

**UNION MINE 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 LEGAL NAME? IF SO, INDICATE HERE:											
RESIDENCE ADDRESS				CITY				STATE		ZIP CODE	
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE											
HOME PHONE		EMERGENCY CONTACTS* (OTHER THAN PARENTS, INDICATE RELATIONSHIP)		CONTACT #1		PHONE CONTACT #1					
PARENT'S CELL PHONE				CONTACT #2		PHONE CONTACT #2					

***IN CASE THE STUDENT'S PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL WILL CONTACT AND/OR RELEASE THE STUDENT TO OTHER NOTED ADULT CONTACTS**

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
OTHER PARENT NOT LIVING WITH STUDENT:						
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)				CITY / STATE		DATES ATTENDED

IS EITHER PARENT/GUARDIAN ON ACTIVE MILITARY DUTY IN ARMY, NAVY, AIR FORCE, MARINE CORPS, FULL-TIME NATIONAL GUARD OR NATIONAL GUARD RESERVE? YES NO If yes, please indicate military branch: _____

ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN OR ALASKAN NATIVE
 ASIAN: Asian Indian Cambodian Chinese Filipino Hmong
 Japanese Korean Laotian Vietnamese Other Asian (specify): _____
 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 SDG 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: _____ PARENT / GUARDIAN SIGNATURE: X _____

Authorization to Consent to Emergency Treatment of Minor

I/We, the parents / guardians of _____, a minor, authorize the El Dorado Union High School District to act as my/our agent in my/our (Circle) absence to obtain through the physician named below such medical or hospital care as is reasonably necessary for the welfare of the student, including necessary transportation, if he/she is injured in the course of school athletic or other activities. In the event said physician is not available at the time, authorize such care and treatment to be performed by any licensed physician or surgeon. I/We agree to bear all costs incurred as a result of the foregoing.

We understand that participation in athletics exposes our son/daughter to a risk of harm or injury.

We hereby agree to hold the school district, its employees, agents, coaches, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature which may arise by or in connection with participation by my/our child/ward in any activities related to the interscholastic program of his/her school.

A photocopy of this form is as valid as the original.

PARENTS / GUARDIANS:

Father: _____ Signature _____ Date _____

Mother: _____ Signature _____ Date _____

PERTINENT MEDICAL DETAILS REGARDING ABOVE MINOR ARE:

Allergic Reactions: Yes No if yes, type of allergy(ies): _____
Asthma: Yes No if yes, medication taken, if any: _____
Diabetes: Yes No Tetanus (date of last immunization): _____
Convulsions: Yes No if yes, type: _____
Medication taken regularly: Yes No if yes, name(s) of medication(s): _____
_____ Times of day taken: _____

Insurance Company: _____

In case of emergency, illness or accident to the child in our absence, the school is authorized to proceed as indicated below:

Contact family physician: _____ Name _____ Phone _____

Contact when parents are not available: _____ Name _____ Phone _____

_____ Name _____ Phone _____