

Name of School	POWAY UNIFIED SCHOOL DISTRICT NEW STUDENT ENROLLMENT FORM				Student ID			
Student's Legal Last Name		Student's First Name		Student's Middle Name				
Student's Nick Name	Grade	Gender	Birth Date (mm/dd/yy)		Primary Phone ___ Cell ___ Home			
Primary Address			City/State/Zip		City of Birth AND State or Country of Birth:			
Mailing Address if Different from Primary Address			City/State/Zip		First date in U.S. school, if born outside of the United States			
Student Social Security Number:			*Highest Education Level in Student's Primary Home					
Has your child ever been enrolled in or enrolled but never attended a PUSD school? Y N		Ethnicity (Please select one): Hispanic /Latino ___ Not Hispanic/ Latino ___						
Race (Please select one or more, regardless of Ethnicity): <table border="0" style="width:100%"> <tr> <td style="width:33%"> Race Codes: ___ 10 White ___ 20 American Indian or Alaska Native ___ 30 Black or African American ___ 40 Other Asian ___ 41 Asian Indian ___ 42 Cambodian </td> <td style="width:33%"> ___ 43 Chinese ___ 44 Filipino ___ 45 Japanese ___ 46 Korean ___ 47 Laotian ___ 48 Vietnamese ___ 49 Hmong </td> <td style="width:33%"> ___ 60 Other Pacific Islander ___ 61 Guamanian ___ 62 Hawaiian ___ 63 Samoan ___ 64 Tahiti </td> </tr> </table>						Race Codes: ___ 10 White ___ 20 American Indian or Alaska Native ___ 30 Black or African American ___ 40 Other Asian ___ 41 Asian Indian ___ 42 Cambodian	___ 43 Chinese ___ 44 Filipino ___ 45 Japanese ___ 46 Korean ___ 47 Laotian ___ 48 Vietnamese ___ 49 Hmong	___ 60 Other Pacific Islander ___ 61 Guamanian ___ 62 Hawaiian ___ 63 Samoan ___ 64 Tahiti
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STUDENT PARENT / GUARDIAN INFORMATION								
List Parent(s) living in PRIMARY residence FIRST		If you mark "No" to any of the ** areas below, a court order must be provided. <i>If your child does not live with you and you need extra mailing, please indicate by marking "Y" or "N" below.</i>						
Father / Stepfather / Guardian Last Name	First Name	Relationship	Contact Allowed** Y N	Lives With Student Y N	Has Custody** Y N	Educational Rights** Y N	Extra Mail Y N	Active Duty Military Y N
Employer	Title	Primary Phone ___ Cell ___ Home			Alternate Phone ___ Cell ___ Home			
Home Address if Different than Student's City/State/Zip		Work Phone		Email Address				
Mother / Stepmother / Guardian Last Name	First Name	Relationship	Contact Allowed** Y N	Lives With Student Y N	Has Custody** Y N	Educational Rights** Y N	Extra Mail Y N	Active Duty Military Y N
Employer	Title	Primary Phone ___ Cell ___ Home			Alternate Phone ___ Cell ___ Home			
Home Address if Different than Student's City/State/Zip		Work Phone		Email Address				
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Employer	Title	Primary Phone ___ Cell ___ Home			Alternate Phone ___ Cell ___ Home			
Home Address if Different than Student's City/State/Zip		Work Phone		Email Address				
Mother / Stepmother /Guardian Last Name	First Name	Relationship	Contact Allowed** Y N	Lives With Student Y N	Has Custody** Y N	Educational Rights** Y N	Extra Mail Y N	Active Duty Military Y N
Employer	Title	Primary Phone ___ Cell ___ Home			Alternate Phone ___ Cell ___ Home			
Home Address if Different than Student's City/State/Zip		Work Phone		Email Address				
In order to assist students in transition due to financial hardship, 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.								

POWAY UNIFIED SCHOOL DISTRICT - NEW STUDENT ENROLLMENT FORM – PAGE 2

ADULTS OTHER THAN ABOVE AUTHORIZED TO PICK UP YOUR STUDENT FOR MEDICAL, EMERGENCY RELEASE, OR OTHER REASONS. (MUST BE 18 YEARS OF AGE OR OLDER)

Last Name	First Name	Relationship	Phone	Alternate Phone
Last Name	First Name	Relationship	Phone	Alternate Phone
Last Name	First Name	Relationship	Phone	Alternate Phone

PREVIOUSLY ATTENDED SCHOOLS – LAST TWO YEARS

School Name & Address	City/State/Zip	Year(s)
School Name & Address	City/State/Zip	Year(s)
School Name & Address	City/State/Zip	Year(s)

Please list all siblings enrolling or enrolled in PUSD schools and their current school of attendance:

Name	School	Name	School
Name	School	Name	School

SPECIAL PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL

Does your child receive special education on a current Individualized Educational Program or other program services? Y N

Special Program or Services Received at a Previous School:	Special Education	Speech	GATE	ELL	Other
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- 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 is my responsibility to apprise the school of any changes in residency, employment, phone numbers, and emergency release contacts.
- I understand the location of evacuation centers in the event of a critical incident during school hours.
- This form must be completed, signed, and on file at school before the student can be admitted.

Signature of Father/Stepfather/Guardian/18 yr old Student / Date	Signature of Mother/Stepmother/Guardian/18 yr old Student / Date
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-FOR SCHOOL USE ONLY-

Signature of Registrar	Start Date	IDT Date	Birth Verification	Language	Initial below if ILB in either E or R Fields.	
		IDT Reason		Remarks	E	R

Relationship Codes:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> 1. Mother 2. Father 3. Stepfather 4. Stepmother 5. Guardian 6. Foster Parent 7. Grandfather | <ul style="list-style-type: none"> 8. Grandmother 9. Aunt 10. Uncle 11. Daycare/Sitters 12. Other Adult 21. Brother (Full, Half, Step or Adopted) | <ul style="list-style-type: none"> 22. Sister (Full, Half, Step, or Adopted) 23. Cousin 24. Other child 30. Self (A student 18 years old or older) 31. Spouse of Student |
|---|---|---|

Education Level:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> 1. Not a High School Graduate 2. High School Graduate | <ul style="list-style-type: none"> 3. Some College 4. College Graduate | <ul style="list-style-type: none"> 5. Graduate School/Post Graduate 6. No Response |
|--|--|--|

POWAY UNIFIED SCHOOL DISTRICT 2013-2014
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

 Primary Phone

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

<p>1. RULES OF STUDENT DISCIPLINE IN THE POWAY UNIFIED SCHOOL DISTRICT – FORM PUSD PP-3 (Gr. TK-5) and PP-3A (Gr. 6-12) 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>2. ANNUAL NOTIFICATION OF PARENTS'/STUDENTS' RIGHTS & UNIFORM COMPLAINT PROCEDURES – Form PUSD PP-109 (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>3. ACADEMIC HONESTY POLICY AND PROCEDURES I have reviewed and discussed Poway Unified School District's <u>Academic Honesty Policy and Procedures</u> with my student.</p> <p>4. HARASSMENT PROCEDURE <ul style="list-style-type: none"> I have reviewed and discussed Poway Unified School District's <u>Policy and Procedures for Parents Concerning Harassment of Students</u> with my student. I have reviewed and discussed Poway Unified School District's <u>Hate Harassment and Hate Behavior Policy and Administrative Procedure</u> with my student. </p> <p>5. PLEDGE OF ALLEGIANCE – I have reviewed and discussed the information regarding the Pledge of Allegiance (Ed. Code 52720-52730) with my student. Pledge Documents (<u>Gr. TK-5</u>) and (<u>Gr. 6-12</u>).</p>	<p><input checked="" type="checkbox"/> _____ Student Signature (Required GR. 4-12)</p> <p><input checked="" type="checkbox"/> _____ Parent/Guardian Signature</p>
<p>6. STUDENT COMPUTER USE/INTERNET SAFETY & RESPONSIBILITY <ul style="list-style-type: none"> I have read and discussed the Poway Unified School District's Internet Safety and Responsible Use Administrative Procedure 3.39.1 with my student. You may get additional information or a copy of the procedure by contacting your student's school. I hereby give permission for my student to use the internet to access educationally relevant information under the guidance of Poway Unified School District- <p>Student: I agree to follow the rules contained in this procedure. I understand that if I violate the rules, my account may be terminated and I may face other disciplinary measures.</p> </p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Computer/Internet Use</p> <p><input checked="" type="checkbox"/> _____ Parent/Guardian Signature</p> <p><input checked="" type="checkbox"/> _____ Student Signature (Required GR. 4-12)</p>
<p>7. RELEASE OF DIRECTORY INFORMATION – I permit my student's name, address, telephone number, major course of study, participation in officially recognized activities and sports, awards, dates of attendance, and school most recently attended by student to be released to requesting agencies, including news media.</p> <p>8. MILITARY - I permit the school district to release directory information for the above-named 11th grade student to military recruiters.</p> <p>9. WEB PAGES - I permit the 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>10. NEWS MEDIA - I permit the news media to print photographs and identification of the above-named student in newspapers, television, and news media web sites.</p> <p>11. WEB-BASED RESOURCES - I permit access to password protected, teacher authorized instructional websites for the purpose of homework assignments and educational resources. (i.e. Compass Learning/Learning Point)</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Directory Information</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Military</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Web Pages</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Newspaper/Television</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Web-Based Resources</p> <p><input checked="" type="checkbox"/> _____ Parent/Guardian Signature (Student if 18 or Older)</p>
<p>12. STUDENT ACCIDENT AND HEALTH INSURANCE - 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.</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 by June 1, 2013, online at www.peinsurancew.com or (800) 722-3365.</p>	<p>I have received information on the availability of school accident insurance.</p> <p><input checked="" type="checkbox"/> _____ Parent/Guardian Signature</p>
<p>13. 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 48932.</p> <p>PUSD LSS Signature Verification Form (Revised 4/13)</p>	<p><input checked="" type="checkbox"/> _____ Student Signature (Required GR. 4-12)</p> <p><input checked="" type="checkbox"/> _____ Parent/Guardian Signature</p> <p><input checked="" type="checkbox"/> _____ Date</p>

**POWAY UNIFIED SCHOOL DISTRICT
HOME LANGUAGE SURVEY**

DATE	SCHOOL
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The California Education Code 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. Thank you for providing this information.

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
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STUDENT BIRTHDATE	AGE	GRADE
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DATE FIRST ENROLLED IN A CALIFORNIA <u>PUBLIC</u> SCHOOL (excluding preschool)	DATE FIRST ENROLLED IN <u>ANY</u> SCHOOL IN THE UNITED STATES (including preschool)
MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____

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 most frequently speak to your son or daughter? _____
4. What language is spoken most often by the adults at home? _____

Signature of Parent or Guardian _____

FOR OFFICE USE ONLY		Program Number _____
Language: _____	ELD _____ SDAIE _____	
Language Proficiency Designation: English Only _____	FEP _____	ELL _____
DATE	DATE	DATE

STATE LANGUAGE CODES

Code	Language	Code	Language	Code	Language
00	English	21	Hebrew	06	Portuguese
56	Albanian	22	Hindi	28	Punjabi
37	American Sign Language	23	Hmong	45	Rumanian
11	Arabic	24	Hungarian	29	Russian
12	Armenian	25	Ilocano	30	Samoan
42	Assyrian	26	Indonesian	52	Serbo-Croatian
61	Bengali	27	Italian		(Bosnian, Coratian, Serbian)
13	Burmese	08	Japanese	60	Somali
03	Cantonese	65	Kannada	01	Spanish
36	Cebuano (Visayan)	09	Khmer (Cambodian)	46	Taiwanese
54	Chaldean	50	Khmu	63	Tamil
20	Chamorro (Guamanian)	04	Korean	62	Telugu
39	Chaozhou (Chiuchow)	51	Kurdish (Kurdi, Kurmanji)	32	Thai
15	Dutch	47	Lahu	57	Tigrinya
16	Farsi (Persian)	10	Lao	53	Toishanese
05	Filipino (Pilipino or Tagalog)	07	Mandarin (Putonghua)	34	Tongan
17	French	64	Marathi	33	Turkish
18	German	48	Marshallese	38	Ukrainian
19	Greek	44	Mien (Yao)	35	Urdu
43	Gujarati	49	Mixteco	02	Vietnamese
		40	Pashto	99	All other non-English
		41	Polish		languages

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

(PRINT CLEARLY) _____

NAME OF PERSON ESTABLISHING RESIDENCY

1. I AM THE: (CHECK ONE)

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

PARENT

LEGAL GUARDIAN

FOSTER PARENT

RELATIVE/CAREGIVER _____

EMANCIPATED MINOR

OTHER _____

3. PARENT NAME: _____

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

6. I, _____, AFFIRM THAT THE ADULT AND STUDENTS LISTED ABOVE
 (Name of person providing residency)
 RESIDE AT MY RESIDENCE.

 SIGNATURE (Name of person providing residency)

 DATE

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 ESTABLISHING 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.

- DEED TO HOME
- MORTGAGE PAYMENT RECEIPTS OR COUPONS
- ESCROW PAPERS FOR NEW HOME
- PROPERTY TAX RECEIPT
- CURRENT BILL FROM LOCAL UTILITY COMPANY, INCLUDING CABLE TV
- RECEIPT FOR DEPOSIT WITH LOCAL UTILITY COMPANY, INCLUDING CABLE TV

- MILITARY ORDERS (BASE HOUSING OFFICE WRITTEN VERIFICATION)
- RENTAL AGREEMENT
- RENT RECEIPT
- BANK STATEMENT
- ANY OTHER LEGAL DOCUMENT(S) WHICH ESTABLISHES HOME ADDRESS WITHIN SCHOOL BOUNDARIES
- OTHER _____

****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



Poway Unified School District
 13626 Twin Peaks Road, Poway, CA 92064

Health Services
Student Health Information

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

PARENT/GUARDIAN: Please **CIRCLE** 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	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 Moderat	Medication: (032)
207	Athsma- 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	Othopedic Conditio	Description:
046	Prosthesis	
045	Scoiosis	
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	OTHR 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 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**
- * **GATE Records**

- * **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