

(PLEASE PRINT)

MANTECA UNIFIED SCHOOL DISTRICT REGISTRATION

SCHOOL YEAR_____

| <input type="checkbox"/> Check if new Address | | STUDENT INFORMATION FORM (Please Print) | | | | <input type="checkbox"/> Check if new phone # | | | |
|---|-------------------------------|--|--------------------------------------|---|--|--|--|---|--------------------------------|
| Legal Last Name <i>(as it appears on birth certificate)</i> | | First Name | | Middle Name | Grade | Birthdate (MM/DD/YY) | | | |
| Resident Address | | City Zip | | Primary Contact Number | | | | | |
| Mailing Address <i>(if different from above)</i> | | City Zip | | Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-binary | | | | | |
| ETHNICITY/RACE <i>(Complete Both Parts "A" and "B")</i> | | | | | | MILITARY FAMILIES | | | |
| Part "A" | | Part "B" Please mark at least one race below in addition to selection in Part "A" | | | | One or more parent/guardian is a full time active duty member of the armed forces: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this student Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | | | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| | | <input type="checkbox"/> Asian Indian | | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | | | <input type="checkbox"/> Samoan | <input type="checkbox"/> Hmong |
| | | <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Laotian | | | <input type="checkbox"/> Tahitian | |
| | | <input type="checkbox"/> Cambodian | | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | | | <input type="checkbox"/> Vietnamese | |
| PARENT/GUARDIAN INFORMATION | | | | | | | | | |
| 1) Parent/Guardian Full Name | | Primary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Address (if different from student) | | City Zip | | E-mail Address: | | Highest Grade Completed/Degree | | | |
| Lives With Student <input type="checkbox"/> | | Has Educational Rights <input type="checkbox"/> | | Receive Text Notifications <input type="checkbox"/> | | Parent Portal Access <input type="checkbox"/> | | | |
| 2) Parent/Guardian Full Name | | Primary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Address (if different from student) | | City Zip | | E-mail Address | | Highest Grade Completed/Degree | | | |
| Lives With Student <input type="checkbox"/> | | Has Educational Rights <input type="checkbox"/> | | Receive Text Notifications <input type="checkbox"/> | | Parent Portal Access <input type="checkbox"/> | | | |
| 3) Parent/Guardian Full Name | | Primary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Address (if different from student) | | City Zip | | E-mail Address | | Highest Grade Completed/Degree | | | |
| Lives With Student <input type="checkbox"/> | | Has Educational Rights <input type="checkbox"/> | | Receive Text Notifications <input type="checkbox"/> | | Parent Portal Access <input type="checkbox"/> | | | |
| HOME LANGUAGE SURVEY | | OTHER CHILDREN LIVING IN THE HOME | | | | | | | |
| 1. Which language did your child learn when he/she first began to talk? | | Full Name | | Birthdate (MM/DD/YY) | | School Attending | | | |
| 2. What language does your child most frequently use at home? | | Full Name | | Birthdate (MM/DD/YY) | | School Attending | | | |
| 3. What language do you use most frequently with your child? | | Full Name | | Birthdate (MM/DD/YY) | | School Attending | | | |
| 4. What language is most often spoken by the adults at home? | | Full Name | | Birthdate (MM/DD/YY) | | School Attending | | | |
| PREVIOUS SCHOOL INFORMATION | | | | | | | | | |
| Name of Last School Attended | | Address | | City | | State | Zip | | |
| Phone Number | | | | | | | | | |
| Attendance Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Disciplinary Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other | | Current Expulsion Order? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | | | What District (Name of District)? | | | |
| | | | | | | When? | | | |
| | | | | | | Offense? | | | |
| Special Programs | | | | Preschool Attended: | | Previously Retained? <input type="checkbox"/> Yes or <input type="checkbox"/> No Court Documents? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | |
| <input type="checkbox"/> IEP | <input type="checkbox"/> SDC | <input type="checkbox"/> 504 | <input type="checkbox"/> Speech Only | <input type="checkbox"/> RSP | Program Name: _____ Frequency Attended: _____ | | | | |
| <input type="checkbox"/> AVID | <input type="checkbox"/> GATE | <input type="checkbox"/> English Learner | <input type="checkbox"/> Migrant Ed | <input type="checkbox"/> Indian Ed | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| Student ID Number | Physical Date | Address Verification ___ 5111.1-A | Birth Verification ___ Affidavit | Immunizations ___ Conditional | Home School | | MUSD Contracted Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Entrance Date | Teacher | ___ 5111.1-B | ___ Birth Certificate | ___ Exempt | Overflow School | | Funding | | |
| Entrance Grade | Counselor | ___ Electric/Gas Bill | ___ Baptism Record | ___ Unconditional | Overflow Date | | S.E. Split Slot | | |
| Date Records Requested | Room | ___ Garbage/Water Bill | ___ Passport | Schedule | Boundary Exception # | | Information Verified By: | | |
| ___ Phone Bill | | ___ Transfer | | | | | | | |
| PLEASE COMPLETE BOTH SIDES OF FORM | | | | | | | | | |
| Revised 4/10/19 | | | | | | | | | |

(PLEASE PRINT)

MANTECA UNIFIED SCHOOL DISTRICT REGISTRATION

SCHOOL YEAR _____

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 | | Primary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| Address | City | State | Zip | Relationship to Student | |
| Emergency Contact #2 | | Primary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| Address | City | State | Zip | Relationship to Student | |
| Emergency Contact #3 | | Primary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| Address | City | State | Zip | Relationship to Student | |
| Public Agency/Social Worker | | Address | | City/State/Zip | Phone |

MEDICAL INFORMATION

| | | | | |
|--|--------------|--|---------------------|--------------------|
| Primary Care Physician | | Phone Number | Last Seen Date | Hospital of Choice |
| Specialist (1) | Phone Number | Specialist (2) | | Phone Number |
| Medical Insurance Provider | | Name of Insured | Policy/Group Number | Phone Number |
| Allergies <input type="checkbox"/> Bee Sting <input type="checkbox"/> Food <input type="checkbox"/> Peanuts Other, List: _____ _____ | | Other Health/Medical Conditions(s) <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Vision <input type="checkbox"/> Seizures <input type="checkbox"/> Orthopedic <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hemophilia, Bleeding Disorder <input type="checkbox"/> Other Please List Below | | |
| Does your child have any health, or physical limitations or restrictions? | | If yes, please describe: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Does your child have any diet restrictions or needs? | | If yes, please describe: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Has your child been hospitalized in the last year? | | If yes, please describe: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have any other health or medical concerns for your child? | | If yes, please describe: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

MEDICATIONS/PROCEDURES/TESTS

| | | | | |
|-----------------------------|-------------------|------------|-----------|---|
| Medication/Procedure/Test 1 | Needed at School? | How Often? | How Much? | Needs Help with Medication/Procedure/Test |
| Medication/Procedure/Test 2 | 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: _____

Please contact your student's school if there are any changes in this information.

Revised 4/10/19