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### **2020-2021 School Year - Establishing Proof of Residency**

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

#### **Acceptable Documents Used to Establish Residency:**

- Escrow Papers, with closing date not more than 30 days from the current date.  
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement *with* receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders.

#### **Documents NOT Acceptable:**

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 2/2020

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
3380 14<sup>th</sup> Street  
Riverside, CA 92501  
951-788-7135

**BUSINESS SERVICES**  
6050 Industrial Avenue  
Riverside, CA 92504  
951-352-6729

**CENTRAL REGISTRATION CENTER**  
5700 Arlington Avenue  
Riverside, CA 92504  
951-352-1200



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

## INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

## CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

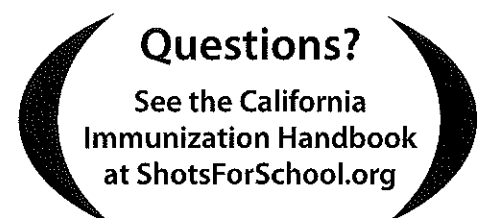
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



# ARLINGTON HIGH SCHOOL

## New Student Enrollment 2020 -2021

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Previous School \_\_\_\_\_ Grade for 2019-2020 \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Is your student in Special ED classes (IEP) ? Yes or No**

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Office Use Only:

Completed by: \_\_\_\_\_

- Has the student ever attended RUSD                      Yes or No                      Student ID: \_\_\_\_\_
- Two forms of Address Verification
- Parent/Guardian Driver's License
- Student Registration Sheet
- Request for Records
- Home Language Survey
- Copy of Immunization Card/Tdap Shot
- Copy of Student's Birth Certificate
- Copy of most recent report card or unofficial transcript
- Copy of Student's most recent I.E.P. (if applies)
- Copy o CELDT Testing (if applies)
- Foster/ Group Home Placement Paperwork (if applies) for the CRC**

# RIVERSIDE UNIFIED SCHOOL DISTRICT

## New Student Registration 2020-2021

1) STUDENT INFORMATION			
Student Last Name	Student First Name	Middle Name	
Legal Name, if different		Family Email Address	
Current Street Address		City	Zip Code
Mailing Address, if different		City	Zip Code
Home phone ( )	Father/Parent Cell ( )	Mother/Parent Cell ( )	
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female		
2) LAST SCHOOL ATTENDED			
Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school?		<input type="checkbox"/> No <input type="checkbox"/> Yes*      *School:	
3) FAMILY INFORMATION			
<i>Please include first and last name</i>		<b>Check if student lives with</b>	
Father/Stepfather/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Mother/Stepmother/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Is Either Parent/Guardian on Active Duty in the Armed Forces? (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Active, What Branch?		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
4) OTHER CHILDREN LIVING AT HOME			
Name (first and last)	Date of Birth	Grade	School
5) HEALTH INFORMATION			
<b>Check all that apply:</b>			
<input type="checkbox"/> No known health problems	Comments:		
<input type="checkbox"/> Allergies (please explain)	_____		
<input type="checkbox"/> Attention Deficit/Hyperactivity	_____		
<input type="checkbox"/> Asthma ( <input type="checkbox"/> Inhaler dependent*)	_____		
<input type="checkbox"/> Diabetic ( <input type="checkbox"/> Insulin dependent*)	_____		
<input type="checkbox"/> Seizures/Epilepsy ( <input type="checkbox"/> Medication required*)	_____		
<input type="checkbox"/> Surgeries	_____		
<input type="checkbox"/> Serious Illness (please explain)	_____		
<input type="checkbox"/> Other Medical (please explain)	_____		
<input type="checkbox"/> Other Medications* (please explain)	_____		
<b>* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM</b> <b>** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION</b>			

**6) SPECIAL PROGRAMS** Yes, my child has a current Individualized Education Plan (IEP) Speech Therapy Resource Specialist Program (RSP) Special Day Class (SDC) 504 Accommodation Plan My child has been tested for special education Gifted and Talented Education (GATE) Behavior Plan/Behavior Contract Student Study Team Foster/Group Home Homeless/McKinney-Vento Other \_\_\_\_\_ NONE**7) PAST BEHAVIOR HISTORY****SUSPENSION:** My child has previously been suspended from a public/private school.\***EXPULSION:** My child has been expelled from a public/private school or district. \* My child is currently being referred for expulsion from a public/private school or district. \***\* Parents are required by law to divulge this information (EC 48918)****8) PARENT EDUCATION LEVEL***This information is for statistical/survey information only and will be kept confidential.*Please check the box that most closely pertains to parents: Not a high school graduate High school graduate Some college (2 or 4 yr College or University) College graduate Graduate school/Post graduate training Declines to state or unknown graduate**9) STUDENT ETHNICITY** No, not Hispanic or Latino Yes, Hispanic or Latino**10) STUDENT RACE (select one or more)** American Indian or Alaska Native Filipino Korean Tahitian Asian Indian Guamanian Laotian Vietnamese Black or African American Hawaiian Other Asian White Cambodian Hmong Other Pacific Islander Chinese Japanese Samoan**\*\*\* PARENT/GUARDIAN SIGNATURE\*\*\***

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200**

REV. 12/19

**OFFICE USE ONLY****GRADE:** \_\_\_\_\_**Student ID:** \_\_\_\_\_ **REGISTRATION COMPLETE****DOCUMENTS VERIFIED:** Photo ID Caregiver Proof of Address

Proof #1 Date: \_\_\_\_\_

Proof #2 Date: \_\_\_\_\_

 Birth Verification Emergency Card Immunization record Physical Custody documents Health History Form Transcripts Student Housing Questionnaire Home Language Survey Mandatory Parent Notification Receipt Parent Handbook Lunch Application**SCHOOL OF RESIDENCE:** \_\_\_\_\_



Riverside Unified School District  
 Pupil Services/SELPA Department  
 5700 Arlington Ave, Riverside CA 92504

STUDENT ID#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**STUDENT HOUSING QUESTIONNAIRE**

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

Does not apply; student is not homeless (if this box is checked, please proceed to sign and date at bottom)

If your family is experiencing homelessness, please select one of the following statements:

- Living in a shelter, including transitional housing shelters (i.e. Path of Life Family Shelter);  
 Please provide name of shelter: \_\_\_\_\_  
 Shelter Address: \_\_\_\_\_
- Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation;  
 Please provide information regarding area in which student is living:  
 \_\_\_\_\_
- Living in a hotel/motel for lack of other suitable housing; Please list name and address of hotel/motel (including room #):  
 \_\_\_\_\_
- TEMPORARILY** Doubled-up; living with family or friends due to lack of adequate housing or economic hardship.  
 Please provide address of where student is living:  
 \_\_\_\_\_

Please answer the following if you checked one of the four boxes above:

Date student moved into this address: \_\_\_\_\_  
 How long do you expect to be at this address? \_\_\_\_\_  
 Are you seeking permanent housing? \_\_\_\_\_  
 Is a parent living in the home with the student? \_\_\_\_\_  
 If not, with whom is the student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

NAME	GRADE	DATE OF BIRTH	SCHOOL	DISTRICT

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

\_\_\_\_\_  
 Parent/Legal Guardian/Caregiver/Unaccompanied Student

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

**For Office Use Only:**

If student qualifies for the homeless program scan and email this form to Jaemy Zavala in Pupil Services:  
[jzavala@riversideunified.org](mailto:jzavala@riversideunified.org)

Name of school site personnel receiving this form: \_\_\_\_\_

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**2020-2021 RIVERSIDE UNIFIED SCHOOL DISTRICT**

**STUDENT EMERGENCY CARD**

Date entered into Aeries \_\_\_\_\_  
Completed by \_\_\_\_\_

**Student ID #** \_\_\_\_\_ **Gender: M / F** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
Genero Edad Fecha de Nacimiento

**Name** \_\_\_\_\_  
Last / Apellido First / Nombre

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Domicilio Código Postal Teléfono

**Father/Guardian Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
Padre/Tutor Num. del Trabajo

**Email Address** \_\_\_\_\_ **Lives with student** \_\_\_\_ Yes \_\_\_\_ No  
Correo Electrónico Vive con el estudiante

**Mother/Guardian Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
Padre/Tutor Num. del Trabajo

**Email Address** \_\_\_\_\_ **Lives with student** \_\_\_\_ Yes \_\_\_\_ No  
Correo Electrónico Vive con el estudiante

**List medical conditions that may require special attention** \_\_\_\_\_  
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

**Name of prescribed medication** \_\_\_\_\_  
Nombre del medicamento recetado

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Nombre del doctor Teléfono

**Is there a court order restraining any person from this student?** \_\_\_\_ Yes \_\_\_\_ No  
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

**If yes, please list the person's name and provide a copy of the court order:** \_\_\_\_\_  
Si marco que si anote el nombre de la persona y provee una copia de la orden judicial

**Other than Parent/Guardian, please list at least two local contacts with phone numbers.** To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian.** If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**  
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor.** Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

**In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.**  
En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Firma de Padre/ Tutor Fecha





**Distrito escolar unificado de Riverside**  
 Departamento de investigación, asesoramiento y evaluación  
**Encuesta de Idiomas del Hogar**

Assessment Center Use Only: STU-ID: _____
School Year: _____ School: _____
Appointment Date: _____ Time: _____
Distribution: Original = Cum Copy = Assessment Center (Fax 80881)
Calif. Ed. Code §2164.1.a Required per NCLB & Title III Regulations

**Instrucciones para padres y tutores:** El *Código de Educación* de California contiene requisitos legales que guían a las escuelas a dar un examen de proficiencia en inglés a los estudiantes. El proceso comienza con determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Las respuestas a esta encuesta del idioma ayudarán al personal de la escuela saber si el estudiante debe tomar el examen. Esta información es esencial para que la escuela pueda proveer programas y servicios adecuados a los estudiantes.

Como padre o tutor, su cooperación es necesaria para cumplir con estos requisitos. Por favor responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda a todas las preguntas. Si contestó con error a las preguntas de esta encuesta de idioma, Ud. puede solicitar corrección de su respuesta antes de que la proficiencia de su

Alumno: _____	Primero _____	Segundo _____	Grado _____	Fecha de nacimiento _____
Domicilio _____	Ciudad _____	Estado _____	Area postal _____	Teléfono _____
1. _____	2. _____			
Nombre de la escuela, distrito escolar anterior _____ Ciudad, Estado _____ Ciudad, Estado _____				

Es necesario que por favor lea y conteste las siguientes preguntas cuidadosamente para que su respuesta ayude a la escuela en planificar el programa educativo más apropiado para su hijo(a):

1. Cuando su hijo(a) empezó a hablar ¿cuál idioma aprendió primero? \_\_\_\_\_
2. ¿Cuál idioma usa principalmente su hijo(a) cuando conversa en la casa? \_\_\_\_\_
3. ¿Cuál idioma usa Ud. con mas frecuencia cuando habla con su hijo(a)? \_\_\_\_\_
4. ¿Cuál idioma hablan los adultos con más frecuencia en la casa? \_\_\_\_\_

¿Le gustaría recibir correspondencia de la escuela \_\_\_\_\_ Otro idioma \_\_\_\_\_

traducido al español o ingles? \_\_\_\_\_ Ingles \_\_\_\_\_ Otro idioma \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_  
 Firma del Padre/tutor / Fecha

\_\_\_\_\_  
 Nombre escrito del Padre/tutor

-Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics.  
 -El Distrito Escolar Unificado de Riverside prohíbe la discriminación, acoso, intimidación, o acoso estudiantil, en todos los programas del distrito, actividades, y empleo en base a ascendencia aparente o percibida, edad, color, discapacidad, género, identidad de género, expresión de género, nacionalidad, raza o etnicidad, religión, sexo, orientación sexual, estado civil o parental, embarazo, o la asociación con una persona o grupo con una o más de estas características actuales o percibidas.  
 Form revised 2-2019

RIVERSIDE UNIFIED SCHOOL DISTRICT  
Health Services  
5700 Arlington Avenue, Riverside, CA 92504

**CONFIDENTIAL HEALTH HISTORY FORM**

School \_\_\_\_\_

Student Name \_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

My child **does not** have any health issues at this time.

**If your child has health issues please answer the following questions:**

Does your child take medication on a routine basis?  Yes  No  During school hours?  Yes  No If yes,

Name of medication \_\_\_\_\_ Name of medication \_\_\_\_\_

Name of medication \_\_\_\_\_ Name of medication \_\_\_\_\_

**If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office, (One form for each medication).**

Check  the box and explain if your child has a history of or now has the following conditions or concerns.

**Asthma**  Mild  Moderate  Severe  
 Inhaler at home  Inhaler at school office  
 **Seizures**  As an infant only  
 Currently takes medication  
\_\_\_\_\_

**Allergies**  Mild  Moderate  Severe  
 Bees/insects  
 Foods \_\_\_\_\_  
 Seasonal Hay fever  
 Allergic to Medication \_\_\_\_\_  
 Other \_\_\_\_\_  
 EpiPen at home  EpiPen at school

**Physical Limitations** \_\_\_\_\_  
 Special Equipment needed at home  
 Special Equipment needed at school

**Heart Murmur/Disease** \_\_\_\_\_

**Other Conditions** \_\_\_\_\_

**Diabetes**  Type I  Type II  
• Has your child been hospitalized for diabetes?  Yes  No  
If yes, give date and explain hospital course: \_\_\_\_\_  
• Can your child monitor his/her blood glucose level independently?  Yes  No  
• Can your child tell if he/she is having symptoms of high or low blood glucose levels?  Yes  No  
If yes, what are his/her symptoms? \_\_\_\_\_  
• Has Glucagon ever been given to your child?  Yes  No Last given: \_\_\_\_\_

Is your child **currently** under a doctor's care for any of the above?  Yes  No  
If yes: Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

- Doctor's orders completed including parent and physician signatures.
- Diabetic Supplies
- Snacks
- Signed *Diabetic Treatment Plan for School* indicating parent review

Original to Cum  Faxed to District Nurse 951-274-4200 (Internal #83100)  Health Assistant  Teacher

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
**SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2020-2021**  
**MANDATORY PARENT NOTIFICATION RECEIPT**  
(A form must be on file at each school/for each student)

**Dear Parent/Guardian:**

Please read and discuss the *Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK* on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website: [http://riversideunified.org/departments/pupil\\_services/parent\\_handbook/](http://riversideunified.org/departments/pupil_services/parent_handbook/)

**School Attendance Information** – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

**Discipline Information** – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

**Media Release** - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

**Acceptable Use Agreement** - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

**Publishing Student Work/Photo/Name** – Student work and photos may be published on the Internet for a world-wide audience via [www.riversideunified.org](http://www.riversideunified.org) or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

**CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Please respond by checking the appropriate box:**

**Media Release**

- Yes, I give** permission for my student to be photographed or videotaped. *(as outlined above)*  
 **No, I do not give** permission for my student to be photographed or videotaped. *(unless I have been reached to give special permission)*

**Acceptable Use Agreement**

- Yes, I/We hereby agree** to comply with the Acceptable Use Policy.  
 **No, I do not agree** to comply with the Acceptable Use Policy.

**Publishing Student Work/Photo/Name**

- Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).  
 **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

**By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2020-2021*, and I have reviewed the school discipline information in this booklet.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

BOARD OF EDUCATION  
Kathy Allavic, President  
Tom Hunt, Vice President,  
Brent Lee, Clerk  
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Dr. Angelov Farooq, Member

## Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT  
5700 Arlington Avenue  
Riverside, California 92504

(951) 352-1200  
FAX: (951) 274-4202

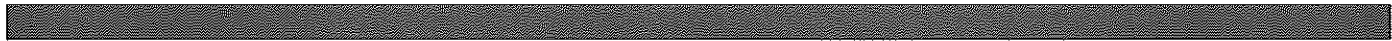
David C. Hansen, Ed.D.  
District Superintendent



### PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 20, 2020.



Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

I hereby request my student’s ***directory information***, including name, address, and telephone number, ***NOT*** be released to the following entities:

Check one or more below that apply:

Military (United States Army, Navy, Air Force, Marines) and military schools

Colleges, universities, and educational institutions

Potential employers

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date