

Poway Unified School District
New Student Enrollment Form - Transitional Kindergarten – 12th Grade – 2017-2018

SCHOOL		← school staff only →		PERMANENT ID		
STUDENT INFORMATION						
Student's LEGAL Last Name			Student's LEGAL First Name		Suffix	
Grade	Gender		Nick Name			
Birth Date (mm/dd/yyyy)		Birth Place		Birth State	Birth Country	
RACE AND ETHNICITY						
Please select one: <input type="checkbox"/> This student is Hispanic or Latino <input type="checkbox"/> This student is not Hispanic or Latino						
Race(s) check any/all that apply						
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islanders <input type="checkbox"/>			
<input type="checkbox"/> Chinese	<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	Vietnamese <input type="checkbox"/>			
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Tahitian	Guamanian <input type="checkbox"/>			
<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	Japanese <input type="checkbox"/>			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Middle Eastern				
HOME ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
Address _____			Address _____			
City _____		State <u>CA</u>	Zip _____	City _____ State <u>CA</u> Zip _____		
Type of Dwelling: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		In order to assist students in transition, please respond to one of the following: <input type="checkbox"/> We are living with another family or in transitional accommodations due to financial hardship <input type="checkbox"/> This does not apply to my family				
LANGUAGES						
The California Education Code 52164.1 requires schools to determine the language(s) spoken at home by each student and the date they first enrolled in school in the United States. This information is essential for schools to provide meaningful instruction for all students.						
1. Which language did your student learn when he/she first began to talk? _____						
2. What language does your student most frequently use at home? _____						
3. What language do you most frequently speak to your student? _____						
4. What language is spoken most often by the adults at home? _____						
PARENT/GUARDIAN INFORMATION – List Parent/Guardian living in PRIMARY residence FIRST						
PARENT/ GUARDIAN 1	Last Name		First Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number Type
	Address, if different from student Street		City		Zip Code	Alternate Phone Number Type
	Contact Allowed	Educational Rights	Has Custody	Lives with	Mail/Email Allowed	Active Military if yes, branch
PARENT/ GUARDIAN 2	Last Name		Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number Type
	Address, if different from student Street		City		Zip Code	Alternate Phone Number Type
	Contact Allowed	Educational Rights	Has Custody	Lives with	Mail/Email Allowed	Active Military if yes, branch
STEP PARENT	Last Name		First Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number Type
	Address, if different from student Street		City		Zip Code	Alternate Phone Number Type
	Contact Allowed	Educational Rights**	Has Custody**	Lives with	Mail/Email Allowed	Active Military if yes, branch

PLEASE NOTE: If you need to add additional Legal Guardians or Stepparents, please attach an additional page to your enrollment packet.

** If "yes" to stepparent Educational Rights or Custody, please provide court documentation.

Poway Unified School District
New Student Enrollment Form PAGE 2
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PLEASE LIST ALL SIBLINGS ENROLLED IN PUSD SCHOOLS AND THEIR CURRENT SCHOOL OF ATTENDANCE						
Name	School	Name	School			
Name	School	Name	School			
ADULTS OTHER THAN PARENTS OR GUARDIANS AUTHORIZED TO PICK UP YOUR STUDENT FOR MEDICAL, EMERGENCY RELEASE, OR OTHER REASONS. (MUST BE 18 YEARS OF AGE OR OLDER)						
Please note: Pick up during the school day requires prior notification to school office and that ID is shown						
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	
Contact Order	Relationship	Name	Phone	Type	Alt. Phone	
DATE FIRST ENROLLED IN :						
CA Public School		mm/ dd /yyyy	US Public or Private School		mm/ dd /yyyy	
			US Preschool		mm/ dd /yyyy	
PREVIOUSLY ATTENDED SCHOOLS						
School Name					Years Attended	
Address		City	State	Zip		
School Name					Years Attended	
Address		City	State	Zip		
School Name					Years Attended	
Address		City	State	Zip		
SPECIAL PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL						
Does your child receive special education on a current Individualized Educational Plan (IEP) or other program services? <input type="checkbox"/> yes <input type="checkbox"/> no						
Educational Program(s) Received at a Previous School <input type="checkbox"/> GATE <input type="checkbox"/> English Language Learner (ELL)						
Check all that apply: <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other _____						
ACKNOWLEDGEMENTS						
<ul style="list-style-type: none"> When deemed necessary, I authorize school district personnel to secure emergency services (medical, dental, paramedic, ambulance) for my child at my expense and to release any pertinent medical information. I certify that all information above is accurate and that it is my responsibility to apprise the school of any changes in residency, employment, phone numbers, changes in custody or guardianship, and emergency release contacts. This form must be completed, signed, and on file at school before the student can be admitted. 						
PARENT/GUARDIAN SIGNATURE(S) – AT LEAST ONE REQUIRED						
Signature of Parent /Guardian 1 /18-Year-Old Student			Signature of Parent /Guardian 2 /18-Year-Old Student			
Date			Date			
~ FOR SCHOOL OFFICE USE ONLY ~						
Signature of Registrar	Start Date	IDT Date	Birth Verification	Language	Initial Below if left blank in either E or R Field	
		IDT Reason		Remarks	Ethnicity	Race

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POWAY UNIFIED SCHOOL DISTRICT 2017-2018
Signature Verification of Receipt of Documents/Release of Information

Student Last Name (Please PRINT)

Student First Name (Please PRINT)

Parent Name (Please PRINT)

Grade

Address

City/State/Zip Code

 , CA

Primary Phone

STUDENT AND PARENT/GUARDIAN MUST SIGN IN ALL SECTIONS AND RETURN TO SCHOOL OFFICE

1.	<p><u>RULES OF STUDENT DISCIPLINE IN THE POWAY UNIFIED SCHOOL DISTRICT – FORM PUSD PP-3 (Gr. TK-5) and PP-3A (Gr. 6-12)</u> I have received a copy of the Rules of Student Discipline in the Poway Unified School District and School Bus Safety Rules. I understand it is my responsibility to read and follow these rules.</p> <p><u>ANNUAL NOTIFICATION OF PARENTS’/STUDENTS’ RIGHTS & UNIFORM COMPLAINT PROCEDURES – Form PUSD PP-109</u> (State law requires signed acknowledgment of your receipt of this notification.) I hereby acknowledge receipt of the Annual Notification of Parents’/Students’ Rights and Uniform Complaint Procedures which contains information regarding the rights, responsibilities, and protections regarding the above-named student.</p> <p><u>ACADEMIC HONESTY POLICY AND PROCEDURES</u> I have reviewed and discussed Poway Unified School District’s Academic Honesty Policy and Procedures with my student.</p> <p><u>HARASSMENTPROCEDURE</u> I have reviewed and discussed Poway Unified School District’s <i>Student Guide to Understanding and Avoiding Harassment</i> with my student. I have reviewed and discussed Poway Unified School District’s <i>Hate Harassment and Hate Behavior Policy and Administrative Procedure</i> with my student.</p> <p><u>PLEDGE OF ALLEGIANCE</u> – I have reviewed and discussed the information regarding the Pledge of Allegiance (Ed. Code 52720-52730) with my student. Pledge Documents (Gr. TK-5) and (Gr. 6-12).</p>	<p style="text-align: center;">■ _____ <i>Student Signature (Required GR. 4-12)</i></p> <p style="text-align: center;">■ _____ <i>Parent/Guardian Signature</i></p>
6.	<p><u>Computer/Internet Safety and Responsible Use</u></p> <ul style="list-style-type: none"> • I understand my child will use the PUSD Learning platforms, access information through the Internet and utilize educationally relevant digital content under direction of school staff. • I understand that access to the Internet is designed for educational purposes and Poway Unified has employed a secure and filtered Internet browser for students to eliminate controversial materials. • I have reviewed and discussed PUSD Board Policy 3.39 Student Use of Technology and Administrative Procedure 3.39.1 Student Internet Safety and Responsible Use. 	<p style="text-align: center;">■ _____ <i>Parent/Guardian Signature</i></p>
7.	<p><u>FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA), RELEASE OF PUSD DIRECTORY INFORMATION</u> – I permit the release of PUSD’s directory information regarding my student. PUSD directory information may include my student’s name, parent’s name, address, e-mail address, telephone number, major course of study, participation in officially recognized activities and sports, awards, and school most recently attended. This information may be released to requesting agencies with a legitimate educational interest, universities, other school districts, and the school’s PTA and Foundation. P.U.S.D. Administrative Procedure, Section 5.5.3.</p> <p><u>MILITARY</u> - I permit the Poway Unified School District to release directory information for the above-named 11th grade student to military recruiters.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Directory Information</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Military</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Web Pages</p>
8.	<p><u>WEB PAGES</u> - I permit the Poway Unified School District to print photographs, student work, and identification of the above-named student on the school District’s web sites. I also permit photographs of the above named student to appear on social media web sites authorized and monitored by the student’s teacher. Identification of students on web pages will be limited to first name only at elementary, first name and last initial at middle school, or full name at high school level.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Newspaper/Television</p> <p style="text-align: center;">■ _____ <i>Parent/Guardian Signature (Student if 18 or Older)</i></p>
10.	<p><u>NEWS MEDIA</u> - I permit the news media to print photographs and identification of the above-named student in newspapers, television, and news media web sites.</p>	
11.	<p><u>STUDENT ACCIDENT AND HEALTH INSURANCE</u> - As parent/guardian of the named student, I understand that Poway Unified School District does not provide medical or dental insurance for student injuries but does make voluntary student insurance available for purchase. I also understand that State law requires my student to have health insurance in order to participate in school sports. I have read the Superintendent’s letter regarding accident insurance.</p> <p>The information about a voluntary insurance program will be available to your student at the school’s front office, on or before the first day of school. You may also access this voluntary insurance information beginning May 27, 2017, online at www.peinsurance.com or (800) 722-3365.</p>	<p>I have received information on the availability of school accident insurance.</p> <p style="text-align: center;">■ _____ <i>Parent/Guardian Signature</i></p>
12.	<p>I have read and discussed all the forms available on the PUSD Enrollment/Registration website and/or the school packet with my student. Your signature is required per Education Codes 48981 and 48982.</p> <p style="text-align: center;">PUSD LSS Signature Verification Form (Revised 2/2017)</p>	<p style="text-align: center;">■ _____ <i>Student Signature (Required GR. 4-12)</i></p> <p style="text-align: center;">■ _____ <i>Parent/Guardian Signature</i></p> <p style="text-align: center;">■ _____ <i>Date</i></p>

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RESIDENCY VERIFICATION AND CHECKLIST
POWAY UNIFIED SCHOOL DISTRICT
15250 AVENUE OF SCIENCE • SAN DIEGO, CALIFORNIA 92128

NAME OF PERSON ESTABLISHING RESIDENCY _____

(Please Print)

1. I AM THE: (CHECK ONE)

- PARENT
 FOSTER PARENT
 EMANCIPATED MINOR
 OTHER _____

- LEGAL GUARDIAN
 RELATIVE/CAREGIVER

2. NAME(S) OF CHILD(REN) LIVING IN THIS HOME:

3. PARENT NAME (if different from above): _____

4. SCHOOL OF RESIDENCE: _____

NAME OF SCHOOL

5. I AFFIRM THAT THE STUDENT(S) RESIDE(S) AT THE FOLLOWING STREET ADDRESS:

STREET ADDRESS

APT NO. OR UNIT

CITY

STATE

ZIP CODE

(Signature of person establishing residency)

DATE

6. IF LIVING WITH ANOTHER FAMILY WHO IS PROVIDING RESIDENCY, THE PERSON PROVIDING RESIDENCY MUST SIGN BELOW AND PROVIDE RESIDENCY VERIFICATION DOCUMENTS REQUIRED BY LAW.

I, _____ AFFIRM THAT THE ADULT AND STUDENTS LISTED ABOVE RESIDE WITH ME AT MY RESIDENCE.
NAME OF PERSON PROVIDING RESIDENCY

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

(Signature of person providing residency)

DATE

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT.

The person establishing residency must present TWO CURRENT different verifications of the following ORIGINAL documents.

- | | |
|---|--|
| <input type="checkbox"/> DEED TO HOME | <input type="checkbox"/> MILITARY ORDERS (BASE HOUSING OFFICE WRITTEN VERIFICATION) |
| <input type="checkbox"/> MORTGAGE PAYMENT RECEIPTS OR COUPONS | <input type="checkbox"/> RENTAL AGREEMENT |
| <input type="checkbox"/> ESCROW PAPERS FOR NEW HOME | <input type="checkbox"/> RENT RECEIPT |
| <input type="checkbox"/> PROPERTY TAX RECEIPT | <input type="checkbox"/> BANK STATEMENT |
| <input type="checkbox"/> CURRENT BILL FROM LOCAL UTILITY COMPANY, INCLUDING CABLE TV | <input type="checkbox"/> ANY OTHER LEGAL DOCUMENT(S) WHICH ESTABLISHES HOME ADDRESS WITHIN SCHOOL BOUNDARIES |
| <input type="checkbox"/> RECEIPT FOR DEPOSIT WITH LOCAL UTILITY COMPANY, INCLUDING CABLE TV | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> DRIVER'S LICENSE | |

****If you do not possess any of the above documentations establishing residency due to transitional living circumstances, please ask the school site for the Student Residency Affidavit.****

The document(s) described in the box as checked above was presented by the person identified in #1 above verifying the student's residency. The student's registration address matches the address listed on the residency verification document.

VERIFYING SCHOOL OFFICIAL

DATE

PUSD LSS-6 (REVISED 02/2017)

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Poway Unified School District
 15250 Avenue of Science, San Diego CA 92128

Health Services
Student Health Information

STUDENT: _____ M F BIRTHDATE: _____
 SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: Please **MARK** the appropriate number(s) that best describes your student's current health condition(s) and return completed form to school. Please provide specific information regarding conditions that may affect student learning and participation in school activities.

MEDICATION: All medication (prescription, over-the-counter, homeopathic remedies, vitamins, etc.), which *is to be administered during the school day or during school-sponsored activities*, requires an Authorization for Medication Administration (H-26) to be completed and signed by physician and parent. Students are not allowed to carry medication without an Authorization to Carry Medication (H-26B) on file. Both medication forms may be found on the PUSD Health Services website. Submit completed medication form to school Health Technician and any school sponsored activity your student may attend.

Number	Health Condition	Specific Information
009	ADD/ADHD	Medication: (032)
202	Allergy- Serious -Bee/Insect	Medication: (232)
203	Allergy- Serious -Food	Medication: (232)
204	Allergy- Serious -Medication	Medication (232)
205	Allergy- Serious -Other (animal, latex, etc.)	Medication: (232)
007	Asthma-Mild to Moderate	Medication: (032)
207	Asthma- Serious	Medication: (232)
022	Birth Defect/Genetic Disorder	Description:
227	Blood Disorders (Chronic)	
215	Diabetes – Insulin Dependent	
020	Emotional/Psychological/Eating Disorder	
023	Hearing Problems (infections, tubes, nerve damage, etc.)	
024	Deaf/Hard-of-Hearing	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
025	Hearing Aids	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
026	Heart Problems – No restrictions	
226	Heart Problems – Restrictions:	
032	Medication – Long Term	
033	Migraine Headache	Medication: (032)
042	Orthopedic Condition	Description:
046	Prosthesis	
045	Scoliosis	
237	Seizure Disorder – Type:	Medication: (032)
054	Visual Impairment	Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/>
052	Glasses/contact lens	Distance <input type="checkbox"/> Reading <input type="checkbox"/>
055	Color Deficient/Color Blind	
256	OTHER SERIOUS ILLNESS/INJURY/HEALTH CONCERN (LIFE THREATENING)	Description:
056	OTHER ILLNESS/INJURY/HEALTH CONCERN (NON-EMERGENCY)	Description:
000	NO HEALTH CONCERNS AT THIS TIME	
New Students Only!		Has your student ever attended a California Public School (including Transitional Kindergarten or Kindergarten)? <input type="checkbox"/> Y <input type="checkbox"/> N
If “ Yes ” name <u>one</u> California School or School District attended.		

Parent/Guardian Signature

Date

**POWAY UNIFIED SCHOOL DISTRICT
REQUEST TO TRANSFER PUPIL RECORDS**

To: _____
Last School Attended

Street Address: _____

City: _____ State: _____ Zip _____

The student listed below has enrolled in our school.

Student's Name _____ Birth Date _____

Grade: _____ Gender: Male: Female:

I acknowledge notification that my child's school records are being requested from the named school and that I have a right to review, receive a copy of the records, and a right to challenge the content of the records (Ed Code 49068, C.A.C. Title V, Section 438).

Parent/Guardian/Adult Student Signature

(To be completed by school personnel)

We are requesting the following records as they pertain to the student listed above:

- Scholastic & Pupil Progress Data
- Test Data
- Health Data
- Gifted & Talented Education (GATE) Data
- Proficiency Test Results
- Special Education Data
- English Language Learner Data

Please send records to:

School Name

Street Address

City

State

Zip

Name of requesting Clerk/Secretary/Registrar