

EL DORADO UNION HIGH SCHOOL DISTRICT

**EL DORADO HIGH SCHOOL
REGISTRATION FORM**

FOR OFFICE USE ONLY	
Student Number	_____
Enrollment forms complete	_____
SDT complete	_____

STATE LAW REQUIRES PROOF OF IMMUNIZATION

LAST NAME		FIRST NAME		MIDDLE NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	TODAY'S DATE
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:				BIRTH (MO – DAY – YR)		PLACE OF BIRTH (CITY – STATE – COUNTRY)	
RESIDENCE ADDRESS		STREET		CITY	STATE	ZIP CODE	
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE		STREET / P.O. BOX		CITY	STATE	ZIP CODE	
HOME PHONE	EMERGENCY CONTACTS (OTHER THAN PARENTS, INDICATE RELATIONSHIP)	CONTACT #1		PHONE CONTACT #1			
PARENT'S CELL PHONE		CONTACT #2		PHONE CONTACT #2			

LIVING WITH (LIST ALL ADULTS AND SIBLINGS)	RELATIONSHIP TO STUDENT	OCCUPATION/ SCHOOL (IF STUDENT)	PLACE OF EMPLOYMENT	PARENTS' E-MAIL ADDRESS	AREA CODE / WORK PHONE	LEVEL OF MOST EDUCATED PARENT
						<input type="checkbox"/> Not a H.S. graduate <input type="checkbox"/> H.S. graduate <input type="checkbox"/> Some college (includes AA, AS) <input type="checkbox"/> College graduate <input type="checkbox"/> Grad school or post-grad
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)		ADDRESS		CITY / STATE		DATES ATTENDED

ETHNICITY:
CHECK ONE ETHNICITY
 HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE:
CHECK ONE OR MORE RACE TO
INDICATE WHAT YOU CONSIDER
YOURSELF TO BE.
 AMERICAN INDIAN OR ALASKAN NATIVE
 ASIAN: Asian Indian Cambodian Chinese Filipino Hmong
 Japanese Korean Laotian Vietnamese Other Asian (specify):

NOTE—SCHOOL PERSONNEL WILL BE
REQUIRED TO SELECT ONE OF THESE
CATEGORIES FOR A STUDENT WHO
DOES NOT IDENTIFY ONE OR MORE
CATEGORIES FOR THEMSELVES.
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR PACIFIC ISLANDER: Guamanian Hawaiian Samoan Tahitian Other Pacific Islander (specify):
 WHITE

Has the student been enrolled in Special Programs? No Yes If so, which programs? English Learner 504 GATE Other/s:
 Does the student have a current Special Ed IEP? No Yes If so, which program? RSP SDC ED
 Where? _____
 Does the student have any Health Problems? No Yes If yes, please provide details
 Immunization / Shot records provided? No Yes

HOME CONTACT LANGUAGE: _____

X

PARENT / GUARDIAN SIGNATURE