

**Del Paso
Heights
School
District**

"Education is
an open book
to learning"

3780 Rosin, Suite 270
Sacramento, CA 95834
641-5300

Registration Form

School Site _____

F
 M

Student Last _____ Student First _____ MI _____ DOB _____ Age _____ Teacher _____ Grade _____ Room _____
 Street Address: _____ City Sacramento, CA Home Phone _____
 Parent/Guardian Information: _____ Wk Phone: _____ Ext.: _____ Education _____

Emergency Contact Info.: _____ Phone _____

Mother Guardian (f)
 Father Guardian (m)
 Stepmother Foster Mother
 Stepfather Foster Father
 Other

SS# _____ Date Entered School _____ Date Entered District _____

Birthplace _____

Birthdate/place Verification Birth Certificate Affidavit

Birthdate Verification Initials _____

Name and Address of last school attended: _____

Brothers & Sisters	DOB

Status of birth parents	
Mother	Father
<input type="radio"/> Deceased	<input type="radio"/> Deceased
<input type="radio"/> Separated	<input type="radio"/> Separated
<input type="radio"/> Divorced	<input type="radio"/> Divorced

Registration Date: _____

Health Information

Immunizations						Any Known Health Problems	
Polio	DTP/Td	Measles/MMR	Hepatitis B	Tuberculosis	Hib		
1st dose						Vision	
2nd dose							
3rd dose						Hearing	
4th dose							
5th dose						Other	
Status: <input type="checkbox"/> Polio OK <input type="checkbox"/> DPT OK <input type="checkbox"/> MMR OK <input type="checkbox"/> Hepatitis B OK <input type="checkbox"/> Tb OK <input type="checkbox"/> _____							
Was the date of the student's last physical within 18 months of 1st grade? <input type="radio"/> Yes <input type="radio"/> No							
Date of last physical examination: _____ Date of Health Info.: _____							

Office Use Only

Special Programs	Other
<input type="checkbox"/> NES <input type="checkbox"/> Speech <input type="checkbox"/> LEP <input type="checkbox"/> Title I <input type="checkbox"/> FEP <input type="checkbox"/> Summer School <input type="checkbox"/> GATE <input type="checkbox"/> Miller-Unruh <input type="checkbox"/> RSP <input type="checkbox"/> SDC	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Language _____ Ethnicity _____ Lunch Program Info.: <input type="checkbox"/> Free <input type="checkbox"/> Reduced	Registered By: _____

Emergency Information Card

Del Paso Heights School District

This information is important to us, please print neatly & fill out completely including the reverse side.

Last Name	First Name	MI	Sex	DOB	Teacher	Grade	Room
Street Address				City	Home Phone		

Parent/Guardian Information:

	Wk. Phone: _____
	Ext.: _____

Other Emergency Contact

Other Emergency Contact	Phone

Student is living with

<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian (f)
<input type="checkbox"/> Father	<input type="checkbox"/> Guardian (m)
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Foster Mother
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster Father
<input type="checkbox"/> Other	

Check all medical conditions that apply:

<input type="checkbox"/> ADD	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergies	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Anemia	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Migraines
<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Tourette's	<input type="checkbox"/> Heart Trouble

SSN

Medical Ins. #

Medical Ins. Co.

Parent/Guardian Completing Form

Please give details on the back side of this form.

Please Check the action desired in the event of an emergency:

In the event of an emergency when a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as is considered necessary for my child to receive medical care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment as he/she considers necessary. In the event said physician is unavailable at the time, I authorize such care and treatment to be given by any licensed physician. I agree to bear all costs incurred as a result of the foregoing.

Doctor's Name	Address	Phone
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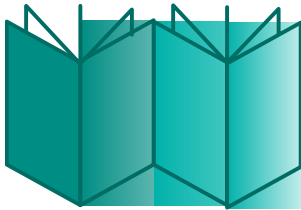
I do not choose the above statement and desire the following action:

Does your child have any medical conditions (such as those on the front) that may result in an emergency? Yes No If yes, please specify:

List medicine(s) prescribed:	Dosage
Prescribed by Dr. _____	Phone: _____
Does this drug need to be taken during school hours on a daily basis?	

Signature of Parent/Guardian

Registration Date



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Home Language Survey

Language Code

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school secretary. Thank you for your assistance.

Name of Student: _____
Last First Middle Grade Date of Birth Age
SSN: _____ Teacher: _____

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home? _____

Refugee _____
 Immigrant _____
 Alien No. (I-94) _____ Date of Entry into U.S. _____ Country of Origin _____
 (Refugees Only)

Native Language Codes

- | | | |
|----------------------|-------------------|---------------------|
| (11) Arabic | (18) German | (40) Pash to |
| (56) Albanian | (19) Greek | (41) Polish |
| (12) Armenian | (43) Gujarati | (06) Portuguese |
| (42) Assyrian | (21) Hebrew | (28) Punjabi |
| (00) English | (22) Hindi | (45) Rumanian |
| (58) Bosnian | (23) Hmong | (29) Russian |
| (13) Burmese | (24) Hungarian | (30) Samoan |
| (99) Cambodian | (25) Ilocano | (52) Serbo-Croatian |
| (03) Cantonese | (27) Italian | (Serbian) |
| (36) Cebuano | (08) Japanese | (01) Spanish |
| (54) Chaldean | (50) Khmu | (46) Taiwanese |
| (20) Chamorro | (04) Korean | (32) Thai |
| (Guamanian) | (51) Kurdish | (57) Tigrinya |
| (39) Chaozhou | (Kurdi, Kurmanji) | (53) Toishanese |
| (Chiuchow) | (47) Lahu | (34) Tongan |
| (14) Croatian | (10) Lao | (33) Turkish |
| (15) Dutch | (07) Mandarin | (38) Ukrainian |
| (16) Farsi (Persian) | (Putonghua) | (35) Urdu |
| (05) Filipino | (48) Marshallese | (02) Vietnamese |
| (Tagalog) | (44) Mien | (99) Other Non- |
| (17) French | (49) Mixteco | English |

 Signature of Parent or Guardian Date
 Comments:

For Office Use Only:
 Instructions on how to select the language code which is to be entered on this form:
 A. If the answers to 1, 2, 3 and 4 are English, enter "A-1" in the language code box at the top of this form.
 B. If the answers to any of the questions are a language other than English, enter the appropriate native language codes at the top of this form.
 C. The "Primary Language" indicated below and on the Registration Form.
 DO NOT ENTER ENGLISH PROFICIENCY UNTIL AFTER COMPLETION OF BILINGUAL TESTING

- Distribution: Cum Folder
 Multilingual Education
 Home Room Teacher

 Primary Language English Proficiency