



## Welcome to El Dorado High School Class of 2027

We are excited for you to join our El Dorado High School Cougar Family!

### Parent(s)/Guardian(s):

- In late July or early August, you will receive information about accessing your parent portal in Aeries.
  - This is where you will verify information, including home information and emergency contacts.
- If you have any questions, please call the El Dorado High School Counseling Office Secretary, Stacia Peterson at (530)622-3634 ext. 1028 or [speterson@eduhd.k12.ca.us](mailto:speterson@eduhd.k12.ca.us).

### Student and Parent(s)/Guardian(s):

- You have received this registration packet with program information and a course directory to assist you in registering for your 9th grade classes. Please review the following steps carefully and call/email us if you have any questions:

#### **STUDENTS:**

- Take this packet home and review it with your parent/guardian.
- Mark the required classes you have chosen on the course request form. Consult the course directory for prerequisites and course information.
- Mark 4 elective choices in priority order, 1 being your first choice.
- Review your choices with your parent/guardian and have them sign the course request form to indicate approval.
- Have a parent/guardian complete and sign all 3 pages of the school registration packet.
- ATTEND SHOWCASE NIGHT! Thursday, February 9, 2023 at our campus.
- ***Complete and return the BLUE registration packet forms to your current school NO LATER THAN FRIDAY, FEBRUARY 10, 2023***
  - Registration Packet (Blue Pages):
    - Registration Form
    - Home Language Survey
    - New Student Enrollment Form
    - Housing Questionnaire
    - Transfer Acknowledgement and Consent Form
    - Course Request Form

Thank you,

EDHS Counseling Department

Lori Martinson, Director of Guidance

Kari Fregoso, Guidance Counselor

Jenisse Bovo, Guidance Counselor

Stacia Peterson, Counseling Secretary

Missy Griffin, Registrar



## Incoming Freshman (Class of 2027) Enrollment Checklist

To enroll a student, you must provide the following documentation:

- Registration Packet:**
  - Registration Form;
  - Home Language Form;
  - New Student Enrollment Information Form;
  - Housing Questionnaire;
  - Transfer Acknowledgement and Consent Form and
  - Course Request Form.
- Proof of Residence**
  - Two required (one from each checklist option):
    - Property tax payment receipts; Rental property contract, lease, or payment receipts;
    - Utility service contract, statement, or payment receipts; Pay stubs; Voter registration; Correspondence from a government agency; or Declaration of residency executed by the parent or legal guardian of the pupil.
- Immunization Record** (California State Law requires this and must be provided for attendance)
- Proof of Age** (Under Education Code section 48002, the following documents establish age):
  - Certified copy of a birth record;
  - Statement by the local registrar or a county recorder certifying the date of birth;
  - Passport;
- \*Copy of IEP** (\*If student is in Special Education)
- \*Copy of 504 Plan** (\*If student is on a current 504 Plan)
- Copy of latest 8th grade report card**
- \*Legal/Other Documents** (\*If applicable):
  - If you have a restraining order against any person involving this student, please present this restraining order so that a copy can be placed in the student's records.
  - Please provide a copy of any Custodial papers pertaining to your student at the time of registration. We can only enforce parental rights with legal documentation.
  - Please provide a copy of foster placement or guardianship papers.
  - Students must be registered under their full legal name.

**EDHS Counseling Office**

Phone: (530)622-3634 ext. 1028 / Fax: (530)622-5497

**EL DORADO HIGH SCHOOL  
2023/2024 COURSE REQUEST FORM  
FRESHMAN (Class of 2027)**

*Student must be enrolled in 6 classes*

**DUE: Friday, February 10, 2023 (to your current middle school)**

**(PRINT NAME) Last Name**

**First Name**

**Middle Initial**

<b>SUBJECTS</b> (Circle one course number for each subject)	
Course Code	ENGLISH Course Name
0101	English 1
0102	Advanced English 1
0107	English Language Development (for English Learners)
Course Code	MATH Course Name
0212	Algebra 1
0221	Geometry
0227	Advanced Algebra 2
Course Code	SCIENCE Course Name
0305	Earth/Space Science
0311	Biology (Must be enrolled in Geometry)
Course Code	HEALTH/ICT Course Name (Select one)
0265/0451	Health/ICT Foundations
0455	Exploring Computer Science (ECS)
Course Code	PHYSICAL EDUCATION Course Name
0271	Life Fitness 1

<b>ELECTIVE CLASSES - 10 credits (Year long classes)</b>			
Course Code	Course Name	Course Code	Course Name
0405	German	0607	3-D Design
0411	Spanish 1	0620	Drama
0412	Spanish 2	0627	Dance 1
0437	Spanish Heritage 1	0652	Jazz Ensemble (Audition Required)
0517	Intro to Eng/Design	0653	Beg/Int Instruments (String/Guitar/Piano)
0520	Woodworking Tech	0655	Adv Band/Symphonic
0530	Metals	0660	General Chorus
0600	Yearbook (Application Required)	0877	Student Leadership (ASB) (Application Required)
0601	Art 1		

Course Code	ELECTIVE (List in order of preference)
	1)
	2)
	3)
	4)

**PROGRAMS**  
(Students may only request ONE program.)

Students interested in enrolling in any of the programs below are required to submit a separate application (included).

**Advancement Via Individual Determination (AVID):**  
Acceptance in AVID will include an interview after applications are processed.

I am interested in the AVID Program and will submit an application

**Health Careers Pathway:**  
All interested students will have an interview.

I am interested in the Health Careers Pathway and will submit an application

**Natural Resources (NR):**  
The 9th grade Biology course will have a significant outdoor component. Concurrent enrollment in Algebra 1 or Geometry is strongly recommended.

I am interested in NR and will submit an application.

**All students will be assigned a six-period day at EDHS.**

I would like to request 6 classes. My preference is: \_\_\_ 1-6  
OR \_\_\_ 2-7

**An optional request may be made:**

I would like to request 7 classes (Periods 1-7).

**Commitment Agreement**

The signatures below indicate that we have read and are committed to the requested year-long classes for the 2023-2024 school year.

**Student Signature**

**Date**

**Parent Signature**

**Date**



STATE LAW REQUIRES PROOF OF IMMUNIZATION

**EL DORADO HIGH SCHOOL  
REGISTRATION FORM**

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

STUDENT INFORMATION						
LAST NAME:		FIRST NAME:		MIDDLE NAME:	GRADE:	TODAY'S DATE:
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:					BIRTH: (MO – DAY – YR)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
RESIDENCE ADDRESS:		STREET:		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE:		STREET / P.O. BOX:		CITY:	STATE:	ZIP CODE:
HOME PHONE:		STUDENT'S CELL PHONE:		STUDENT'S EMAIL ADDRESS:		
ETHNICITY: CHECK ONE		<input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> NOT HISPANIC OR LATINO		
<b>RACE:</b> CHECK ONE OR MORE RACE TO INDICATE WHAT YOU CONSIDER YOUR RACE TO BE.		<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify): <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander (specify): <input type="checkbox"/> WHITE				
SCHOOLS PREVIOUSLY ATTENDED: (START WITH MOST RECENT)		ADDRESS:		CITY/STATE:	DATES ATTENDED:	
Has the student been enrolled in Special Programs?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If so, which programs?	<input type="checkbox"/> English Learner	<input type="checkbox"/> 504
Does the student have a current Special Ed IEP?		<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Does the student have any Health Concerns?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide details:		
Immunization / Shot records provided?		<input type="checkbox"/> No	<input type="checkbox"/> Yes			
PARENT/GUARDIAN INFORMATION						
LEGAL PARENT/GUARDIAN #1 (LIVING WITH STUDENT)				PARENT/GUARDIAN #1 EDUCATIONAL LEVEL:		EDUCATIONAL RIGHTS HOLDER?
NAME:		HOME PHONE:	CELL:	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please attach court document identifying educational rights holder.
EMAIL:						
LEGAL PARENT/GUARDIAN #2 <input type="checkbox"/> LIVING WITH STUDENT <input type="checkbox"/> NOT LIVING WITH STUDENT				PARENT/GUARDIAN #2 EDUCATIONAL LEVEL:		EDUCATIONAL RIGHTS HOLDER?
NAME:		HOME PHONE:	CELL:	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please attach court document identifying educational rights holder.
EMAIL:						
MAILING ADDRESS:		STREET/P.O. BOX:		CITY:	STATE:	ZIP CODE:

**HOUSEHOLD INFORMATION**

**HOUSEHOLD MEMBERS**

LIVING WITH STUDENT (LIST ALL ADULTS AND SIBLINGS)

NAME:	RELATIONSHIP TO STUDENT:	OCCUPATION/SCHOOL (IF STUDENT)	PLACE OF EMPLOYMENT:	CELL:	EMAIL:

**EMERGENCY CONTACTS**

NAME:	RELATIONSHIP TO STUDENT:	PHONE:	ALTERNATIVE PHONE:

**SIGNATURE REQUIRED**

HOME CONTACT LANGUAGE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE:  X  \_\_\_\_\_

EL DORADO UNION HIGH SCHOOL DISTRICT  
**Home Language Survey**

School: \_\_\_\_\_

Date: \_\_\_\_\_

California Education Code requires that schools determine the language(s) spoken by each student. **This information is essential in order for schools to provide meaningful instruction for all students.**

Your cooperation in helping us meet this important requirement is requested by answering the following.

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GRADE	AGE
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1. What language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you (parent/guardian) use most frequently to speak to your son/daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home? \_\_\_\_\_

The responses to the Home Language Survey will assist in determining if a student's proficiency in English should be tested.

**X** \_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

## New Student Enrollment Information

The school district is required to collect certain information about newly enrolled students in order to comply with legal requirements and make appropriate placements of those students. Please answer the questions below.

Student Name: \_\_\_\_\_

(Check One)

YES

NO

Is this child currently (or has this child previously been) under an expulsion order or an involuntary transfer from the El Dorado Union High School District or another school? If so, please provide the name of the school and district in which this occurred.

Has this child been suspended from school during the current school year? If so, please provide the name of the previous school and district of attendance.

Does this child currently receive (or has this child previously received) special education services through an active Individual Education Plan (IEP)? If so, please provide the name of the previous school and district of attendance.

Is this child currently under the care of a physician or taking any medication? If so, please provide the name of the physician and the medications being taken.

Is this child subject to any court order(s) that the school should have knowledge of, e.g., custody order or restricted access to specific individuals (such as a restraining order)? If so, please provide a copy of the court documents.

Do both biological parents have parental rights? If not, please provide a copy of the court documents.

Are you the natural or adoptive parent of the child? If not, please indicate:

Foster Parent

Other (specify):

Name of person completing this form: \_\_\_\_\_

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

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

## El Dorado Union High School District Housing Questionnaire

Student Last Name	First	Middle

**Name of School:** \_\_\_\_\_

The information provided below will help EDUHSD determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian

- Yes       No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Name	Signature	Date

Phone Number	Street Address	City	State	Zip



Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact your EDUHSD's Homeless Liaison:

**El Dorado High School**  
Liaison: Jenisse Bovo  
Phone: (530) 622-3634, ext. 1038  
Email: jbovo@eduhsd.k12.ca.us

**EDUHSD District Liaison:**  
Regina Bryant  
Phone: (530) 622-5081, ext. 7229 or  
(916) 933-5165, ext. 7229  
Email: rlbryant@eduhsd.k12.ca.us

## El Dorado Union High School District Transfer Acknowledgment and Consent Form

Our signatures below acknowledge that I / we have read and agree to the **Board Policies and Administrative Regulations regarding Interdistrict / Intradistrict Attendance / Transfers (AR 5116, AR/BP 5116.1, AR/BP 5116.2, AR/BP 5117)**. Furthermore, I / we understand all Athletic rules, including those pertaining to eligibility, if applicable. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign heir, trustee, or guardian to the terms of this Agreement.

**(PLEASE PRINT)**

STUDENT NAME:	DATE OF BIRTH:	GRADE:
PARENT/GUARDIAN NAME:		DATE:

**(READ EACH ITEM BELOW AND INITIAL)**

<b>I UNDERSTAND AND ACKNOWLEDGE THAT:</b>	<b>PARENT / GUARDIAN</b>	<b>STUDENT</b>
1. I/we understand that only one (1) transfer shall be granted per school year. The student must attend for the duration.		
2. I/we reside at the address listed on the request. As defined in CIF Constitution and Bylaws, "reside" is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of a divorce decree or legal order indicating the physical custody status of the student as verification.		
3. I/we understand that we are required to submit proof of residence and a new transfer request if there is a change of residence address.		
4. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.		
5. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.		
6. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.		
7. I/we understand that all transfers shall be granted for the entire duration of the student's high school career by EDUHSD, unless another district requires resubmission or other arrangements are made.		

### Acknowledgment for Parents of Student Athletes

**(READ EACH ITEM BELOW AND INITIAL)**

<b>I UNDERSTAND AND ACKNOWLEDGE THAT:</b>	<b>PARENT / GUARDIAN</b>	<b>STUDENT</b>
1. I understand that transferring to another school site may affect my student's ability to participate in CIF sanctioned athletics at the new school. I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing ½ of their season of sport or more at the new school. I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.		
2. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.		
3. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit <a href="http://www.cifsjs.org">www.cifsjs.org</a> . Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.		

STUDENT SIGNATURE: <b>X</b>	DATE:
PARENT/GUARDIAN SIGNATURE: <b>X</b>	DATE: