

EMERGENCY INFORMATION

If the parent or guardian cannot be reached, our child will not be released to any person other than those listed below. Please list three LOCAL people the school may call and/or release your child to in the event of an illness or emergency.

Name _____ Home Phone () _____ Work Phone () _____

Name _____ Home Phone () _____ Work Phone () _____

Name _____ Home Phone () _____ Work Phone () _____

Name of Dentist/Orthodontist _____ Phone () _____

Name of Doctor to call in case of emergency _____ Phone () _____

PLEASE NOTE: CALIFORNIA EDUCATION CODE 49423 requires a completed medication permission form if medication is to be taken at school. Medication cannot be administered without a completed form. (Available at school offices.)

In an emergency, if none of the emergency contacts specified are available, your child will be transported by ambulance to the hospital. Yes No

In an emergency, if no doctor is listed above, or doctor listed above is unavailable, do you authorize the school authorities or hospital to select a doctor? Yes No

Parent Signature: _____

Please list brothers and sisters under 18 years old who are living at home (name/school):

1. Name _____ Grade/School _____ 2. Name _____ Grade/School _____ 3. Name _____ Grade/School _____

Was your child enrolled in any of the following programs? (Check all that apply)

Special Programs Special Education Speech Gifted
 Migrant Education Bilingual/ESL Other (please specify) _____

PROOF OF RESIDENCY (for new students only)

Please select the option that best describes your housing situation:

- Single Family Dwelling (200) Hotel/Motel (110) Foster Home (210)
- Auto/RV or RV Park (310) Duplex (200) Other _____
- Mobile Home (310) Apartment/Condo (200)
- Campground (130) Shelter (100)

Students will **not** be registered unless the school is provided with at least two (2) separate documents proving residency. We recognize that presenting this proof may be somewhat bothersome, but the requirement is for your child's benefit.

Warning: The District will investigate and may take legal action if a student is illegally registered.

Name of Student _____

Home Address _____ Street _____ City _____ Zip _____ Phone () _____

I declare under the penalty of perjury that the above residence information is true and correct.

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

PROOF OF RESIDENCE PRESENTED (For Office Use Only)

Two residency documents received, one from each section below:

- A. Property** Property Tax Statement Agency Rental/Lease Grant Deed Other (specify) _____
- B. Utility** Water Gas/Electric Cable

Document Photocopied and checked by _____ **School** _____

I declare under penalty of perjury, that all of the statements on this form are true and correct. If I change residency during the school year, I will notify the school office staff immediately.

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