to the enrollment secretary. This may only be done on site, at time of registration)
- 5. Transcript from previous school (for grade 9-12)
Incoming 9th graders provide current 8th grade report card
- 6. Check-out Form from previous high school
- 7. Registration packet must be completed by parent with parent signature (s)
- 8. Submit all items above, in person, at the LHS Counseling Office to complete enrollment

All items are required for new and re-entering students

INCOMPLETE PACKETS WILL NOT BE ACCEPTED

Thank you for your cooperation

LODI UNIFIED SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

19. Is your family involved in temporary or seasonal agricultural work? Yes No

20. Did your child attend preschool? Yes No If yes, name of preschool _____

21. Previous School Information

Last school attended			Address			
City & State	Zip	Phone	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	In which grade?	Has your child ever been accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No

22. Previous Services Received (Select ALL that apply)

<input type="checkbox"/> Counseling	<input type="checkbox"/> Gifted (G.A.T.E)	<input type="checkbox"/> English Learner	<input type="checkbox"/> 504 Plan
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23. Previous Special Education Services Received (Select ALL that apply)

<input type="checkbox"/> Speech	<input type="checkbox"/> RSP	<input type="checkbox"/> SDC	<input type="checkbox"/> IEP
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24. Confidential Ethnic/Race Information for Federal/State reports. Please answer to the best of your ability.

Part A. Is this student Hispanic or Latino? (Select only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Part B. Primary Race. Please identify the race(s) with which the student most closely identifies. Please identify the student's primary race by writing a "1" next to the race. If applicable, you may identify up to four (4) additional races by writing a "2" next to the student's secondary race, a "3" next to the student's third race, a "4" next to the student's fourth race, and a "5" next to the student's fifth race.

___ AFRICAN AMERICAN OR BLACK

___ AMERICAN INDIAN OR ALASKA NATIVE
(A person with origins from the original peoples of North, South and Central America, including the geographic regions covered by Canada, the United States, and Mexico.)

ASIAN

___ Asian Indian	___ Cambodian	___ Chinese	___ Filipino	___ Hmong
___ Japanese	___ Korean	___ Laotian	___ Vietnamese	___ Other Asian

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

___ Guamanian	___ Hawaiian	___ Samoan	___ Tahitian	___ Other Pacific Islander
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___ WHITE

25. I understand that due to overcrowded conditions at some schools in the Lodi Unified School District, there is a possibility that my child may be reassigned to another school during the school year, depending on the availability of classroom space. I understand that where the number of pupils enrolled appreciably increases, it may be necessary for my child to be reassigned during the school year.

Parent/Guardian Initials

26. I verify that all of the above information is accurate.

Date

Parent/Guardian Signature

FOR OFFICE USE ONLY WHEN REGISTERING NEW STUDENTS

Residence verification

Utility Bill		Other:		Checked by	

LODI UNIFIED SCHOOL DISTRICT HOME LANGUAGE SURVEY

Name of Student: _____
(Last Name) (First Name) (Middle Name)

Age of Student: _____ Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to the school office. Thank you for your cooperation.

Signature of Parent or Guardian

Date

- **By signing this document, I confirm that the information provided above is accurate.**
- **Furthermore, I understand that if any one of questions 1, 2, or 3 have a language other than English, my child will be assessed for their English Language proficiency within 30 calendar days. INITIAL Identification only.**

Distribution Instructions:

Original –To be placed in cum file

Copy 1 – Parent

Copy 2 – If any items 1-3 have an answer other than English, place in green folder

07/2018

LODI UNIFIED SCHOOL DISTRICT

**** Parent/Guardian Questionnaire****

Dear Parent/Guardian,

California Education Code 49079 requires that teachers be informed of each student who has violated a school's discipline code during the current and three (3) previous school years. This notification requirement includes information the school receives from law enforcement agencies.

Therefore, please answer the following questions and provide requested information:

Name of Student _____ Date of Birth _____

School Last Attended _____ City _____ State _____

- (1) Has this student been **SUSPENDED** from any school in the last three (3) years for any reason? Suspension is a short term removal from school for one (1) to five (5) days.

YES _____ REASON(S) for SUSPENSION(S) _____

NO _____

- (2) Has this student ever been **EXPELLED** from a school district? Expulsion is removal from school for an extended period of time (one semester, two semesters or up to one year).

YES _____ REASON(S) for EXPULSION(S) _____

NO _____

- (3) Is this student currently on Juvenile Probation for violation(s) of the California Penal Code?

YES _____ REASON(S) on PROBATION(S) _____

DATE PROBATION STARTED _____

NO _____

I certify (or declare) under penalty of perjury under the laws of the State of California that the information I provided on this questionnaire form is true and correct.

Parent/Guardian Signature _____ Date _____

School History

It is important that we be able to obtain transcripts from all previous secondary schools your student attended to insure that all credits are reported for GRADUATION purposes. If we are unable to obtain accurate information, your student may not graduate by his/her target date. List below all middle and high school programs your child has attended.

Student Name _____ Other name(s) used _____

I.D. # _____ (If attended school in Lodi Unified School District)

Last school attended _____

Address _____ City/State _____

Grade _____ Length of time attended _____

Type of School: Public _____ Alternative _____ Home Study _____
 Community _____ Other _____

• School attended in **Grade 6** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 7** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 8** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 9** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 10** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 11** _____ City/State _____
 Length of time attended _____

• School attended in **Grade 12** _____ City/State _____
 Length of time attended _____

Signed _____ Date _____

Homeroom _____

Grade _____

STUDENT EMERGENCY INFORMATION CARD

ONLY the adults listed on this emergency card will have authorization to have contact with the named student or permission to have the student released to them. Please print clearly & carefully.

Name _____
Last First Middle M F Primary Contact Phone

Address (where student lives) _____ City Zip Birthdate (Mo/Day/Yr) Student Cell Phone

Parent/Guardian Living With Student Relation _____ Parent/Guardian 2 Relation _____ Live with Student?

Name _____ Name _____

1st Phone _____ Home Cell Work 1st Phone _____ Home Cell Work

2nd Phone _____ Home Cell Work 2nd Phone _____ Home Cell Work

3rd Phone _____ Home Cell Work 3rd Phone _____ Home Cell Work

Mailing Address _____ Mailing Address _____

Employer _____ Employer _____

Language of Correspondence _____ Language of Correspondence _____

E-mail _____ Access to Student Info Online: Authorized Not Authorized E-mail _____ Access to Student Info Online: Authorized Not Authorized

Please check either Guardian or Emergency to signify Contact Type for the 3rd and 4th people to be called if the above cannot be reached in case of emergency

#3 Guardian Live with Student? Emergency Relation _____ #4 Guardian Live with Student? Emergency Relation _____

Name _____ Name _____

1st Phone _____ Home Cell Work 1st Phone _____ Home Cell Work

2nd Phone _____ Home Cell Work 2nd Phone _____ Home Cell Work

3rd Phone _____ Home Cell Work 3rd Phone _____ Home Cell Work

Mailing Address _____ Mailing Address _____

Employer _____ Employer _____

E-mail _____ Access to Student Info Online: Authorized Not Authorized E-mail _____ Access to Student Info Online: Authorized Not Authorized

ADDITIONAL CONTACTS, NOT LISTED ABOVE, AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN IS UNAVAILABLE:

(5) Name _____ Primary Phone _____ Second Phone _____ Relationship _____

(6) Name _____ Primary Phone _____ Second Phone _____ Relationship _____

WHEN PARENT/GUARDIAN/ALTERNATE IS UNAVAILABLE, I PERMIT THE SCHOOL TO TAKE THE ABOVE-NAMED STUDENT, AT MY PERSONAL EXPENSE, BY AMBULANCE, TO THE NEAREST HOSPITAL FOR TREATMENT TO:

Doctor _____ Phone _____ Address _____

Hospital Preference _____ Insurance Provider / ID # _____

Please indicate any medical conditions that could or might result in an emergency situation:

PLEASE CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS

Allergies (insect bites, food, medications, etc) Asthma Seizures Diabetes Hearing Impairment

Corrective Lenses Neurological Disorders Other _____

Other behavioral or mental health conditions: _____

Medications: _____

If necessary to dispense medication during school hours, a formal request signed by a doctor and parent must be completed and kept with the medication at school. A logged record is kept of such dispensing.

It is the desire of the school and the district to be well-informed of anything about your student that will help us to meet his/her needs. Please contact us if anything changes or needs to be added. All information contained herein is treated confidentially.

LAST NAME

FIRST NAME

I.D. NO.

PRIMARY CONTACT PHONE

Parent/Guardian Signature _____

Date _____

Lodi High School
Registrar's Office
3 S. Pacific Avenue
Lodi, CA 95242

Phone (209) 331-7700
Fax (209) 331-7686
E-Mail lbryant@lodi.usd.net

Name	Date of Birth	Grade
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The above named student has enrolled at Lodi High School. Please forward his/her cumulative records including a complete transcript and transfer grades.

Lori Bryant

Registrar - Lori Bryant

Date

Signature of Parent or Guardian

Date