



Merced Union High School District Enrollment Form

School Use: AERIES #

Perm #

Grad Yr:

Programs: EL Foreign Exchg

SpecialEd

The Merced Union High School District does not discriminate on the basis of race, color, sex, religion, national origin, citizenship status or immigration status

STUDENT INFORMATION:			
Last Name - Legal	First Name – Legal	Middle Name:	Suffix (jr, II, III)
Gender:	Grade:	Birth Date:	
Student's Previous School:			
Name:		City:	Phone Number:
This school is: <input type="checkbox"/> Regular <input type="checkbox"/> Alternative <input type="checkbox"/> Continuation <input type="checkbox"/> Charter/Private			
Student's Mailing Address (Primary): Please Circle One: Parent or Guardian		City:	State: Zip Code:
Student's Residence Address (if different): Please One: Parent or Guardian		City:	State: Zip Code:

PARENT/GUARDIAN #1 INFORMATION:			
Parent/Guardian: Relationship to student:		Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 50/50 (joint)	
Education: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Plus Post Graduate <input type="checkbox"/> Unknown/Decline to state		Custody Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please provide documentation	
Home Phone:	Cell Phone:	Work Phone:	Email Address:

PARENT/GUARDIAN #2 INFORMATION:			
Parent/Guardian: Relationship to student:		Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 50/50 (joint)	
Education: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Plus Post Graduate <input type="checkbox"/> Unknown/Decline to state		Custody Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please provide documentation	
Home Phone:	Cell Phone:	Work Phone:	Email Address:

EMERGENCY CONTACT INFORMATION				
If your child should become ill or is injured at school and we cannot contact you, we will use an emergency contact (relative/friend/neighbor) to care for your child. These individuals will be the only people allowed to transport your child from school for any reason unless the office receives a written release. Please provide more than one emergency contact.				
Emergency Contact #1	Relationship to Student	Home Phone	Work Phone	Cell Phone
Emergency Contact #2	Relationship to Student	Home Phone	Work Phone	Cell Phone
Emergency Contact #3	Relationship to Student	Home Phone	Work Phone	Cell Phone

MEDICAL INFORMATION	
Does student have any chronic health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please check those which apply to your child:	
<input type="checkbox"/> Asthma (carries inhaler)	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Heart Problems
<input type="checkbox"/> Ear (hearing aid)	<input type="checkbox"/> Eye (glasses) <input type="checkbox"/> Anaphylaxis (severe bee sting or food allergy)
<input type="checkbox"/> Allergies (dust/pollen)	<input type="checkbox"/> Allergies to food (Please list):
Does student take prescription medication on a <u>regular</u> basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list below:	
Is student allergic to any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list below:	

State law authorizes school officials to arrange for reasonable emergency treatment by a physician or hospital when a pupil is ill or injured at school unless a parent or guardian files with the school district a written objection to any medical treatment other than first aid. (Ed Code Sec. 11902.1). Should an emergency arise a reasonable effort will be made to contact you, circumstances permitting.

I have read the foregoing and consent to such emergency treatment by a physician or hospital as is deemed reasonable in the event my child is ill or injured at school or at any school sponsored activity on or off the school grounds.

Signature of Parent/Guardian _____ Date _____