Riverside Unified School District New Student Registration 2024-2025

1) STUDENT INFORMATION

Student Last Name	Student First Name	Middle Name

Legal Name, if different	Family Email Address	
Current Street Address	City	Zip Code
Mailing Address, if different	City	Zip Code

Home phone ( )	Parent/Guardian Cell ( )	Parent/Guardian Cell ( )
Student Date of Birth	Gender: ❒ Male ❒ Female ❒ Nonbinary	

2) LAST SCHOOL ATTENDED

Name of School	Date Last Attended	Grade	City/County/State

Has student previously attended a RUSD school? ❒ No ❒ Yes* *School:

3) FAMILY INFORMATION

Please include first and last name **Check if student lives with**

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent ❒

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to ***you:***

❒ Not a high school graduate ❒ College graduate ❒ High school graduate ❒ Graduate school/Post graduate training
❒ Some college (2 or 4 yr College or University) ❒ Declines to state or unknown graduate

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent ❒

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to ***you:***

❒ Not a high school graduate ❒ College graduate ❒ High school graduate ❒ Graduate school/Post graduate training
❒ Some college (2 or 4 yr College or University) ❒ Declines to state or unknown graduate

Is Either Parent/Guardian on Active Duty in the Armed Forces? ❒ Yes ❒No
(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)
If Active, What Branch? ❒ Air Force ❒ Army ❒ Coast Guard ❒ Marines ❒ Navy

4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

5) HEALTH INFORMATION

Check all that apply:

❒ **No known health problems**
❒ Allergies (please explain)
❒ Attention Deficit/Hyperactivity
❒ Asthma (❒ Inhaler dependent*)
❒ Diabetic (❒ Insulin dependent*)
❒ Seizures/Epilepsy (❒ Medication required*)
❒ Surgeries
❒ Serious Illness (please explain)
❒ Other Medical (please explain)
❒ Other Medications* (please explain)

Comments:

_____
_____
_____
_____
_____

*** REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM**
**** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION**

6) SPECIAL PROGRAMS

❒ **Yes, my child has a current Individualized Education Plan (IEP)**
❒ Gifted and Talented Education (GATE)
❒ Behavior Plan/Behavior Contract
❒ Speech Therapy
❒ Student Study Team
❒ Other _____
❒ NONE
❒ Foster/Group Home
❒ Special Day Class (SDC)
❒ Homeless/McKinney-Vento
❒ 504 Accommodation Plan
❒ Resource Specialist Program (RSP)
❒ My child has been tested for special education

7) PAST BEHAVIOR HISTORY

SUSPENSION:
❒ My child **has** previously been suspended from a public/private school.*

EXPULSION:
❒ My child **has** been expelled from a public/private school or district. *
❒ My child **is currently** being referred for expulsion from a public/private school or district. *
*** Parents are required by law to divulge this information (EC 48918)**

8) STUDENT ETHNICITY

❒ No, not Hispanic or Latino ❒ Yes, Hispanic or Latino

9) STUDENT RACE (select one or more)

❒ American Indian or Alaska Native ❒ Filipino ❒ Korean ❒ Tahitian ❒ Asian Indian ❒ Guamanian ❒ Laotian
❒ Vietnamese ❒ Black or African American ❒ Hawaiian ❒ Other Asian ❒ White ❒ Cambodian ❒ Hmong
❒ Other Pacific Islander ❒ Chinese ❒ Japanese ❒ Samoan

*** PARENT/GUARDIAN SIGNATURE***

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature **Date:**

The Riverside Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, gender, gender identity, gender expression, immigration status, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For questions or complaints, contact Equity Compliance Officer: Raúl Ayala, Director of Pupil Services, 5700 Arlington Avenue Riverside, CA 92504, (951) 352-1200 ex. 83030, rayala@riversideunified.org and/or David Marshall, Resolution Officer, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80426, drmarshall@riversideunified.org, Title IX Coordinator: Bethany Scott, Coordinator of Title IX and Compliance, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80135, bscott@riversideunified.org, and Section 504 Coordinator: Gerardo Arenas, Administrator - Program Coordinator, Pupil Services, 5700 Arlington Ave. Riverside, CA, (951) 352-1200 ex. 83301, garenas@riversideunified.org. REV. 3/24

OFFICE USE ONLY

GRADE:	**Student ID:**	❒ **REGISTRATION COMPLETE**

DOCUMENTS VERIFIED: ❒ Birth Verification ❒ Transcripts ❒ Photo ID ❒ Emergency Card ❒ Student Housing Questionnaire
❒ Caregiver ❒ Immunization record ❒ Home Language Survey ❒ Proof of Address ❒ Physical
❒ Mandatory Parent Notification Receipt Proof #1 Date: _____ ❒ Custody documents
❒ Parent Handbook Proof #2 Date: _____ ❒ Health History Form ❒ Lunch Application

SCHOOL OF RESIDENCE: