



**Maxwell Unified School District
Registration/Emergency Form
(To be completed by the parent or guardian)**

Office Use Only:
Student I.D. No. _____
SSID No. _____

Anticipated Start Date : _____

Grade

Student's LEGAL Name: _____ Date of Birth: _____ Male
 (from birth certificate) Last Name First Name Middle Name Mo./Day/Year Female

Residence Address _____ City _____ State _____ Zip _____

Mother's/Guardian's First Name _____ Last Name _____ (_____) Home Phone _____ Cell/Work Phone _____

Mother's Mailing Address _____ City _____ State _____ Zip _____ Mother's email address _____

Father's/Guardian's First Name _____ Last Name _____ (_____) Home Phone _____ Cell/Work Phone _____

Father's Mailing Address (If Different) _____ City _____ State _____ Zip _____ Father's email address _____

CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If not, please provide the school the necessary information. Specific custody restrictions must be verified by providing the school a copy of the LEGAL CUSTODIAL AGREEMENT

Last School Attended: _____ Last Day of Attendance _____
 Name of School City/State Phone No.

Student's Birthplace: _____
 City/State/Country

What month and year did your child first enroll in a school? _____ / _____ In a California school? _____ / _____
 Mo. / Year Mo. / Year

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

Hispanic/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 **Home Language:** English Spanish Other **Written Language:** English Spanish Other

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) 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 your race to be.

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

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

Not a high school graduate Some college (includes AA degree) Graduate school/post graduate training
 High school graduate College graduate

What special services has your child received? (Please check all boxes that apply)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 Accommodation Plan
Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Medical Health Plan

Has the student been expelled or is the student in the process of being expelled from any school? Yes No
 If yes: Name of school: _____ Location: _____ Date: _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)

<input type="checkbox"/> In parent/guardian's own home or apartment	<input type="checkbox"/> In a motel/hotel
<input type="checkbox"/> Temporarily living with another family	<input type="checkbox"/> Unsheltered (car/RV)
<input type="checkbox"/> At a campsite	<input type="checkbox"/> In a transitional housing program
<input type="checkbox"/> In a shelter	
<input type="checkbox"/> Unaccompanied Youth/Foster Care or Group Home	<input type="checkbox"/> Other location: _____

EMERGENCY CONTACTS: In the event of illness or suspension I hereby give my consent for my child to be released to the following person(s).

First and Last Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	School	Grade	Date of Birth
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship
_____	_____	_____	_____

HEALTH PROBLEMS (Check all that apply)

Diagnosed ADD or ADHD..... <input type="checkbox"/>	Epilepsy..... <input type="checkbox"/>	
Asthma..... <input type="checkbox"/>	Eye Injury..... <input type="checkbox"/>	
Allergies..... <input type="checkbox"/>	Bladder Problems..... <input type="checkbox"/>	Hypoglycemia..... <input type="checkbox"/>
Bleeding Disorder..... <input type="checkbox"/>	Frequent Nosebleeds..... <input type="checkbox"/>	History of Fractures..... <input type="checkbox"/>
Color Vision Deficiency..... <input type="checkbox"/>	Scoliosis..... <input type="checkbox"/>	History of Hospitalization..... <input type="checkbox"/>
Diabetes..... <input type="checkbox"/>	Seizure Disorder..... <input type="checkbox"/>	History of Surgery..... <input type="checkbox"/>
Eczema/Skin Trouble..... <input type="checkbox"/>	Chicken Pox..... <input type="checkbox"/>	
History of Ear Problem..... <input type="checkbox"/>		
Known Hearing Loss..... <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	
Known Vision Loss..... <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	
Physical Limitations..... <input type="checkbox"/>		
Wears Contact Lens..... <input type="checkbox"/>		
Wears Glasses..... <input type="checkbox"/>	For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>	

Other or further details of above _____

Medical Insurance: Company Name _____ Policy # _____
 Primary Care Physician _____ Phone Number _____

ALLERGIES (Check all that apply) None:

Animals <input type="checkbox"/>	Drugs <input type="checkbox"/>	List specific item(s) student is allergic to: _____
Insects <input type="checkbox"/>	Food <input type="checkbox"/>	
Bee Stings <input type="checkbox"/>	Plants <input type="checkbox"/>	Describe allergic reaction and/or treatment: _____
	Other <input type="checkbox"/>	Explain: _____

MEDIA PERMISSION

I/we give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes No

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student. Yes No

I/we have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____

Race to the Top: Are you transferring from a school with a lower API? _____ School Name: _____

Revised: 1/19