

(PLEASE PRINT)

MANTECA UNIFIED SCHOOL DISTRICT REGISTRATION

SCHOOL YEAR _____

STUDENT INFORMATION FORM (Please Print)

Check if new Address, Check if new phone #, Legal Last Name, First Name, Middle Name, Grade, Birthdate, Resident Address, City, Zip, Primary Contact Number, Mailing Address, City, Zip, Gender (F, M, Non-binary)

ETHNICITY/RACE (Complete Both Parts "A" and "B"), Part "A" (Hispanic or Latino), Part "B" (American Indian, Chinese, Japanese, etc.), MILITARY FAMILIES (One or more parent/guardian is a full time active duty member of the armed forces)

PARENT/GUARDIAN INFORMATION

1) Parent/Guardian Full Name, Primary Phone, Secondary Phone, Relationship to Student, Address, City, Zip, E-mail Address, Highest Grade Completed/Degree, Lives With Student, Has Educational Rights, Receive Text Notifications, Parent Portal Access

2) Parent/Guardian Full Name, Primary Phone, Secondary Phone, Relationship to Student, Address, City, Zip, E-mail Address, Highest Grade Completed/Degree, Lives With Student, Has Educational Rights, Receive Text Notifications, Parent Portal Access

3) Parent/Guardian Full Name, Primary Phone, Secondary Phone, Relationship to Student, Address, City, Zip, E-mail Address, Highest Grade Completed/Degree, Lives With Student, Has Educational Rights, Receive Text Notifications, Parent Portal Access

HOME LANGUAGE SURVEY, OTHER CHILDREN LIVING IN THE HOME

1. Which language did your child learn when he/she first began to talk? 2. What language does your child most frequently use at home? 3. What language do you use most frequently with your child? 4. What language is most often spoken by the adults at home?

PREVIOUS SCHOOL INFORMATION

Name of Last School Attended, Address, City, State, Zip, Phone Number, Attendance Contract?, Disciplinary Contract?, Other, Current Expulsion Order?, What District (Name of District)?, When?, Offense?, Special Programs, Preschool Attended: (MUSD, Other, None), Previously Retained?, Court Documents?

FOR OFFICE USE ONLY

Student ID Number, Physical Date, Address Verification (5111.1-A, 5111.1-B, Electric/Gas Bill, Garbage/Water Bill, Phone Bill), Birth Verification (Affidavit, Birth Certificate, Baptism Record, Passport, Transfer), Immunizations (Conditional, Exempt, Unconditional, Schedule), Home School, Overflow School, Overflow Date, Boundary Exception #, MUSD Contracted Employee? (Yes/No), Funding, S.E. Split Slot, Information Verified By:

PLEASE COMPLETE BOTH SIDES OF FORM

Revised 4/10/19

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EMERGENCY CONTACTS (other than custodial parent/guardian)

The adult(s) listed as an emergency contact has been authorized as someone to whom the student may be released when the custodial parent/guardian cannot be reached, and the principal or designee verifies the adult's identity.

Emergency Contact #1, #2, #3 forms including fields for Primary Phone, Secondary Phone, Address, City, State, Zip, and Relationship to Student. Includes checkboxes for Home, Work, and Cell phone types.

MEDICAL INFORMATION

Medical Information section including Primary Care Physician, Specialist (1), Specialist (2), Medical Insurance Provider, Name of Insured, Policy/Group Number, and Phone Number.

Allergies and Other Health/Medical Conditions(s) section. Includes checkboxes for Bee Sting, Food, Peanuts, Asthma, Cancer, Cystic Fibrosis, Diabetes, Vision, Seizures, Orthopedic, Heart Problems, Hemophilia, and Bleeding Disorder.

Health questions section: Does your child have any health, or physical limitations or restrictions? Does your child have any diet restrictions or needs? Has your child been hospitalized in the last year? Do you have any other health or medical concerns for your child?

MEDICATIONS/PROCEDURES/TESTS

Table for Medications/Procedures/Tests with columns: Medication/Procedure/Test, Needed at School?, How Often?, How Much?, Needs Help with Medication/Procedure/Test.

Have you provided the school with a medication authorization or doctor's order, signed by a medical provider, for any medicine, procedure, or test to be provided during school hours or in the event of an emergency? Yes No. Note: Medical authorization and doctor's order must be updated annually.

Medical Consent

Manteca Unified School District is dedicated to your child achieving his/her academic and personal potential. Health or medical conditions can interfere or prevent a student from achieving their personal potential. Our school nurse will review this information and may contact you. If necessary, the school nurse will work with you to address your child's health or medical condition. If you have any questions please call Health Services at (209) 858-0782. I, the parent/legal guardian of this child, certify that all the information on this form is true and correct. I understand that MUSD will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and that the information becomes part of the student's permanent educational record. This information will be shared with individuals working at or with the school district for providing safe, appropriate, and least restrictive educational settings and school health services and programs. In case of an emergency, the school has my permission to obtain medical care for my child or send my child to the hospital of my choice by ambulance at my expense. My signature below also provides consent for emergency medical treatment.

Parent/Guardian Consent

Please note that by giving us your contact and registration information, you willingly consent to receiving phone calls and email communication from teachers, administrators, and District personnel. This could include e-mails about your student's progress, school site events, District events, and events happening in the community. We will also share news and District publications - all in an effort to help keep you informed.

I, the parent/guardian of this student, certify that all the information on this form (both sides) are true and correct.

Parent/Guardian Print: _____ Date: _____

Parent/Guardian Signature: _____