

WEED UNION ELEMENTARY SCHOOL DISTRICT

Superintendent/Principal
Alisa Cummings

575 White Avenue
Weed, CA 96094
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www.weedelementaryschool.com

Board Members
Michael Carpine
John Gaustad
Deborah Goltz
Byron Mathes
Debbie Moser

**STUDENT RECORDS REQUEST
AUTHORIZATION FOR RELEASE OF ALL RECORDS**

STUDENT NAME:	GRADE:	BIRTHDATE:
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In accordance with the Family Education Rights & Privacy Act, I authorize the release of my child's records, including confidential records, to the school listed below. I understand that I have the right to examine these records upon written request.

Signature of Parent or Legal Guardian

Date

Mother's Name: _____

Father's Name: _____

RECORDS BEING SENT FROM:

RECORDS BEING SENT TO:

PHONE: _____

FAX: _____

WEED ELEMENTARY SCHOOL 575 WHITE AVE. WEED, CA 96094 Phone (530) 938-2715 Fax (530) 938-2973

SIGNATURE OF SCHOOL OFFICIAL

DATE

WEED UNION SCHOOL DISTRICT STUDENT REGISTRATION EMERGENCY CONTACT CARD

For Office Use Only	ENTRY DATE:	LOCAL ID #:	GRADE LEVEL:
PRINT STUDENT'S <u>Legal First Name</u>		Legal Middle Name	Legal Last Name
			Other Names Used (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date:	Mo. Da. Yr.
		()	()
Parent/Guardian First Name	Last Name	Home Phone	Work and/or Cell Phone
		()	()
Parent/Guardian First Name	Last Name	Home Phone	Work and/or Cell Phone
Mailing Address (P.O Box or house # & street name)		Apt#	City State Zip
Residence Address (house # & street name) (IF DIFFERENT)		Apt #	City State Zip
PARENT'S EMAIL ADDRESS:			
Emergency Contacts: <u>WHEN YOU CANNOT BE REACHED.</u>			
1. Name:	Relationship:	2. Name:	Relationship:
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Numbers:		Cell Numbers:	
Physician's Name/Phone:		Insurance Carrier:	

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent. Please include their name, address, and phone number:

Full Name: _____ **Phone:** () _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The previous 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 your race to be.

<input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	
	<input type="checkbox"/> Tahitian (304)	

<p>PARENT EDUCATION - Most educated parent:</p> <input type="checkbox"/> Graduate Degree or Higher (5) <input type="checkbox"/> College Graduate (4) <input type="checkbox"/> Some College or Associate's Degree (3) <input type="checkbox"/> High School Graduate (2) <input type="checkbox"/> Not a High School Graduate (1)	<p>BIRTHPLACE OF CHILD:</p> <p>City: _____ State: _____ Country: _____</p> <p>Date child first attended school in the U.S.: _____ In California: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small></p>
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HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language do you prefer school correspondence? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? Yes No I don't know

Residence – where is your child/family currently living? (federally mandated) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel (09)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) Unsheltered (car/campsite) (12)
- In a shelter or transitional housing program (10) Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian
- *Note* You must provide legal documentation**

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____
2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

Please List Any Siblings (Include Names and Birth Dates)

1. _____
2. _____
3. _____
4. _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

- Special Education:** Resource (RSP) Special Day Class (SDC) Speech/Language 504
Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior Other (Specify) _____
- Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

Do you give permission for your child's written work, art work, picture and first name to appear on the class/school webpage and/or be released to the public relating only to assignments and awards? Yes No

Does your child take any medication or have any health condition which could result in an emergency? Yes No
Please explain _____

- My signature authorizes and gives consent for all medical care prescribed by a duly licensed physician (M.D.) for my child as his/her parent/guardian. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my child.
- My signature authorizes and gives permission for my child to attend various field trips or other activities scheduled by the school. I also agree that I will inform the school if I do not want my child to attend a scheduled trip.
- My signature authorizes and gives permission for my child to use supervised internet utilizing the county filter.

Signature of Parent/Guardian: _____ **Date:** _____

**WEED ELEMENTARY SCHOOL
RECORD OF PRIOR SPECIAL SCHOOL PROGRAMS**

Student's Name _____

Birth Date: _____

Grade: _____

To provide continuity in your child's educational program it is important that we be made aware of any special help he/she has participated in at previous schools. Please provide the following information to help expedite your child's proper placement.

_____ My child has not participated in any program.

_____ My child has participated in the program(s) checked below.

_____ Reading Lab

_____ Adapted Physical Education

_____ Math Lab

_____ Alternative Education/ISP

_____ Behavior Modification

_____ Gifted and Talented Education (GATE)

_____ Hearing Impaired

_____ Learning Disability/LH

_____ Multi Handicapped

_____ Resource Specialist Program (RSP)

_____ IEP in place (Individualized Education Plan)

_____ Speech Therapy

_____ Visually Handicapped

_____ Other _____

_____ My child has had special testing: _____

Parent/Guardian Signature

Date