

• FOR OFFICE USE •

ID# _____ Grade _____ Area _____ Birth Ver _____ Immun _____ Tdap _____ Res Verif _____ Photo ID _____ Spec Svcs _____
Reg Date/Initial _____ / _____ Counselor _____ Caregiver _____ Court Docs _____ Med Acc _____ Email to: SPED InsSrvs CWA HlthSrvs

Lincoln High School • 6844 Alexandria Pl • Stockton, CA 95207

STUDENT INFORMATION SHEET for Grades 9~12th

Student's Legal Name _____ Birth Date ____ / ____ / ____ Grade _____
As identified on birth certificate Last First Middle Suffix (Jr., Sr., III) Month Day Year 2023-24

Home Address _____ Apt _____ City _____ Zip _____

Home Phone () _____ Male _____ Female _____ Nonbinary _____ Student's Email _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

Parent ED Level Not a high school graduate High school grad Some college College grad Post grad/grad school

Father's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

Parent ED Level Not a high school graduate High school grad Some college College grad Post grad/grad school

Guardian's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

Guardian ED Level Not a high school graduate High school grad Some college College grad Post grad/grad school

EMERGENCY INFORMATION (other than parent/guardian)

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

STUDENT'S MEDICAL INFORMATION

Describe any physical, health, or medical information we should be aware of including medications required during school:

Doctor's Name _____ Phone () _____ Hospital Preference _____

NOTE: Lincoln Unified School District *does not* carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian. You may purchase student accident insurance if you wish. Applications are available in the school office.

MEDI-CAL ELIGIBILITY

If my child is or may become eligible for public benefits (Medi-Cal); I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits for applicable services.

Yes No

SPECIAL EDUCATION

Has your child been served in a special program? If so, please specify: Special Education GATE Title I

What Service: Special Day Class Resource Specialist Program Behavior Support Plan Language, Speech & Hearing

Does your child have an IEP or 504 Plan?

RACE/ETHNICITY INFORMATION

(Providing this information is voluntary and will only be used for reporting student statistics to the California Department of Education as required.)

Is your child Hispanic or Latino? (Choose only one response.) No, not Hispanic or Latino Yes, Hispanic or Latino

Please continue to answer by marking one or more of the following boxes to indicate your child's race.

- Black/African American
 - American Indian/Alaskan Native
 - White
 - Asian/Asian American
 - Pacific Islander
- } Circle one: Chinese Japanese Filipino Korean Vietnamese Asian Indian Laotian Cambodian
- Hawaiian Samoan Guamanian Tahitian Other Asian Other Pacific Islander

Student's Birthplace _____
City State Country

Date student first enrolled in a USA school (if previously attended out-of-state or was born in another country) _____
Month Day Year

Has your child previously attended school in California? Yes No Date first enrolled in CA schools _____

Is either parent/guardian currently an active member of any branch of the US Armed Forces? Yes No

CORRESPONDENCE LANGUAGE PREFERENCE

What language would you like us to use when speaking with you? _____ . . . when writing to you? _____

Previous School Attended _____
Name of School School District Phone Date Last Attended

Has your child previously attended a Lincoln Unified School? Yes No If so, list name of school(s) and year(s) attended:

 Parent/Guardian Signature _____ Date _____

It is the policy of the Lincoln Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates.