

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT  
2021-22 STUDENT INFORMATION CARD

Student's Name (First/Last): \_\_\_\_\_  
Teacher (Elem): \_\_\_\_\_  
Counselor (Middle/High): \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT ENROLLMENT STATUS:**  
 **Continuing:** Attended same school last year.  
 **Transfer/Promotion:** Attended another SLCUSD school.  
 **New:** Not previously enrolled in district.  
 **Former:** Returning to district after absence.  
Date last attended SLCUSD \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**  
A. Education level of MOST educated parent or guardian:  
 Graduate school/postgraduate training     High school graduate  
 College graduate     Not a high school graduate  
 Some college (includes AA degree)     Decline to state/unknown  
B. Is either parent/guardian assigned to active military duty?     Yes     No

**SCHOOL LAST ATTENDED:**  
Address Street or P.O. Box/City/Zip and Phone \_\_\_\_\_  
Date last attended: \_\_\_\_\_ Reason for leaving:  Voluntary  
 Expulsion  
Has your child ever been expelled from a school district?  
 Yes     No    If yes, when and why?  
Did your child attend Preschool or Transitional Kindergarten (TK) in SLCUSD?  Yes  No If yes, which school?

**RESIDENCE: Is the student and/or family living:**  
1. With another family and/or relative due to economic hardship?     Yes     No  
2. Student not living with a parent/legal guardian?     Yes     No  
3. In a hotel or motel?     Yes     No  
4. At a campground, in a car, R.V., or unsheltered?     Yes     No  
5. In a shelter?     Yes     No  
6. In a foster home?     Yes     No

**STUDENT'S HEALTH PLAN / MEDICAL INSURANCE:**  
 I would like more information about the Family Resource Centers.  
 I would like more about free or low-cost health insurance.  
 None     Medi-Cal/CenCal     Private Insurance    Plan Name: \_\_\_\_\_  
Do you have vision insurance?     Yes     No    Do you have dental insurance?     Yes     No

I request Spanish translation for:  
 school meetings     district and school communications

My child has an: IEP     Yes     No    Section 504 Plan     Yes     No

**I GIVE PERMISSION FOR THE FOLLOWING:**  
 Yes     No    I give permission for school personnel to discuss the health conditions/medications listed on my child's Emergency Information Card with the physician(s) listed on my child's Emergency Information Card. **I understand that permission to contact physician is required should I ask the school to dispense medication to my child.**  
 Yes     No    As a parent/guardian, I give permission for my name, address, phone number, and email address to be published in a school directory.  
 Yes     No    As a parent/guardian, my name, address, phone number, and email address may be released for school-related use.  
 Yes     No    My child may be interviewed, have his/her picture or video taken, or appear in newspaper, on television or on radio programs and be identified by first name.  
 Yes     No    My child's first name, photo, and/or work samples may be posted on the Internet (including teacher, school, district and/or district-affiliated websites) in recognition of school-related activities.

**THE FOLLOWING QUESTIONS ARE FOR HIGH SCHOOL STUDENTS ONLY:**  
**Grades 9-12 Only:**     Yes     No    I give permission to release my address to the company for class ring / diploma / cap and gown / school pictures.  
**Grades 11 and 12 Only:**  
1. Your child's name will be included in a directory of names and addresses provided annually to military recruiters unless you decline by opting out here:     Yes, I would like to opt my child out. I do not want their information released to military recruiters.  
2. Your child's name will be included in a directory of names and addresses provided annually to college representatives unless you decline by opting out here:     Yes, I would like to opt my child out. I do not want their information released to college representatives.  
3. I approve release of my address to:    Grad Night Committee     Yes     No    Senior Portrait Package Providers     Yes     No

***My signature indicates that the information contained herein is accurate to the best of my knowledge, that my permission is given as indicated above and, per Section 48982 of the Education Code, that I have received, read, and understand the 2019-20 Annual Parent Notification, which includes the Student Conduct Code and the Student Technology Responsible Use Agreement.***

\_\_\_\_\_  
Parent's/Stepparent's/Guardian's Signature    Date    **AND**    Student's Signature    Date

Yes, I would like to be contacted regarding opting my student out of district technology use.  
Student has access to internet at home:     Yes     No    Student has access to a computer at home:     Yes     No  
Revised 1/14/20

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT  
2021-22 STUDENT EMERGENCY INFORMATION CARD**

Student's Name \_\_\_\_\_  
Teacher/Counselor \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Legal Name: Last First Middle			Student's Preferred Name		
Residence Address: Street / City / Zip <input type="checkbox"/> Check if new address			Home Phone	Birth Date (mo./day/year)	
Mailing Address (if different): Street or P.O. Box / City / Zip <input type="checkbox"/> Check if new address			Grade	Gender (F/M/N)	
<b>Other Children in the Family:</b>					
Name		Age	School	Name	
1. _____		_____	_____	3. _____	
2. _____		_____	_____	4. _____	

**PARENT/GUARDIAN INFORMATION** (Enter names of legal parents/stepparents/guardians/caregivers only, starting with parent(s) with whom student resides.):

**NOTE:** Parent/Guardian contact information may be used for school-related business, such as attendance and informational messages. (Code of Federal Regulations, Title 34, 99.1-99.67 FERPA)  
If you agree to allow the district to send text message reminders and announcements directly to your cell phone, please check the "Receive Texts" box below. By checking the box, you agree to pay fees charged by your cellular service provider.

Contact #1	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <b>Send mailings</b> <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #2	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <b>Send mailings</b> <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #3	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <b>Send mailings</b> <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation

**FOR SECONDARY ONLY:** If you agree to allow the district to call and/or send text message reminders and announcements directly to your student's cell phone, please enter the student cell phone number here. By entering the phone number, you agree to pay fees charged by your cellular service provider.

Student's Cell Phone: \_\_\_\_\_

**Custody Order:**  Yes  No If Yes, please attach a copy of the order and include a schedule (i.e. Mother M-W, Father Th/F) **Restraining Order:**  Yes  No If Yes, please attach a copy.

**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN):** In the absence of a legal parent, stepparent, or guardian, school staff may notify or release my student to the person(s) listed below in case of illness, accident or evacuation. List only local persons, in the order in which they should be contacted.

First Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Second Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Third Contact:	Name	Relationship	Home Phone	Work Phone	Cell

**HEALTH: Physician's Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

The school may give first aid to any student, and the hospital/doctor may render medical treatment even though parent/guardian is not available if there is no prior written objection to medical treatment filed with the school site. (C.E.C. 49407, 25.8)

**Please list allergies and/or other health conditions that you want us to share with teachers and other school staff:**

Does your child wear glasses?  Yes  No Does your child use a wheel chair?  Yes  No

**If your child has confidential health conditions that you want to share, please make an appointment with the school nurse.**

**MEDICATION:** My student  Takes continuing medication: If so,  Before/After school only OR  During school hours. (If medication, either prescription or non-prescription, is to be given during school hours, a consent form signed by parent/stepparent/guardian and physician MUST be on file.)

If medication is taken during school hours, name of medication and purpose: \_\_\_\_\_

**SIGNATURES**

Parent's / Stepparent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's / Stepparent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Use Only:** Enroll Status:  New  OE  AT  IDT  COR Alerts:  Medical  Custody

Entry date: \_\_\_\_\_ Leave date: \_\_\_\_\_

If student leaves the district, note the following information:

The student's record was sent to (school) \_\_\_\_\_ located in (city) \_\_\_\_\_ on (date) \_\_\_\_\_

**2021-2022 Confidential Student Health Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool  TK/Kinder  New Student, Grade Level: \_\_\_\_\_

**Wears Glasses/Contacts:**  Yes  No Reason (nearsighted, farsighted, astigmatism, etc.): \_\_\_\_\_

**Hearing Loss/Concerns:**  Yes  No Notes: \_\_\_\_\_

**My Child has a Health Condition**  No (**STOP HERE**) Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, Please complete remainder of form

**Asthma:**  Severe  Mild Triggers: \_\_\_\_\_  
Medications\*: \_\_\_\_\_  Taken at school  Taken at home

**Allergies:**  Anaphylaxis/Epi-pen  Severe  Mild Triggers: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Medications\*: \_\_\_\_\_  
Date of most recent anaphylactic reaction: \_\_\_\_\_  N/A

**Diabetes:**  Type 1  Syringe/Pen  Pump  CGM  Independent in care  
 Type 2 Medications\*: \_\_\_\_\_  Taken at school  Taken at home  
*(MD school orders are required prior to school staff participation in diabetic care.)*

**Seizures:** **History** Age of first incident: \_\_\_\_\_ Type: \_\_\_\_\_ Treatment: \_\_\_\_\_  
**Current Seizure Disorder** Type: \_\_\_\_\_ Date of most recent seizure: \_\_\_\_\_  
Medications\*: \_\_\_\_\_  Taken at school  Taken at home  
 VNS

**Other Health Conditions:** \_\_\_\_\_

**Medications\*:** \_\_\_\_\_  Taken at school  Taken at home

\*The school requires a completed medication authorization form for any medication, over the counter and prescription, that is taken at school. This applies to all student medication at school, whether it is kept in the health office or with the student. The form must be completed annually by the parent/guardian and a licensed health care provider. Forms are available at the school office.

Parent Signature

Date

Nurse Signature

Date

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**  
**Division of Educational Services**  
**HOME LANGUAGE SURVEY**

Date: \_\_\_\_\_ School: \_\_\_\_\_

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential to providing meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this signed form to the school secretary.

Name of Student: \_\_\_\_\_  
Last
First
Middle
Grade
Age

1. Which language did your son/daughter learn when he/she began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently use when speaking to your child? \_\_\_\_\_
4. Name the language most often spoken by the adults at home? \_\_\_\_\_

Has your son/daughter taken the English Language Proficiency Assessments for California (ELPAC) in the past 12 months?  No  Yes  
 (This test is administered to prospective English Learners and annually to all English Learners.)

If yes, approximate date: \_\_\_\_\_

Student's Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Country:  USA Other: \_\_\_\_\_

Date First Enrolled in a U.S. School \_\_\_\_\_

<p><b>ETHNICITY</b>  <b>Part I: <i>Mark one.</i></b></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>ETHNICITY/RACE</b>  <b>Part II: <i>In addition to your response in Part I, mark one or more boxes below.</i></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Asian</u></p> <p><input type="checkbox"/> Asian Indian  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Hmong  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Black or African American  <input type="checkbox"/> White</p> <p><u>Native Hawaiian or Other Pacific Islander</u></p> <p><input type="checkbox"/> Guamanian  <input type="checkbox"/> Hawaiian  <input type="checkbox"/> Samoan  <input type="checkbox"/> Tahitian  <input type="checkbox"/> Other Pacific Islander</p> </td> </tr> </table>	<p><u>Asian</u></p> <p><input type="checkbox"/> Asian Indian  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Hmong  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian</p>	<p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Black or African American  <input type="checkbox"/> White</p> <p><u>Native Hawaiian or Other Pacific Islander</u></p> <p><input type="checkbox"/> Guamanian  <input type="checkbox"/> Hawaiian  <input type="checkbox"/> Samoan  <input type="checkbox"/> Tahitian  <input type="checkbox"/> Other Pacific Islander</p>
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The information contained herein is accurate to the best of my knowledge. \_\_\_\_\_

Signature of Parent/Stepparent/Guardian