RUSD RIVERSIDE UNIFIED EARLY CHILDHOOD

HEAD START AND STATE PRESCHOOL
2026-2027 Eligibility Requirements

Early Childhood Programs 7675 Magnolia Ave. Riverside CA 92504
BEHIND RAMONA HIGH SCHOOL ENTER OFF JEFFERSON AVE. (portables next to Don Jones Park)
Office Hours are Monday-Friday between 8:00 AM and 4:00 PM. Phone: (951) 352-8290 Fax: (951) 328-2538

Dear Parents/Guardians:

The Riverside Unified School District offers aFull Day and Part day State Preschool program. Full and Part day Head Start

- **The programs are FREE to qualifying families**
- **Children with exceptional needs (current IEP) qualify for free**
- **Partial Payment Option for over income families available $300 Monthly Fee**
- ***Spanish* Preschool Program offered at Mt. View Elementary**
- **Full Day Head Start Program at Jefferson, Longfellow and Part Day at Fremont**
- **Emerson Full day Program**
- **No transportation is provided / Information regarding transportation is available upon request**

PRESCHOOL SITE LOCATIONS by ZIP CODE

92501	92503	92504	92506	92507
Fremont Elementary Part Day Head Start	Hawthorne Elementary State Preschool	Adams Elementary State Preschool	Education Options Center (EOC) State Preschool	Emerson Elementary State Preschool **Full Day Program**
Beatty Elementary State Preschool	Liberty Elementary State Preschool	**Jefferson Elementary Full Day Head Start**	Magnolia Elementary State Preschool	Highgrove Elementary State Preschool
	Jackson Elementary State Preschool	Monroe Elementary State Preschool	Pachappa Elementary State Preschool	Harada Elementary State Preschool
	Sunshine Center CD State Preschool	Mt. View Elementary **State Preschool Native *Spanish Speakers***		**Longfellow Elementary Full Day Head Start**
	Harrison State Preschool			

Eligibility Documentation Checklist

- ☐ Child must be 2 years and 9 months up to 4 years old
- ☐ Birth Certificate or baptismal certificate **FOR ALL CHILDREN IN THE FAMILY**
- ☐ Check stubs (**1 CURRENT** month) and/or other proof of income (TANF, etc.)
  If you are paid : Monthly 1 check stub
  Bi-monthly 2 check stubs
  Bi-weekly 2 check stubs
  Weekly 4 check stubs
- ☐ Federal Income Tax returns with W2 forms (**last year**)
- ☐ Medical statement required for food allergies
- ☐ Address verification (2) (Gas bill, electric bill, governmental mail. **NO CELL PHONE OR CABLE BILLS**
- ☐ Child support documentation
- ☐ Immunization Record ☐ TB test
- ☐ Physical with hemoglobin and blood lead (Form attached, Dr. to complete form)
- ☐ Parents/Guardians ID
- ☐ Medical/Dental card
- ☐ Doctor/Dentist information
- ☐ Current IEP (Individual Education Plan) if applicable
- ☐ Joint custody paperwork (if applicable)
- ☐ For Full-Day Program ONLY – verification of full-time employment or full-time school/training (must be provided to receive full-day prioritization)

BOARD OF EDUCATION
Dr. Noemi Hernandez Alexander, ***President*** | Dr. Jesse Tweed, ***Vice President***
Ms. Amanda Vickers, ***Clerk***| Mr. Dale Kinnear, ***Member***
Mr. Brent Lee, ***Member*** | Dr. Sonia Llamas, ***Superintendent***

RUSD RIVERSIDE UNIFIED SCHOOL DISTRICT

Mr. Timothy R. Walker, Deputy Superintendent, Pupil Services/SELPA
Mr. Raúl Ayala, Director of Pupil Services

2026-2027 School Year - Establishing Proof of Residency

In accordance with California Education Code 48204.1, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date (*Note: Schools may ask for the final closing docs after the 30-day date to assure residence)
- Rental property contract, lease/rental agreement ***with*** payment receipt from property owner
- Mortgage statement
- Property tax payment receipts
- Utility service contract, statement, or payment receipt, (Gas, Electric, Water providers)
- Employer's verification of address (i.e. pay stubs)
- Voter registration
- Correspondence from a government agency (i.e. Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, taxes)
- Court documents regarding foster care, guardianship, and/or custody orders

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements
- Proof of Insurance – car or home
- Electronic payment receipt of monthly payments or security deposit or cancelled checks
- Statements from medical providers (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address

RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

RELEASE OF INFORMATION FOR ELIGIBILITY

Parents or Guardians Name: _____

Student's Name: _____

I give my permission for RUSD (Riverside Unified School District) to verify any information utilized to determine my family eligibility during the time that I am enrolled in the subsidized Preschool program.

I authorize the sharing of information between agencies to verify my income, eligibility and need for Preschool and/or support services. Agencies that may be contacted include but are not limited to, the Department of Public Social Services, training sites/schools, social services agencies, referring physicians, emergency shelter, and employers.

I give my permission for RUSD program personnel to request from and/or provide to other publicly funded agencies and eligibility information needed to ensure proper use of State/Federal funds.

I understand that if my family is found to be ineligible for Preschool services or if the information provided to Riverside Unified School District, during the time my family is enrolled is found to be inaccurate, I will be responsible for repayment to RUSD, for Preschool payments paid to my provider(s).

_____ _____

Signature Date

RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

Income Verification Form for Employed Parents
Release of Authorization

To be completed by the parent

I hereby authorize my employer to release information regarding my employment. I also give permission to RUSD authorized representative to contact my employer for any clarification regarding my information on this form.

Child's Name: _____ DOB: _____ School: _____

Name of Employee: _____

Employer: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Hours of Employment: Start _____ End _____

_____ _____

Parent/Guardian Signature **Date**

To be completed by the employer only if needed

Date of Hire: _____ Minimum hours per week: _____ Maximum hours per week: _____

Days of Employment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Salary Information:	Gross monthly salary:	$_____
	Hourly rate:	$_____
	Weekly rate:	$_____
	Bi-weekly rate (every other week)	$_____
	Semi-monthly (twice a month)	$_____

Does the employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc.? Yes _____ No _____ If yes, what type? _____ How much? $_____ How often _____

I affirm that, to the best of my knowledge, the information is true and correct.

_____ _____

Employer Signature **Date**

Office use only

The above information was verified via phone by_____

_____ _____

Authorized Employer Representative Date

Parent A_____Parent B_____ REV 4/25

RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

Income Verification Form for Employed Parents
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Child's Name: _____ DOB: _____ School: _____

Name of Employee: _____

Employer: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Hours of Employment: Start _____ End _____

_____ _____

Parent/Guardian Signature **Date**

To be completed by the employer only if needed

Date of Hire: _____ Minimum hours per week: _____ Maximum hours per week: _____

Days of Employment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Salary Information:	Gross monthly salary:	$_____
	Hourly rate:	$_____
	Weekly rate:	$_____
	Bi-weekly rate (every other week)	$_____
	Semi-monthly (twice a month)	$_____

Does the employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc.? Yes _____ No _____ If yes, what type? _____ How much? $_____ How often _____

I affirm that, to the best of my knowledge, the information is true and correct.

_____ _____

Employer Signature **Date**

Office use only

The above information was verified via phone by_____

_____ _____

Authorized Employer Representative Date

Parent A_____Parent B_____ REV 4/25

Riverside Unified School District New Student Registration 2026-2027

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:

Riverside Unified School District
Department of Research, Assessment, and Evaluation

Preschool Family Language Instrument

Instructions for parents/guardians: The California Department of *Education* requires all California State Preschool Programs to use the Family Language Instrument to identify dual language learners. The purpose of this instrument is to identify and understand each child's language background in order to support and strengthen their language development. Identification of your child as a dual language learner in preschool means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might receive as an English learner in Transitional Kindergarten (TK) or Kindergarten.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

Student :_____ _____ _____ Preschool _____

Last Name First Name Middle Grade Birthdate

_____ _____ _____ _____

Student's Address Apt. # City State Zip Home Phone

1._____ _____ 2._____ _____

Name of Previous School, District Attended *City* *State* *Name of Previous School, District Attended* *City* *State*

2

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

1. **Which language(s) does your child hear at home?**
   This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home. _____

2. **Which language(s) does your child hear in their neighborhood and community?**
   For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure, not to measure language proficiency. _____

3. **Which language(s) does your child understand?** _____

4. **Which language(s) does your child speak?** _____

Would you like to have school correspondence sent home to you in English or translated into another language? __English __Other Language

_____
Write in the language

X _____ / _____

Signature of Parent/Guardian / Date

_____
Printed name of Parent/Guardian

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2026-2027 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ **Gender: M / F/ Nonbinary** Genero **Grade:** _____ Grado **Age:** _____ Edad **Birthdate:** _____ Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____ **Zip Code**_____ **Home Phone**_____
Domicilio Código Postal Teléfono

Parent/Guardian Name _____ **Work Phone** _____ **Cell** _____
Padre/Tutor Num. del Trabajo
Email Address _____ **Lives with student** _____ Yes _____ No
Correo Electrónico Vive con el estudiante

Parent/Guardian Name _____ **Work Phone** _____ **Cell** _____
Padre/Tutor Num. del Trabajo
Email Address _____ **Lives with student** _____ Yes _____ No
Correo Electrónico Vive con el estudiante

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication_____
Nombre del medicamento recetado

Physician's Name _____ **Phone** _____
Nombre del doctor Teléfono

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que **si** anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian.** If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older**.
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor**. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 anos de edad**.

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.
En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____ **Date** _____
Firma de Padre/ Fecha
Tutor Rev. 03/2024

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL **HEALTH HISTORY FORM**

School_____ **Grade**_____

Student Name _____ **Birthdate** _____**Age**____ ☐ **Male** ☐**Female**

List all health issues your child has:_____
_____

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐Yes ☐ No If yes,

Please list the name of the medication and the condition it is used for below:

Medication/Condition_____ Medication/Condition_____

Medication/Condition_____Medication/Condition _____

If your child must take medication during the school day, complete the Medication Administration parent/physician authorization form and return to the school office (one form for each medication).

*****Medication must be brought to the school by a parent*****

Check ☑ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ **Asthma (Additional medication forms needed for inhaler on campus)**
- Inhaler needed on campus? ☐ **Yes** ☐ **No**

☐ **Diabetes** ☐ **Type I** ☐ **Type II**
- *If Diabetes checked, speak to Health Assistant or District Nurse about additional forms needed and policy and procedures.*

☐ **Heart/Cardiac Condition** (please request the cardiac/ heart history form)_____

☐ **Seizure (please request the seizure history form)**
- ☐ Date of last seizure _____
- ☐ Type_____
- ☐ Currently takes medication for seizures

_____

☐ **Allergies/list reaction**
- ☐ Bees
- ☐ Foods- Please request the allergy history form and the meals accommodation form (must be filled out by medical provider)

_____
_____
- ☐ Medication _____
- ☐ Other _____

☐ **Lactose Intolerance** (please complete milk substitution or meals accommodation form)

☐ **Physical Limitations** _____
- ☐ **Special Equipment needed at home**
- ☐ **Special Equipment needed at school**

Describe equipment?_____
_____

Is your child *currently* under a doctor's care for any of the above? ☐ **Yes** ☐ **No**
If yes: Doctor's name _____**Phone** _____**Fax**_____

Address_____

☐ *My child **does not** have any health issues at this time.*

☐ **I hereby give permission to share information pertaining to the health of my child with school staff who need to know.**

Parent/Guardian Signature _____ ***Date*** _____

For Office Use Only:
☐ Original to Cum ☐ Sent to District Nurse ☐ *Health Assistant* ☐ Teacher

CONFIDENTIAL

State Preschool Screenings/Treatments Consent

School :_____ AM / PM or FD

Date of Birth:_____

Child's Name:_____

Welcome to State Preschool:

To ensure all enrolled children are ready to learn in State Preschool, the program offers all children the following health and developmental screenings. The results will be shared with you. If follow-up is needed, you are responsible for ensuring that treatment is completed. The program requires written documentation by the provider upon the completion of treatment.

Screenings/Treatments

- Auditory screening (hearing)
- Vision screening (eyes)
- Developmental screening (learning)
  - Within the first 45 calendar days of the child's entry into the program, teaching staff will, in collaboration with the child's parent/guardian, ensure completion of developmental and behavioral questionnaires of all children utilizing Questionnaire (ASQ-3) Social Emotional (ASQ:SE-2)

_____

Signature of Parent/Guardian/Caregiver Date

I do not want my child to have the following screening: _____

_____

Signature of Parent/Guardian/Caregiver Date

RUSD RIVERSIDE UNIFIED EARLY CHILDHOOD
(951) 352-8290 Fax (951)328-2538

Child's Medical & Dental Provider/
Nombre de provedor médico y dental de su niño/a

Child's name/Nombre del niño(a):_____

School/Escuela: _____ **Date/Fecha:** _____

Physician/Medico: _____

Address/ Domicilió: _____

Telephone/ Teléfono: _____

Dentist/Dentista: _____

Address/ Domicilió: _____

Telephone/ Teléfono: _____

Please provide a copy of your child's insurance card/Proporcione la tarjeta médica del niño/a

Comments:_____
_____
_____
_____

Revised 3/22

RUSD RIVERSIDE UNIFIED SCHOOL DISTRICT

Student ousing uestionnaire

Student ast Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? ***Select one box below.***

- ❑ Living in a single-home residence that is permanent
- ❑ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ❑ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ❑ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ❑ Temporarily living in a motel/hotel due to loss of housing, economic hardship, natural disaster, etc.
- ❑ I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

Phone number	Street Address	City	State	ip Code

Please list <u>all</u> of your children of <u>all</u> ages currently living with you:

Name	M/F/Nonbinary	Birthdate	Grade (if applicable)	School (if applicable)

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact the Pupil Services Coordinator, **Chris Sewell, by phone at (951) 352-1200 or by email at** csewell@riversideunified.org

FOR OFFICE USE ON

If student qualifies for homeless program scan and upload this form to "Student Documents" and open a 191 Homeless Program.

Name of school site personnel receiving this form:

The Riverside Unified School District prohibits, at any district program, activity, or employment setting, unlawful discrimination, including discriminatory harassment, intimidation, and bullying, against an individual or group based on one, or a combination of two or more, protected characteristics, which include, but may not be limited to, race or ethnicity; ancestry; color; ethnic group identification; nationality; national origin; immigration status; sex; sexual orientation; sex stereotypes; gender; gender identity; gender expression; religion; disability, medical condition; genetic information; pregnancy, false pregnancy, childbirth, termination of pregnancy, or related conditions or recovery; and parental, marital, and family status; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics and provides equal access to the Boy Scouts of America and other designated youth groups. If you have any complaints or questions regarding this policy you may contact: Director of Pupil Services or the District Complaint Officer- 5700 Arlington Avenue Riverside, CA 92504 (951) 352-1200.

RIVERSIDE UNIFIED SCHOOL DISTRICT

SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2026-2027

MANDATORY PARENT NOTIFICATION RECEIPT

(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the ***Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK*** on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website:
https://www.riversideunified.org/department/pupil-services/parent-handbook

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)
As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name_____ **DOB**_____

School_____ **Grade** _____

Please respond by checking the appropriate box:

Media Release
☐ **Yes, I give** permission for my student to be photographed or videotaped. ***(as outlined above)***
☐ **No, I do not give** permission for my student to be photographed or videotaped. ***(unless I have been reached to give special permission)***

Acceptable Use Agreement
☐ **Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
☐ **No, I do not agree** to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name
☐ **Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
☐ **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents* Handbook 2026-2027, and I have reviewed the school discipline information in this booklet.

_____ _____ _____
Parent/Guardian Signature Student Signature Date

Family Consent to Learning Genie Program

Dear Families,

We are excited to announce that we will be implementing the Learning Genie program in our class for the school year. Learning Genie is an application that will help us better connect with families through digital daily reports. Through this program, we will be able to better document and track your child's progress in all areas of development in school.

We assure you that you and your child's information are completely safe and kept private through the secure application software.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), Riverside Unified School District (RUSD) does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize the RUSD to release my confidential student information to Learning Genie.

Therefore I, _____, hereby authorize RUSD and
(print name)

I understand that:

1. Under the above mentioned Federal and State of California laws, I have the right not to consent to the release of my educational records.
2. I have the right to receive a copy of such records upon my request to RUSD.
3. That this consent shall remain in effect until revoked by me, in writing, and delivered to RUSD, but that any such revocation shall not affect disclosures previously made by RUSD prior to the receipt of my written revocation.
4. A photocopy of this Form will be treated as an original signature by Riverside Unified School District.

Child's Name: _____ Date: _____

Parent/Guardian/Caregiver Signature: _____ Date: _____

(Revised 1/22)

RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

Volunteer and Training Survey

Child's Name: _____ Site: _____

Please let us know what volunteer opportunities and trainings you are interested in.

Volunteer Activities: I can help volunteer with the following:

- ❑ Storytelling
- ❑ Art Projects
- ❑ Gardening
- ❑ Helping at Mealtimes
- ❑ Indoor/Outdoor Cleaning
- ❑ Meeting Note-taker
- ❑ Reading to Children
- ❑ Music (singing, dancing, musical instruments)
- ❑ Lending Library
- ❑ Special Classroom Projects
- ❑ Policy Council
- ❑ Small Group Activities
- ❑ Cooking Projects
- ❑ Preparing Materials
- ❑ Playground Helper
- ❑ Sharing Family Tradition/Culture/Language
- ❑ Parent Engagement Activity From Lesson Plan

- ❑ Sorting, cutting, and/or drawing items for lesson plans
- ❑ Collecting Items for Art Projects (i.e., cereal boxes, cartons)
- ❑ Other: _____

Trainings: Please indicate which of the following topics you would be interested in receiving training on:

Family Engagement & Education
- ❑ Parenting Skills
- ❑ Parents as Teachers
- ❑ Financial Literacy/Budget Management
- ❑ Job Skills & Training
- ❑ Stress & Time Management
- ❑ Volunteering
- ❑ Supporting Children with Disabilities
- ❑ Immigration/Legal Services
- ❑ Adult Education
- ❑ Community Activities/Resources
- ❑ Father/Male Engagement
- ❑ Relationship/Family Counseling
- ❑ Assistance to Families of Incarcerated
- ❑ Other: _____

Child Growth & Development
- ❑ Brain Development
- ❑ Developmental Milestones
- ❑ Language & Literacy
- ❑ Social-Emotional Development
- ❑ School Readiness
- ❑ Kindergarten Transition
- ❑ Managing Challenging Behaviors
- ❑ Positive Discipline
- ❑ Understanding Child & Parent Temperament
- ❑ Child's Screening/Assessment
- ❑ Other: _____

Health & Safety
- ❑ Health Education
- ❑ Nutrition & Physical Activities
- ❑ Child & Pedestrian Safety
- ❑ Disaster/Emergency Preparedness
- ❑ Child Abuse Prevention
- ❑ Health Care Access/Health Insurance
- ❑ Dental/Oral Care Education
- ❑ Postpartum Education
- ❑ Substance Abuse Prevention/Treatment
- ❑ Education on Tobacco Products
- ❑ Other: _____

I, _____ acknowledge that a variety of opportunities are offered by the program for my family. I intend to participate and be involved in my child's learning and development.

Parent/Guardian/Caregiver Signature: _____ Date: _____

RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

CONSENT TO PARTICIPATE IN THE EVALUATION OF QUALITY START - RIVERSIDE COUNTY AND AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child's Quality Start – Riverside County (QS-RC) participating site, Riverside County Office of Education and First Five 5 Riverside, as set forth below, consistent with California and Federal laws concerning the privacy of such information. If you consent to disclosure of information as described herein, please fill out, sign and return this form to: Riverside Unified School District Early Childhood Office.

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____

Last First MI Date of Birth

I, the undersigned, do hereby authorize the above-named student's QS-RC participating site, _____, Riverside County Office of Education, and First Five 5 Riverside, to exchange information regarding the above-named student with the California Department of Education, First 5 California, and the County of Riverside. The information is exchanged for program evaluation purposes and for QS-RC participating site, programming and service planning. The exchange of information is a condition on which funding for the QS-RC program is provided to Riverside County Office of Education and First Five 5 Riverside. The information will be exchanged between your child's QS-RC participating site, Riverside County Office of Education and First Five 5 Riverside for providing safe, appropriate, and least restrictive education settings and quality preschool health services and programs.

Requested information shall be limited to the following: your child's name, date of birth, gender, birth place, ethnicity, race, primary language, household income and size, results from child developmental assessment/observation tools, and health/developmental screening tools, and Special Needs/IEP/IFSP.

DURATIONS

This authorization shall become effective immediately and shall remain in effect until ten (10) years from the date on this form.

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

You have the following rights with respect to this authorization, and affirm you understand them in signing this release form. You may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Signing this authorization may be required for this student to obtain appropriate/additional specialized support services in the educational setting.

Approval: _____

Printed Name Signature Date

_____

Relationship to Student Area Code and Telephone Number

State Preschool/ Title 1
Attendance Policy

Daily attendance is essential to the growth and development of your child and their success in the Preschool Program. A child should be in school every day in order to provide continuity of learning and to receive the most benefit from the program.

Tardiness, irregular attendance and/or excessive absenteeism may result in your child being terminated for the Preschool Program. No transportation is provided to or from our Preschool Programs. Parents/guardians in need of transportation will be provided with information on public transportation options upon request.

Absence Procedures:

If a child will be absent, the parent/guardian must call the school on the FIRST day of the absence and every day thereafter that the child will not return. Upon return, the parent/guardian must indicate the reason for the absence on the Sign-In/Sign-Out Sheet and sign each reason with your full legal signature. Excessive absenteeism (10 or more unexcused absences in a program year) or irregular attendance (5 consecutive unexcused absences) may result in termination from the Preschool Program.

Types of absences:

- **Excused Absence**: is any illness or quarantine of the child or parent, family emergency, or to spend time with a parent or other relative as required by a court of law or that is clearly in the best interest of the child.
    - **Family Emergency**: is a death in the family, illness of immediate family member, household crisis, weather conditions, required court appearance, no transportation, change of residence, public agency appointment.
    - **Best Interest Day**: is a visit with a family member, need to be with parent for a day, religious activities or a vacation. There is a limit of ten (10) best interest days per school year.
- **Unexcused Absence**: is any absence not defined under excused absence. Enrollment in the program may be terminated if your child's unexcused absences exceed ten (10) days per school year.

Late Drop Off and Pick-Up Policy:

Parents/guardians must observe beginning and ending times for the class to ensure they are able to drop off and pick up their child on time. For your child to fully benefit from the Preschool Program, please drop your child off promptly at the start of class and pick him/her up on time. Please notify the teacher/classroom if you know you are going to be late in arriving or picking up your child. Children who arrive late to class or are not picked up at the scheduled end time of class will receive a Late Drop Off/Pick Up Notice. Three late notices will require parents/guardians to meet with the Early Childhood Specialists or Coordinator of Early Childhood Education. Excessive late pick-ups may result in termination from the Preschool Program. For children who are in attendance more than 15 minutes past class end time, attempts will be made to contact parents/guardians and other persons listed on the Emergency Information Form.

I have read, understand and will comply with the attendance policy of the State and Title 1 Preschool program.

_____	_____	_____
Parent Signature	**Date**	**Child's Name**

EARLY CHILDHOOD AND FAMILY EDUCATION
Phone: 951-352-8290 Fax: 951-328-2538

SCHOOL:

received

PHYSICAL EXAMINATION
ALL SECTIONS COMPLETED BY DOCTOR

A CHDP equivalent health examination is required for entrance into the program

Date of exam: _____ **Child's name_____**

Date of birth_____

Please list significant health history regarding child i.e. allergies, asthma, heart disease, etc.

_____

_____

SCREENINGS:

Hearing: ☐Pass ☐Fail Height _____ Weight _____

Vision: Right 20/ _____Left 20/_____Both 20/_____ Strabismus: ☐Pass ☐Fail

REQUIRED FOR PROGRAM ENTRY

TB CLEARANCE

☐ No TB Risk factors identified, ***NO Test required.***

☐TB Risk Factors Identified *(see back of this form)* ***TB Test Required***

Date TB skin test given:_____Date Read:_____Results: ☐Negative ☐Positive

Chest X-ray Date:_____ ☐Negative ☐Positive

LABORATORY VALUES

Hemoglobin_____ Date_____ Anemia: Yes ___ No ___ Iron Supplements: Yes ___ No ___

Blood Lead Test _____ Date_____

Lead test needs to be done at 24 months of age or older, if no record perform

EXAMINATION RESULTS

Eyes	Skin	Endocrine
Ears	Lungs	Muscular Condition
Nose	Heart	Urine
Throat	Reflexes	Other:

Explanation and recommendations of any findings noted above_____

Is child cleared to enter Head Start/State Preschool? ☐ Yes ☐ No

List medications required at school (include medication name and dosage) _____

_____

Provider (please Print): _____Signature: _____Date: _____

Practice/Clinic Name, telephone number & address: _____

EARLY CHILDHOOD AND FAMILY EDUCATION
Phone: 951-352-8290 Fax: 951-328-2538

RISK FACTORS FOR TB IN CHILDREN

- Have a family member or contacts with a history of continued or suspected TB.
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- Live in out-of-home placements.
- Have, or are suspected to have, HIV infection.
- Live with an adult with HIV seropositivity.
- Live with an adult who has been incarcerated in the last five years.
- Live among or are frequently exposed t, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- Have abnormalities on chest X-ray suggestive of TB.
- Have clinical evidence of TB.

- Consult with your local health department's TB control program on any aspects of TB prevention and treatment.