Colusa Unified School District
School Enrollment Form

To enroll your child, please provide the following:

- ☐ A completed enrollment packet.
- ☐ Birthdate verification (any of the following will be accepted): Passport, Birth Certificate, Baptismal Certificate, Parent/Guardian/Custodian Affidavit.
- ☐ Student's immunization record (see below for CA requirements).
- ☐ Proof of Residence – Please provide evidence of residency by providing one of the following (but not limited to) original documents, dated within the last 3 months.
    - Property tax payment receipt
    - Signed rental property contract or lease or rent payment receipt
    - Utility Service contract, statement or payment receipt
- ☐ Report of health exam (required prior to entering first grade).
- ☐ Oral Health Assessment form (required prior to entering first grade).
- ☐ A photocopy of previous IEP for Special Education students only.
- ☐ A photocopy of previous 504 Plan, if applicable.
- ☐ Checkout sheet with grades from previous school (grades 7-12 only).
- ☐ Last report card from previous school (grades 7-8 only).
- ☐ Transcript from previous school (grades 9-12 only).

Also, if the student is a non-resident, provide any and all that apply (Non-Resident Entry):

- ☐ Caregiver Letter (must also provide one of the documents listed under Proof of Residence).
- ☐ Foster Care (must provide Foster Care documents and one of the documents listed under Proof of Residence).
- ☐ Interdistrict Transfer (required if you do not live within Colusa Unified School District boundaries).
- ☐ Affidavit of Non-Permanent Residence

For questions about enrollment, please contact Colusa Unified School District or call the school office:

Burchfield Primary School: 530-458-5853

Egling Middle School: 530-458-7631

Colusa High School / Colusa Alternative High School / Colusa Alternative Home School: 530-458-2156

Colusa Unified School District: 530-458-7791

COLUSA UNIFIED SCHOOL DISTRICT ENROLLMENT **PAGE 1 of 8**

Legal Name of student as identified on Birth Certificate (Court documents are required for a legal name change).

Last Name First Name Middle Name

Student's Home Address City State Zip Code

Student's Mailing Address City State Zip Code
(If different from above)

Student Email Address Student Cell Phone

Household Primary Phone Number _____

STUDENT INFORMATION

Student Gender (identified) ☐ Male ☐ Female ☐ Non-binary

Student Gender (legal) ☐ Male ☐ Female ☐ Non-binary

Student Birthdate _____

Birthdate Verification Method (*any of the following will be accepted*)

☐ Passport ☐ Birth Certificate ☐ Baptismal Certificate ☐ Parent/Guardian/Custodian Affidavit

☐ Other: _____

Is the student Hispanic or Latino (REQUIRED): ☐ Yes ☐ No

What is the students RACE? (REQUIRED – Regardless of what you selected for the above question, please select one or more from below).

- ☐ African American or Black
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Samoan
- ☐ Tahitian
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ White
- ☐ Other _____

HOME LANGUAGE: The California Education Code requires schools to determine the languages spoken at home by each student. This information is essential in order to provide meaningful instruction for all students.

Which ONE (1) language did your son/daughter learn when he/she first began to speak? _____

Which ONE (1) language does your son/daughter most often speak at home? _____

Which ONE (1) language do you most often use when speaking with your son/daughter? _____

Name the ONE (1) language most often spoken by adults at home?
_____

STUDENT IS ENROLLING IN:

- ☐ Burchfield Primary
- ☐ Egling Middle School
- ☐ Colusa High School
- ☐ Colusa Alternative Home School
- ☐ Colusa Alternative High School

STUDENT GRADE LEVEL: _____

Has this student ever been enrolled at any CUSD School? ☐ Yes ☐ No

Will the student be riding the bus? ☐ Yes ☐ No

Parent/Legal Guardian Information (REQUIRED – If you need to include more than two legal guardians, please contact the school.)
Check all that apply (copy of court documents are required).

Restraining Order ☐ Court Order ☐ Restricted Custody Provisions ☐

PARENT/LEGAL GUARDIAN #1

Last Name | First Name | Email Address

Cell or Primary Phone # | Work Phone # | Employer Name

Guardian Home Address | City | State | Zip Code

Guardian Mailing Address | City | State | Zip Code

Gender: ☐ Male ☐ Female ☐ Non-binary
Communication Preference: ☐ Phone ☐ Text ☐ Email

RELATIONSHIP TO STUDENT

☐ Agency Representative
☐ Aunt
☐ Caregiver
☐ Court Appointed Guar.
☐ Father
☐ Foster Father
☐ Foster Mother
☐ Grandfather
☐ Grandmother
☐ Mother
☐ Other
☐ Sibling
☐ Stepfather
☐ Stepmother
☐ Uncle

PARENT / GUARDIAN EDUCATION LEVEL

☐ Graduate Degree or Higher
☐ College Graduate
☐ Some College or Associates Degree
☐ High School Graduate
☐ Not a High School Graduate
☐ Decline to State

VETERAN: ☐ Yes ☐ No

PARENT/LEGAL GUARDIAN #2

Last Name | First Name | Email Address

Cell or Primary Phone # | Work Phone # | Employer Name

Guardian Home Address | City | State | Zip Code

Guardian Mailing Address | City | State | Zip Code

Gender: ☐ Male ☐ Female ☐ Non-binary
Communication Preference: ☐ Phone ☐ Text ☐ Email

RELATIONSHIP TO STUDENT

☐ Agency Representative
☐ Aunt
☐ Caregiver
☐ Court Appointed Guar.
☐ Father
☐ Foster Father
☐ Foster Mother
☐ Grandfather
☐ Grandmother
☐ Mother
☐ Other
☐ Sibling
☐ Stepfather
☐ Stepmother
☐ Uncle

PARENT / GUARDIAN EDUCATION LEVEL

☐ Graduate Degree or Higher
☐ College Graduate
☐ Some College or Associates Degree
☐ High School Graduate
☐ Not a High School Graduate
☐ Decline to State

VETERAN: ☐ Yes ☐ No

Emergency Contact Information: Please notify the school if any of the individuals below require access to attendance, grades and discipline information.

EMERGENCY CONTACT #1

Last Name	First Name		Email Address
Cell or Primary Phone #	Work Phone #		Employer Name
Address	City	State	Zip Code

RELATIONSHIP TO STUDENT

- ☐ Agency Representative
- ☐ Aunt
- ☐ Caregiver
- ☐ Court Appointed Guar.
- ☐ Father
- ☐ Foster Father
- ☐ Foster Mother
- ☐ Grandfather
- ☐ Grandmother
- ☐ Mother
- ☐ Other
- ☐ Sibling
- ☐ Stepfather
- ☐ Stepmother
- ☐ Uncle

EMERGENCY CONTACT #2

Last Name	First Name		Email Address
Cell or Primary Phone #	Work Phone #		Employer Name
Address	City	State	Zip Code

RELATIONSHIP TO STUDENT

- ☐ Agency Representative
- ☐ Aunt
- ☐ Caregiver
- ☐ Court Appointed Guar.
- ☐ Father
- ☐ Foster Father
- ☐ Foster Mother
- ☐ Grandfather
- ☐ Grandmother
- ☐ Mother
- ☐ Other
- ☐ Sibling
- ☐ Stepfather
- ☐ Stepmother
- ☐ Uncle

SIBLING INFORMATION (SIBLINGS LIVING IN THE SAME HOUSEHOLD AS THIS STUDENT:

Last Name	First Name	Birthday	Age	Current School
Last Name	First Name	Birthday	Age	Current School
Last Name	First Name	Birthday	Age	Current School

HOUSING

Please indicate the current housing situation for this student (PLEASE DO NOT SELECT MORE THAN 1):

- ☐ A fixed, regular adequate nighttime residence (permanent)
- ☐ Temporarily living with another family due to economic hardship
- ☐ Shelter or transitional housing
- ☐ Hotel / Motel
- ☐ Unsheltered (primary nighttime residence is not ordinarily used for sleeping accommodations – i.e. park, car, etc.)

MILITARY FAMILY

Students with a parent on active duty with the Armed Forces or full time National Guard Parent / Guardian in military.

- ☐ Yes, this individual is a member of the military on active duty with the Armed Forces of full time National Guard.
- ☐ No, this individual is not a member of the Armed Forces or full time National Guard.

RELEASE OF INFORMATION

Federal law requires districts to release student directory information to the military unless parents notify the District that such information is not to be released (EC 49061 – 49076). Please initial the appropriate box concerning the release of this information. ☐ Yes, okay to release information ☐ No, do not release information

PHOTO RELEASE

- ☐ Please check this box if you do not want pictures of your student displayed on district-controlled websites or published in newsletters.

LOCAL FIELD TRIP PERMISSION

- ☐ Yes, I give my permission for my child to attend LOCAL (in town) field trips.
- ☐ No, I do not give my permission for my child to attend LOCAL (in town) field trips.

PROGRAMMATIC INFORMATION AND AUTHORIZATION

Does your child currently receive Special Education Service (ACTIVE IEP): ☐ Yes ☐ No

If yes, please indicate all that apply: ☐ Resource (RSP) ☐ Severe ☐ Speech / Language

My student has been enrolled in (select as many as apply):

- ☐ Special Education Program
- ☐ Enrichment Program for High Achieving Students (formally known as GATE)
- ☐ English Learner (EL) Program
- ☐ 504 Plan
- ☐ Other (please explain): _____

PREVIOUS SCHOOL ATTENDED

_____	_____	_____
Recent/Current School	Name of District	Last Grade Level
_____	_____	_____
City	State	Country

Has student ever been retained? ☐ Yes ☐ No If yes, what grade level? _____

Has student ever been expelled? ☐ Yes ☐ No

Is student currently suspended or expelled from another school? ☐ Yes ☐ No

If yes, please provide name of school: _____

STUDENT EMERGENCY & HEALTH INFORMATON

In the event of an accident, or other emergency, when a parent or guardian is unavailable, a representative of the school will make arrangements as he / she considers necessary for the child to receive medical hospital care, including necessary transportation, in accordance with their best judgement. Such care and treatment will be performed by a licensed health professional.

_____	_____	_____
Health Insurance Provider	Insurance ID #	Hospital Preference

THE STATE OF CALIFORNIA REQUIRES THE FOLLOWING IMMUNIZATIONS:

Polio – 4 doses at any age; however, 3 doses meet requirements for ages 4-6 if at least one was given within 4 days of or after the 4th birthday; 3 doses meet the requirement for ages 7-17 if at least one was given within 4 days of or after the 2nd birthday.

Diphtheria, Tetanus and Pertussis (DTP) - at least 4 doses (DTP, or a combination of DTaP and diphtheria – tetanus toxoids). The last dose must be on or after a child's 4th birthday, this meets the requirements for ages 4-6; the last dose must be given on or after the child's 2nd birthday, this meets the requirements for ages 7-17.

TDAP Booster – Required for 7th grade. 1 dose on or after the 7th birthday meets requirements.

Measles, Mumps, and Rubella – 2 doses required for ages 4-6, 2 doses required for 7th grade, or 1 dose required for ages 7-17 – all doses must be on or after a child's 1st birthday.

Hepatitis B – at least 3 doses required for ages 4-6 – this series must have begun and be on schedule for completion.

Varicella (Chickenpox) – 1 dose required for ages 4-6, 1 dose required for ages 7-12, or 2 doses required for ages 13-17, or documentation of the disease by a physician.

HEALTH HISTORY

Does your son / daughter have any condition, which may result in an emergency? ☐ Yes ☐ No

If yes, please explain: _____

Does your son / daughter have a physical condition which limits participation in:
Classroom Activity? ☐Yes ☐No
Physical Education? ☐Yes ☐No

If yes, please explain: _____

Has your child been in contact with anyone known to have tuberculosis? ☐Yes ☐No

If yes, when? _____
If yes, was skin test: ☐Positive ☐Negative
If positive, was a chest x-ray done? ☐Yes ☐No If yes, when / where_____

Past Illness (check all that apply. Please check any of the following symptoms, which have been noted recently.

☐ Measles (Rubella – 10 Day)	☐ 4 or More Colds Per Year	☐ Abdominal Pain
☐ Measles (3 day)	☐ Frequent Sore Throats	☐ Frequent Urination
☐ Rheumatic Fever	☐ Frequent Headaches	☐ Persistent Cough
☐ Chickenpox	☐ Blurred Vision	☐ Ear Infections
☐ Scarlett Fever	☐ Frequent Leg or Joint Pain	☐ Frequent Nose Bleeds
☐ Whooping Cough	☐ Speech Difficulty	☐ Night Sweats
☐ Mumps	☐ Dizziness	☐ Tires Easily
☐ Diphtheria	☐ Fainting Spells	☐ Shortness Breath
☐ Other:	☐ Other:	☐ Other:

VISION

- ☐ Known eye condition (other than corrective lenses)
- ☐ Wears Glasses
  - ☐ At all times
  - ☐ Reading Only
  - ☐ Date of last exam: _____

HEARING

- ☐ Permanent Hearing Loss
- ☐ Frequent Infections
  - ○ Past
  - ○ Present
- ☐ Hearing Aid
  - ☐ Left
  - ☐ Right
  - ☐ Date of last exam: _____

Does medication need to be administered during school hours? ○Yes ○No

A current signed PHYSICIAN AUTHORIZATION FOR MEDICATION IN SCHOOL form must be on file in the office for any student taking medications (prescribed by a physician or over the counter, during school hours). **THIS FORM MUST BE RENEWED YEARLY.**

STUDENT HAS THE FOLLOWING CONDITIONS:
Please attach additional pages if necessary.

Conditions	Diagnosis/Medical Dosage	Administer During School Hours YES	NO
☐ Asthma ☐ Requires medication/inhaler	☐ Daily ☐ As needed ☐ With Exercise	☐	☐
☐ Diabetes ○ Type I ○ Type II ☐ Requires Medication	☐ Oral ☐ Pump ☐ Injected	☐	☐
☐ Heart Condition ☐ Requires Medication ☐ Physical Restriction	☐ Diagnosis: _____ _____	☐	☐
☐ ADHD / ADD ☐ Requires Medication		☐	☐
☐ Seizure Disorder ** ☐ Requires Medication	☐ Date of Last Seizure: _____ _____	☐	☐
☐ Taking Medication for Other Condition: List Condition: _____ _____	☐ Medication List Medication: _____ _____	☐	☐
☐ Severe Allergic Reactions ☐ Breathing Difficulties ☐ Hives	☐ Allergic To: ☐ Epi-Pen ☐ Other: _____ _____	☐	☐
☐ Orthopedic Conditions ☐ Other Physical Limitation List Limitation: _____ _____	☐ Wheelchair ☐ CCS ☐ Physical Therapy ☐ Crutches ☐ Corrective Shoes/Braces	☐	☐
☐ Hospitalization	○ Explain: _____ _____		

	Comments		Comments
☐ Allergies (Seasonal)		☐ Developmental Problems	
☐ Behavioral Problems		☐ Emotional Problems	
☐ Bladder Problems		☐ Head Injury/Concussion	
☐ Bleeding Problems		☐ Migraine Headaches	
☐ Bowel Problems		☐ Muscle Problems	
☐ Cerebral Palsy		☐ Speech Problems	
☐ Cystic Fibrosis		☐ Spinal Injuries	
☐ Dental Problems		☐ Surgery	

** Conditions require a Healthcare Plan. Any above condition may require a Healthcare Plan. All forms may be obtained in the school office.

California Education Code 49423 and 49408: The parent of legal guardian of students taking medication on a regular schedule shall notify the school nurse or other designated school employee of the medication. If at any time your child is ill or has a condition that you feel requires being excused from physical education for more than five (5) days, a written explanation is required from your child's physician.

I hereby attest that all information supplied on this form is true and correct to the best of my knowledge. Additionally, I hereby authorize the release of my student's records (including health, behavioral, attendance, Special Education / 504, and academic) from any school in which they previously attended.

_____ _____

Last School Attended School District

_____

City State Zip Telephone Number

_____ _____ _____

Parent / Guardian Signature Parent / Guardian PRINTED Name Date