



Redlands Unified School District

Business Services Division ~ ENROLLMENT/DATA CENTER

7 W. Delaware Avenue, Redlands, CA 92374 ~ (909) 307-2470 ~ Fax (909) 307-2471

Supplemental Registration Questionnaire

Name	Grade	Date of Birth
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1. Did your student receive any of the following special assistance at his/her last school? Yes No
If "Yes," check all that apply and submit copy of documentation such as Individualized Education Plan (IEP), 504 Plan, etc., as applicable.

- | | |
|---|--|
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Bilingual Services | <input type="checkbox"/> Resource Specialist Program (RSP) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special Day Class placement |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Hearing/Visual Impairment | <input type="checkbox"/> Title I Services |
| <input type="checkbox"/> Wheelchair/Walker Accommodations | <input type="checkbox"/> 504 Accommodations – Please submit copy |
| <input type="checkbox"/> Other: _____ | |

2. Has your student ever been retained (held back)? Yes No *If yes, please state grade & reason:*

 School, City, and State: _____

3. Where is your child/family currently living? (Check **one** box only) *This information may be used to determine if your child qualifies for any additional assistance under the "Every Student Succeeds Act" (ESSA) of 2015.*

- In a single family residence
- With more than one family in a house or apartment
- In a shelter or transitional housing program
- In a motel, car, or campsite
- In a foster care placement or group home

Please check appropriate response:

Is your living arrangement temporary? Yes No

If yes, is this due to loss of housing or economic hardship? Yes No

4. Does your child have health insurance? Yes No I do not know

If you checked "No," your child may be eligible for free or low-cost health insurance through Medi-Cal or Covered California.

Please check the box for more information on how to obtain or renew health insurance for your child(ren).

_____ I give Redlands Unified School District consent to contact me with more information, as necessary.
 Please initial

(Over Please)

Supplemental Registration Questionnaire – Continued

5. **Has your student ever been expelled?** Yes No

If yes, please state reason: _____

School/district that expelled student _____

When did the expulsion occur (specify date)? _____ Grade _____

6. **If Student is currently residing in a Group Home**, please provide the following:

Group Home name _____

Address _____ Phone number _____

Contact Name _____ Contact Cell Phone _____

7. **Does student have a Social or Welfare Worker?** Yes No

If yes, Name: _____ Phone Number: _____

8. **If student has ever been in foster care, date case was closed:** _____

- Does student receive visits from a social worker? Yes No
- Does student regularly attend court to discuss who he/she will live with? Yes No
- Does student have an attorney or other court representative who helps determine with whom he/she will live? Yes No

9. **Has your student ever been placed in juvenile detention?** Yes No

If yes, When: _____ Where: _____

10. **Is your student *currently* on probation with the juvenile authorities?** Yes No

If yes, Probation Officer's name: _____

Probation Officer's phone number: _____

11. **Does your student have at least one parent/guardian on active military duty?** Yes No

This includes Active military duty in the Army, Navy, Air Force, Marine Corps, Coast Guard, and full-time National Guard. *If your response is "Yes," please circle the appropriate branch.* [This information is requested as part of the "Every Student Succeeds Act" (ESSA) of 2015.]

Parent/Guardian Signature

Date

*Thank you for completing this form.
We look forward to working with you to help your child succeed in school!*