



STUDENT REGISTRATION FORM

School _____

STUDENT INFORMATION Boy Girl Grade **EAK**

Last Name (Legal) First Name (Legal) Middle Name (Legal)

Other Name Student Goes By (if any) Is student in the Foster Care System? Yes No

Street Address (Dwelling) Apt / Unit # City State Zip Code

Birth Date Birth City Birth State/Country Primary Telephone for phone calls Unlisted

Parent/Guardian at Primary Residence

Parent Step-Parent Legal Guardian Foster Other
 Male Female

Resides with student
 Yes No

1.)

Last Name First Name Middle Name

Work: () _____ Cell: () _____

Other: () _____ Email: _____

Parent/Guardian Education Level Not a high School Grad (14) High School grad/GED (13) Some College (12) College Grad (11) Graduate School/ Post Grad Trng (10) Decline to answer (15)

Parent/Guardian at Primary Residence

Parent Step-Parent Legal Guardian Foster Other
 Male Female

Resides with student
 Yes No

2.)

Last Name First Name Middle Name

Work: () _____ Cell: () _____

Other: () _____ Email: _____

Parent/Guardian Education Level Not a high School Grad (14) High School grad/GED (13) Some College (12) College Grad (11) Graduate School/ Post Grad Trng (10) Decline to answer (15)

Student Program

Has your child ever qualified for the Special Education Program/ i.e. Speech Services? Yes No

Before/ After School Service

Extended School Services (ESS)? Yes No Parent picks up? Yes No

This section is to be filled in by the school:	Perm ID #	Teacher/Counselor	Enter Date	Inter (Dist)	Intra (Sch)
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Shots				N/A	N/A
<input type="checkbox"/> Proof of address <input type="checkbox"/> IEP Y/N?					

STUDENT INFORMATION		School _____	Grade EAK
Last Name (Legal) _____	First Name (Legal) _____	Middle Name (Legal) _____	
Student Birth Date _____	Parent Name _____		

SCHOOLS STUDENT HAS ATTENDED					
Last School Attended	Address	City	State	Zip Code	Phone ()
When was your child first enrolled in a U.S. and/or California School ?					
U.S. school	_____	California school	_____	_____	_____
	month / day / year		month / day / year		
What was the most recent California school attended? _____					
School and/or District					
Has your child attended a La Mesa-Spring Valley school before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			school(s)	year(s)	grade(s)

LANGUAGE / CORRESPONDENCE SURVEY	
In what language do you prefer to receive phone calls and notices? <input type="checkbox"/> English <input type="checkbox"/> Spanish	
1. What languages are spoken in the home?	_____
2. What is the child's primary language?	_____
For Office Only: Always code as "0" in Language Fluency Field	

ETHNICITY/RACE			
Part A. Is this student Hispanic or Latino? (Select only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino (5)	The definition of Hispanic/Latino ethnicity is "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race." –From www.cde.ca.gov/ds/td/lo/refaq.asp		
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.			
Part B. What is this student's race? (Select one or more) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Asian <input type="checkbox"/> Chinese (2-01) <input type="checkbox"/> Japanese (2-02) <input type="checkbox"/> Korean (2-03) <input type="checkbox"/> Vietnamese (2-04) <input type="checkbox"/> Asian Indian (2-05) <input type="checkbox"/> Laotian (2-06) <input type="checkbox"/> Cambodian (2-07) <input type="checkbox"/> Hmong (2-08) <input type="checkbox"/> Other Asian (2-99) <input type="checkbox"/> Filipino (4) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Black or African American (6) <input type="checkbox"/> White (7) <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hawaiian (3-01) <input type="checkbox"/> Guamanian (3-02) <input type="checkbox"/> Samoan (3-03) <input type="checkbox"/> Tahitian (3-04) <input type="checkbox"/> Other Pacific Islander (3-99) </td> </tr> </table>	Asian <input type="checkbox"/> Chinese (2-01) <input type="checkbox"/> Japanese (2-02) <input type="checkbox"/> Korean (2-03) <input type="checkbox"/> Vietnamese (2-04) <input type="checkbox"/> Asian Indian (2-05) <input type="checkbox"/> Laotian (2-06) <input type="checkbox"/> Cambodian (2-07) <input type="checkbox"/> Hmong (2-08) <input type="checkbox"/> Other Asian (2-99) <input type="checkbox"/> Filipino (4)	<input type="checkbox"/> Black or African American (6) <input type="checkbox"/> White (7) <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hawaiian (3-01) <input type="checkbox"/> Guamanian (3-02) <input type="checkbox"/> Samoan (3-03) <input type="checkbox"/> Tahitian (3-04) <input type="checkbox"/> Other Pacific Islander (3-99)	What are the federal definitions of the race categories? "American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the Black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa." –From www.cde.ca.gov/ds/td/lo/refaq.asp
Asian <input type="checkbox"/> Chinese (2-01) <input type="checkbox"/> Japanese (2-02) <input type="checkbox"/> Korean (2-03) <input type="checkbox"/> Vietnamese (2-04) <input type="checkbox"/> Asian Indian (2-05) <input type="checkbox"/> Laotian (2-06) <input type="checkbox"/> Cambodian (2-07) <input type="checkbox"/> Hmong (2-08) <input type="checkbox"/> Other Asian (2-99) <input type="checkbox"/> Filipino (4)	<input type="checkbox"/> Black or African American (6) <input type="checkbox"/> White (7) <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hawaiian (3-01) <input type="checkbox"/> Guamanian (3-02) <input type="checkbox"/> Samoan (3-03) <input type="checkbox"/> Tahitian (3-04) <input type="checkbox"/> Other Pacific Islander (3-99)		

MIGRANT WORK —Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishery related jobs) in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT INFORMATION

School _____

Grade **EAK**

Last Name (Legal) _____

First Name (Legal) _____

Middle Name (Legal) _____

OTHER CHILDREN & ADULTS—List other children AND adults (not parents) that live with the student.

Name	Birth Date	Relationship to student	Attends a La Mesa-Spring Valley School?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECOND RESIDENCE AND/OR MAILING ADDRESS FOR STUDENT*Complete if additional mailings of report cards, etc. are needed* Male Female

Last Name _____

First Name _____

Middle Initial _____

Mailing Address _____

Apt / Unit # _____

City _____

State _____

Zip Code _____

Reason for additional mailing _____

Relationship to Student _____

E-mail Address _____

Primary Phone number Unlisted

Work Phone _____

Cell _____

Other _____

EMERGENCY CONTACTS—Education Code 49408 requires that you provide emergency contact names of people to whom we may release your child in case of an emergency, if we are unable to contact a parent/guardian.**EMERGENCY CONTACT #1**

First Name _____

Last Name _____

Address _____

City _____

State _____

() _____
Home Phone

Relationship to Student _____

() _____
Work Phone() _____
Cell Phone**EMERGENCY CONTACT #2**

First Name _____

Last Name _____

Address _____

City _____

State _____

() _____
Home Phone

Relationship to Student _____

() _____
Work Phone() _____
Cell Phone**EMERGENCY CONTACT #3**

First Name _____

Last Name _____

Address _____

City _____

State _____

() _____
Home Phone

Relationship to Student _____

() _____
Work Phone() _____
Cell Phone**EMERGENCY CONTACT #4**

First Name _____

Last Name _____

Address _____

City _____

State _____

() _____
Home Phone

Relationship to Student _____

() _____
Work Phone() _____
Cell Phone**PARENT/GUARDIAN CERTIFICATION***I certify, under penalty of perjury, that the statements made on this form are true and correct and that the documents that I have presented accurately represent the residence of the student I am registering.*_____
Parent/Guardian Signature_____
Date

Last Name (Legal) First Name (Legal) Middle Name (Legal)

CUSTODY INFORMATION

Custodial Parent(s)/Legal Guardian(s) Name(s) _____

Child lives with both parent/guardian(s) in the same residence. There are no custody issues.

Child lives with one or both parent/guardian(s) in separate residences. There are no custody issues.

—OR—

There are Legal Custody Issues – Please provide information below:

Who has legal custody: Father Mother Other _____
Name/Relationship to Student

Restraining Order (Current) Yes No If yes, expiration date _____

Court Order on file in the school office Yes No

Date on Court Order _____

The School has the responsibility for the welfare of the child during the school day, but can only function according to the law when properly informed. If parents of a child are separated, the school district must be informed (1) who has custody of the child and, (2) what person or persons are approved to see the child or to transport the child away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there **must** be a court order on file in the school office. The courts must handle custody disputes. ***The school has no legal jurisdiction to refuse a biological parent access to their child and/or their school records.***

The only exception is when a signed restraining order or proper divorce or custody papers specifically stating court ordered visitation limitations are on file in the school office. Should any such situation become a disruption to the school, the Sheriff’s Office will be contacted and an Officer will be requested to intervene.

The school will attempt to contact the custodial parent when another parent or person not listed as an emergency contact attempts to pick up your child.

I have read and understand the above statement.

Parent/Guardian Signature

Date

**La Mesa-Spring Valley School District
Enforcement of the Attendance Laws Established by the California Education Code**

**Proof of residency is required before student attends class.
Falsification of any information or documents required for this verification will result in immediate revocation of registration for the student(s). Residence subject to verification.**

Print Parent Name	Home Phone	Cell Phone	Work Phone
-------------------	------------	------------	------------

Please complete either Part I or Part II verifying residency.

PART I—Residence Verification				
Please circle one: I am the parent/legal guardian/foster parent/relative/emancipated minor/or care giver				
I affirm that my child _____, resides at the following address:				
Street Address	Unit #	City	State	Zip Code
I wish to enroll student in: _____				(Name of school)
Signature _____			Date _____	
Attached are copies of two documents from the list below, verifying residency at the above address.				

PART II—Affidavit of Residence and Responsibility				
I/we own or rent our own home/apartment: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student's Name _____		Parents/Guardian(s) _____		
Street Address	Unit #	City	State	Zip Code
_____				(Name of school)
I certify under penalty of perjury that the above child and/or parents/guardians reside on property owned/leased by me.				
Residence Owner/Renter _____				
Please Print Name				
Signature _____			Date _____	
Attached are copies of two documents from the list below, verifying residency at the above address in the name of owner or renter.				

Documents for Residency Verification:	
<ul style="list-style-type: none"> a. Parent/guardian's valid California Driver's License. b. Parent/guardian's Department of Motor Vehicles Personal Identification Card. c. Deed to a home or closing escrow papers. d. Copy of receipt of current San Diego County property tax bill. e. Rental agreement including registered owner and renter's signatures. f. Copies of current month's bills or installation receipts for gas, electric, cable TV, water/sewer, trash and/or telephone. 	<ul style="list-style-type: none"> g. Receipt from moving company for moving household goods or receipt showing delivery of newly purchased major appliance or furniture. h. Military housing orders. i. Paystub with address. j. Voter registration. k. Correspondence from a government agency.

FOR OFFICE USE ONLY	
Residence Verification —In order to verify school area/residence, parents or guardians must provide two of the following documents. Check and attach those provided. If an Affidavit of Residency and Responsibility has been submitted, two of the listed documents must be presented to verify residency in the name of owner/renter. Falsification of any information or documents required for verification will result in immediate revocation of registration for the student(s). Residence subject to verification.	
<ul style="list-style-type: none"> <input type="checkbox"/> a. Parent/guardian/s valid California Driver's License. <input type="checkbox"/> b. Parent/guardian's Department of Motor Vehicles Personal Identification Card. <input type="checkbox"/> c. Deed to a home or closing escrow papers. <input type="checkbox"/> d. Copy of receipt of current San Diego County property tax bill. <input type="checkbox"/> e. Rental agreement including registered owner and renter's signatures. <input type="checkbox"/> f. Copies of current month's bills or installation receipts for gas, electric, cable TV, water/sewer, trash, and/or telephone. 	<ul style="list-style-type: none"> <input type="checkbox"/> g. Receipt from moving company for moving household goods or receipt showing delivery of newly purchased major appliance or furniture. <input type="checkbox"/> h. Military housing orders. <input type="checkbox"/> i. Paystub with address. <input type="checkbox"/> j. Voter registration. <input type="checkbox"/> k. Correspondence from a government agency.
<div style="display: flex; justify-content: space-between;"> Signature of verifying party _____ Date _____ </div>	

La Mesa-Spring Valley School District
TRANSITIONAL RESIDENCY AFFIDAVIT

(SITE: PLEASE IMMEDIATELY FAX COMPLETED FORM TO STUDENT SERVICES AT 668-8398 AND CHILD NUTRITION 668-5859)

This affidavit is intended to address requirements of the **McKinney-Vento, Title X, Part C of the Elementary & Secondary Education Act.**
 The information below is to assist in determining if the student meets the definition "in transition" (no permanent nighttime residence)

STUDENT INFORMATION	School _____	Grade EAK	PERM ID _____
Last Name (Legal) _____ First Name (Legal) _____ Middle Name (Legal) _____			

TRANSITIONAL RESIDENCY INFORMATION
 School _____ Date: _____

1. Presently, are you and/or your family living in any of the following situations:

I have a permanent residence (skip to the bottom and sign and date this form)

- In a shelter
- Living with another person or family due to loss of housing etc.
- Living in a hotel/motel
- Unsheltered (car, RV, park, campground, abandoned buildings, or other inadequate housing)
- Foster care placement
- Living alone as a minor student(s) without an adult (unaccompanied youth)

2. Please list all children currently living with you:

Last Name	First Name	M/F	Birthdate	Grade	School Name

Your child has the right to:

- Continue to attend the school attended before you became homeless (school of origin).
- Receive transportation to the school of origin. *(Eligibility determined by Board Policy).*
- Enroll in school without giving a permanent address and attend classes while the school arranges for school transfer, immunization records, or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

Parent/Legal Guardian Name(s) _____
Last Name First Name

We are currently residing at (address or location) _____
Address Apt / Unit # City State Zip Code

Phone _____ Alternate phone numbers _____

Correspondence may be sent to _____
Address Unit # City State Zip Code

I declare under penalty of perjury under the laws of the State of California that to my knowledge, the foregoing is true and correct.

Parent/Legal Guardian Signature Date

For Student Services use Notes	
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RECORD OF PREVIOUS SPECIAL EDUCATION ENROLLMENT

Student Name _____ School _____

Birth Date _____ Grade **EAK**

It is important that we be aware of any Special Education Services your student may have received at previous schools. Please give us the following information to assist us in providing your student with the most appropriate placement.

- My son/daughter has not participated in any special education programs
- My son/daughter participated in one or more special education programs or services at
School(s) _____
School District(s) _____

PROGRAM SERVICE RECEIVED AT OTHER SCHOOL DISTRICTS

	Year/Grade	Teacher's Name	Type of Class/Service
<input type="checkbox"/>			Special Day Class (SDC)
<input type="checkbox"/>			Resource Specialist Program (RSP)
<input type="checkbox"/>			Speech/Language Services (SLP)
<input type="checkbox"/>			Adapted Physical Education (APE)
<input type="checkbox"/>			Services for Hearing Impaired (HI)
<input type="checkbox"/>			Services for Orthopedically Impaired (OI)
<input type="checkbox"/>			Services for Visually Impaired (VI)

Additional Information	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Parent/Guardian Signature _____ Date _____

LANGUAGE, SPEECH, AND HEARING SURVEY

Adequate use of oral language is fundamental to the school curriculum. Difficulty with language, speech or hearing often makes reading-readiness skills difficult for a child and can affect his/her learning, reading, following directions and written language. For this reason, the language and speech skills of students enrolling in our District are checked. Our District **Language, Speech, and Hearing Survey** form is used for this purpose. We request your permission to perform this service.

Student's Name _____ Parent's Name _____

Birthdate _____ Age _____ Grade **EAK** School _____

Your observation of your child's language, speech and hearing will be most helpful to us. Will you please take a few moments to respond to the checklist below? Check any of the following which consistently apply to your child.

SPEECH AND LANGUAGE INFORMATION			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	1.	Received speech therapy previously. When _____ Where _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2.	Always quiet.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3.	Seldom makes much sense.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4.	Difficulty understanding and following or remembering verbal directions.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5.	Difficulty expressing one's ideas.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6.	Mispronunciation of sounds.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7.	Voice difficulty, i.e., excessive nasality, hoarse quality.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8.	Fluency or stuttering difficulty.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9.	Hearing difficulty.

HEARING INFORMATION			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	1.	Ear infections. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2.	Frequent earaches. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3.	Frequent colds and stuffy nose. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4.	Known hearing loss. If yes, please explain: _____

Seen by Dr. _____
 Doctor's name / address

Additional Comments about any of your answers above _____

Parent/Guardian Gives Permission for consultation by School District Nurse or other LMSVSD Staff?

YES NO

Parent/Guardian Signature _____ Date _____

9760

**La Mesa-Spring Valley School District
HEALTH REGISTRATION FORM**

Legal name of student: Last Name _____ First Name: _____
 Date of Birth: _____ Age: _____ Sex: _____ Grade: **EAK** School _____
 Parent/Guardian: Last Name _____ First Name _____
 Doctor _____ Dr.'s phone #: _____

_____ **No known health problems currently.**
I will notify the health office at the school if my child's health condition changes.

For information on health care coverage options and enrollment assistance contact: www.coveredca.com or call **800-300-1506** English or **800-300-0213** Español.

Please list current diagnoses/significant past history: _____

Health Concerns	Yes	No
Asthma		
Activity restrictions/limitations*		
Diabetes		
Insulin dependent		
Heart Problems		
Activity restrictions/limitations*		
ADHD/ADD (circle one)		
Medication at school		
Seizures* Precautions at school		
Vision Problems*		
Contacts/Glasses		
Hearing Problems*		
Hearing Aid/Special Seating		
Bone/joint disorders or injuries*		
Bleeding disorders*		
Emotional problems*		
Kidney problems*		

Health Concerns	Yes	No
Neurological problems*		
P.E. Limitations*		
Allergies		
<i>If Yes, complete information below:</i>		
Please list Allergy & Describe Reaction		

Treated by physician for reaction		
Emergency Room Visit		
Medication needed: _____ Epipen		
Antihistamine (Benadryl)		

Explain Health Concerns with an asterisk (*): _____

Special equipment/procedures/arrangements: _____

Previous Hospitalizations: Yes No Dates: _____ Reason: _____

Medications

Taking medication for a long-term condition Yes No

Diagnosis for which medication is being taken _____

Name and dosage of all medication(s) _____

Is medication taken during school hours? Yes No

Times taken at home _____ and at school _____

STUDENTS TAKING ANY MEDICATION AT SCHOOL MUST MAKE PRIOR ARRANGEMENTS WITH THE HEALTH OFFICE

I understand that district staff may share the information provided in this report with appropriate members of the educational team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner. I understand that if I do not want this information shared, I must request this in writing and file it with a District Nurse at the La Mesa-Spring Valley School District Education Center. I give consent for La Mesa-Spring Valley School District to submit information to the LEA billing option vendor, Paradigm, regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services. All information is kept confidential.

Parent/Guardian Signature _____ Relationship to Student _____ Date _____

Dear Parent/Guardian(s):

Your child's safety and welfare are our first priorities. To ensure your child's safety in the cafeteria, we are asking you to inform us of any food allergies your child might have.

We are now serving individually-wrapped whole grain peanut butter and jelly sandwiches as a vegetarian protein lunch option.

We want to reassure you of the many safeguards in place at all La Mesa-Spring Valley District schools to help prevent an allergic reaction:

- Sandwiches are individually wrapped and identified, which reduces food safety risks and prevents cross-contact with other foods.
- A large sign with pictures of peanuts and the package will be posted in front of the packaged sandwiches.
- An alert will flash on the cafeteria computer when a child with a food allergy lunch card is scanned. This alerts the cashier to stop and look at the child's plate.

You can assist the Child Nutrition Department by filling out the following Allergy Information Form and returning it to your child's school cafeteria. Please also remember to fill out the *Health Registration Form* at your child's school office if you haven't already.

If you have any questions or concerns, please feel free to call me at (619) 668-5764.

Sincerely,

Jill Whittenberg
Director, Child Nutrition



ALLERGY INFORMATION FORM
—RETURN TO YOUR CHILD'S SCHOOL CAFETERIA—

Student's Name: _____

School: _____ Grade: **EAK**

Teacher's Name: _____

Please list all food allergies:

Parent/Guardian Signature

Date