Southern Trinity Joint Unified School District
Hoaglin- Zenia Elementary
(To be completed by the parent or guardian)

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

Grade

Male ☐ Female ☐

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

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

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

_____
Mailing Address City State Zip

Last School Attended:_____Last Day of Attendance_____
Name of School City/State Phone No.

Student's Birthplace: _____ If not born in the U.S., what month/year did your child enter U.S.? _____/_____
City/State/Country 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

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.

☐ **American Indian or Alaskan Native (100)** (Person having origins in any of the original people of North and South America (including Central America)

☐ Chinese (201)
☐ Japanese (202)
☐ Korean (203)
☐ Vietnamese (204)
☐ Asian Indian (205)
☐ Laotian (206)
☐ Cambodian (207)
☐ Hmong (208)
☐ Other Asian (299)

☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Tahitian (304)
☐ Other Pacific Islander (399)

☐ African American or Black (600)
☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk?_____

What language does your son/daughter most frequently use at home?_____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home:_____

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) ☐ Counseling ☐ English Language Development

Has the student been suspended or expelled or is the student in the process of being expelled from any school? Yes ☐ No ☐

If yes: Reason Why:_____School:_____ Date:_____

Has the student been in trouble with the law or on probation? Yes ☐ No ☐ If yes, please explain_____

Has the student repeated a grade? Yes ☐ No ☐

If yes: What grade:_____ School: _____ Year: _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

❑ Father ❑ Mother ❑ Both ❑ Step-Father ❑ Step-Mother ❑ Guardian ❑ Foster Home ❑ Other_____
Is the above (checked) person (s) the student's LEGAL guardian? ❑ Yes ❑ No If No, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, please check one: ❑ Joint Custody ❑ Sole Custody ❑ Guardian

LEGAL ALERT: Is there someone who is not allowed to pick up your child? NAME_____ (legal document required)
OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship

****In case of emergency, please name a responsible adult to whom your child may be released/sent to if you are not at home during the day or the school cannot reach you:**

Name_____ **Address**_____ **Phone #**_____

Name_____ **Address**_____ **Phone #**_____

HEALTH ISSUES:

Diagnosed ADD or ADHD..... ☐
Asthma..... ☐
Bladder Problems..... ☐
Frequent Nosebleeds..... ☐
Color Vision Deficiency..... ☐
Diabetes..... ☐
Eczema/Skin Trouble..... ☐
History of Ear Problem..... ☐ Describe_____
Heart Problem..... ☐ Describe_____
Known Hearing Loss..... ☐ Right ☐ Left ☐
Known Vision Loss..... ☐ Right ☐ Left ☐
Physical Limitations..... ☐ Describe_____
Wears Contact Lens..... ☐
Wears Glasses..... ☐ For close work ☐ For distance only ☐ At all times ☐

Epilepsy..... ☐
Eye Injury..... ☐
Scoliosis..... ☐
Seizure Disorder..... ☐

Other or further details of above _____

_____

ALLERGIES *(Check all that apply)* None: ☐

Animals ☐ Drugs ☐
Insects ☐ Food ☐
Bee Stings ☐ Plants ☐
Other ☐

List specific item(s) student is allergic to:_____

Describe allergic reaction and/or treatment:_____
Explain:_____

CURRENT MEDICATION(S) No ☐ Yes ☐ Epi-Pen ☐ Inhaler ☐ If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose

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. **Parent/Guardian Signature:** _____

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:**_____