





**Paramount Unified School District**  
**Student Registration**

Student Legal Last Name		Student Legal First Name			Student Legal Middle Name		
Birth City	Birth State	Birth Country	<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	Grade	
Residence Address		Apt#	City			State	Zip Code
Parent/Guardian Last Name		First Name	Home Phone		Cell Phone	Work Phone	
Parent/Guardian Last Name		First Name	Home Phone		Cell Phone	Work Phone	
Mailing Address (If different than residence)		Apt #	City	State	Zip Code	E-mail Address	

**What is your student's ethnicity? (Please check one):** ☐ Hispanic or 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 student's race? (Check all that apply. Limit 5)**  
*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.*

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America ) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Asian Indian(205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
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**School History: Has your student ever attended Paramount schools before?** ☐ Yes ☐ No List most recent schools attended below:

School	Address/City/State/Zip	Grade(s)	Date Left
School	Address/City/State/Zip	Grade(s)	Date Left

Date/grade student first attended school in the U.S.: Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date/grade student first attended school in California: Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Has your student ever been: Suspended? ☐ Yes ☐ No Expelled? ☐ Yes ☐ No Is your student on probation? ☐ Yes ☐ No

**Home Language Survey: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your student most frequently use at home? \_\_\_\_\_
2. What language/dialect did your student learn when he/she began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your student? \_\_\_\_\_
4. What language/dialect is most spoken by the adult in the home? \_\_\_\_\_

**Special Education:**  
Are there psychological or confidential reports available from your student's former school? ☐ Yes ☐ No  
Does your student have a Section 504 Accommodation Plan? ☐ Yes ☐ No If yes, date: \_\_\_\_\_  
Does your student have an Individualized Education Plan (IEP)? ☐ Yes ☐ No  
What special services has your student received? (Please check all boxes that apply) ☐ None ☐ Adapted Physical Education (APE)  
☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language (SL) ☐ Other (Specify) \_\_\_\_\_  
Other Services:  
☐ Counseling ☐ Remedial Math ☐ Student Success Team (SST)  
☐ English Language Development ☐ Remedial Reading ☐ Student Attendance Review Board(SARB)  
☐ Gifted and Talented Education (GATE) ☐ Retained (Grade: \_\_\_\_\_) ( Year: \_\_\_\_\_) ☐ Other (Specify) \_\_\_\_\_

**Office Use Only:** School Enter Date: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
Student Perm ID#: \_\_\_\_\_ CSIS ID#: \_\_\_\_\_



# Paramount Unified School District Student Registration

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
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**Residence** – Where is your student and/or family currently living (federally mandated by NCLB)? Check appropriate box:  

☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a motel/hotel (09)  
☐ Sharing housing with other families/individuals ☐ Unsheltered (car/campsite) (12)  
☐ Sharing housing with other families/individuals due to economic hardship or loss (11)  
☐ In a shelter or transitional housing program (10)  
☐ Other (15) (Specify) \_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) – Check all that apply:**  

☐ Father    ☐ Mother    ☐ Step-Father    ☐ Step-Mother    ☐ Court Appointed Guardian  
☐ Caregiver    ☐ Foster Parent    ☐ Group Home    ☐ Other \_\_\_\_\_

Is the above (checked) person (s) the student's LEGAL guardian?    ☐ Yes    ☐ No

If there is a legal custody agreement regarding this student, court order must be on file.

Check one:    ☐ Joint Custody    ☐ Sole Custody    ☐ Guardianship    ☐ None

**Parent/Guardian Employer Information:**  

1. ☐ Father    ☐ Step Father/Guardian

Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. ☐ Mother    ☐ Step Mother/Guardian

Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Duplicate Mailing** – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, include their name, address, and phone number.  
Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Education** – Check the response that describes the education level of:  

**Mother/Guardian**  
☐ Graduate Degree or Higher (10)  
☐ College Graduate (11) (4 year college or university)  
☐ Some College or Associate's Degree (12)  
☐ High School Graduate (13)  
☐ Not a High School Graduate (14)

**Father/Guardian**  
☐ Graduate Degree or Higher (10)  
☐ College Graduate (11) (4 year college or university)  
☐ Some College or Associate's Degree (12)  
☐ High School Graduate (13)  
☐ Not a High School Graduate (14)

**Residency Verification:**  
To the Board of Education:  
I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, swear under penalty of perjury that the foregoing is true and correct. We reside at the address indicated on page 2 of the registration packet. I understand that three (3) or more home visits may be made at the discretion of the school by school site or District staff to verify residency. If residency cannot be established at the given address and I have not provided the required documents, my child will be immediately disenrolled. I further understand that I may be held liable for the costs incurred by the District to educate my child if the information is false. I agree to notify the school within five (5) business days should my residence change.

Signature of Parent/Legal Guardian: \_\_\_\_\_  
(Do not sign this form if any of the statements are incorrect. This form must be signed in presence of office staff)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	<b>STUDENT INFORMATION VERIFICATION:</b> <input type="checkbox"/> Immunization Record <input type="checkbox"/> Proof of Birth <input type="checkbox"/> Photo Identification	<b>PARENT INFORMATION VERIFICATION:</b> <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Declaration-Verification of Residency <input type="checkbox"/> Temporary Residency Affidavit	
	Extension: <input type="checkbox"/> 30 days	<input type="checkbox"/> Intra-District Permit (lives within PUSD boundaries) <input type="checkbox"/> Inter-District Permit (lives outside PUSD boundaries)	Information Verified by: _____ Date: _____ Data Entered by: _____ Date: _____ Records Requested by: _____ Date: _____
	Pending Documents: _____		



# Paramount Unified School District Emergency/Medical Information

Homeroom Teacher: \_\_\_\_\_

Student Legal Last Name		Student Legal First Name		Student Legal Middle Name		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
Residence Address			Apt #	City	State CA	Zip Code	Student Email	
Parent Last Name		First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	Work Phone	Email	
Contact allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Last Name		First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	Work Phone	Email	
Contact allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
United States Armed Forces: (Required annually by US Department of Education) Is either parent/guardian on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Armed Forces, which branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy Is either parent/guardian on Full-time National Guard Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If National Guard, which branch: <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard								
Legal Guardian Last Name		First Name		Home Phone	Cell Phone	Work Phone	Email	
<input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> District Authorized Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home								

## IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility.

Name	Relationship	Home Phone	Work Phone	Other phone
Name	Relationship	Home Phone	Work Phone	Other phone
Name	Relationship	Home Phone	Work Phone	Other phone
Out of State Emergency Contact Person			Out of State Emergency Phone Number	

List person(s) who may <u>not</u> take your student from school: <i>Is there a court order?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Name:
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Does your student attend a <b>before</b> school program? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of program: _____
Does your student attend an <b>after</b> school program? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of program: _____

Number of children in the family (include children not attending school): \_\_\_\_\_ List school age brothers and sisters below:

Name	DOB	School	Grade	Name	DOB	School	Grade
Name	DOB	School	Grade	Name	DOB	School	Grade
Name	DOB	School	Grade	Name	DOB	School	Grade

Please check the appropriate box, if any, of the the following that apply to the student and give a brief explanation in the space provided below. List all health conditions including those from previous years. Please notify the school office at your student's school of any changes in your student's health condition or change of medication.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> High fevers	<input type="checkbox"/> Serious accident	<input type="checkbox"/> No known health problems
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Migraines	<input type="checkbox"/> Surgery	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems	

Explanation: \_\_\_\_\_

**ALL MEDICATIONS OR INHALERS GIVEN AT SCHOOL (prescribed or over the counter) REQUIRE AN AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS FORM WHICH MUST BE RENEWED ANNUALLY OR WHEN CHANGING MEDICATION. DOSE. TIME OR ROUTE. (Forms available in school office)**

<b>Medical Information – (Check all that apply)</b>	
Is your student currently taking any medication at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	List name and dose: _____
Does your student currently need any medication at school: <input type="checkbox"/> Yes <input type="checkbox"/> No	List name and dose: _____
Has your student had an allergic reaction to the following: <input type="checkbox"/> None <input type="checkbox"/> Nuts <input type="checkbox"/> Insect stings <input type="checkbox"/> Explain: _____	
Epinephrine Injection (Epipen)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other restrictions your student has: _____	

Do you currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Name: _____	Phone: _____ Ext. _____ Hospital: _____
Insurance Company (if applicable): _____	Phone: _____ Ext. _____ Patient ID#: _____

I, the undersigned parent/guardian, give my consent for the above named student to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Paramount Unified School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my student, which might occur as a result of such illness or injury.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Paramount Unified School District

## Receipt of Annual Notification/Parent Signature Page

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Grade
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Dear Parent/Guardian,

The Paramount Unified School District Annual Notifications for parents and students is now available online at [www.paramount.k12.ca.us](http://www.paramount.k12.ca.us). If you would like to request a copy of the Annual Notification handbook, it is also available in your school office. Read and review this information with your child, sign and initial where indicated. **Return this form to your child's school.**

### Parent Permission to Video/Photograph Students:

\_\_\_\_\_  
Parent Initial

☐ I hereby **grant** ☐ I hereby **deny** permission for my student to be filmed, videotaped, and/or photographed for public information and instructional purposes for the Paramount Unified School District. I understand that the above named student's photograph or other visual images may be reproduced in a newspaper, film, District or school web site or videotape for public viewing in connection with this request. Videotapes and/or photographs may be used, but are not limited to for lessons for students, professional development for teachers, local community TV stations or access cable TV programs, presentations to parent and community groups, school and district brochures, newsletters and other publications, District or school web sites, television, newspapers, or magazines to accompany a report about the school, District or employees.

As a condition of voluntary participation, I agree to waive all claims against Paramount Unified School District and to indemnify and hold District, its Board, officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind resulting from the use of the above named student's photograph, videotape, and/or film. This waiver shall not apply to solely negligent acts of the District.

### Internet Acceptable Use Agreement:

\_\_\_\_\_  
Parent Initial

**Student**  
I understand and will abide by the provisions and conditions of this contract. I understand that any violation of the above provisions may result in disciplinary and/or legal action. I also agree to report any misuse of the information system to a teacher or administrator.

### Parent/Guardian

As the parent or guardian of this student, I have read this contract and understand that the Paramount Unified School District's network is designed for educational purposes. I understand that it is impossible to restrict access to all controversial material, and will not hold the District responsible for materials acquired on the network. I agree to report any misuse of the information system to the principal. I accept full responsibility for supervising my student's use of the District's network and give permission for my student to use the network for educational purposes.

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Directory Information:

\_\_\_\_\_  
Parent Initial

Paramount Unified School District Regulation Policy 5125.1 – Directory Information, in accordance with State and Federal regulations provides for the disclosure of appropriately designated "directory information" to a person, agency, or organization with a legitimate need or interest in the information without written parental consent, unless you have advised the District to the contrary in accordance with District procedures. The District defines directory information as one or more of the following:

- Student's name
- Student's address
- Student's telephone number
- Student's electronic mail address
- Sport activity sheets, such as for wrestling, showing weight and height of team members
- A playbill, showing your student's role in a drama production

The primary purpose of directory information is to allow the District to include this type of information in certain publications. These publications include:

- Yearbook
- Honor roll or other recognition lists
- Graduation programs
- Date and place of birth
- Major field of study
- Participation in officially recognized activities
- Weight and height of members of athletic teams
- Dates of attendance
- Diplomas and awards received
- Most recent previous school attended

Directory information can also be disclosed to outside organizations including, but are not limited to, companies that manufacture class rings or publish yearbooks. Two Federal laws require districts receiving assistance under the Elementary and Secondary Education Act of 1965 to provide **military recruiters**, upon request, with three directory information categories – names, address and telephone listings – unless parents have advised the District that they do not want their student's information disclosed without their prior written consent.

If you **do not** want the District to disclose directory information from your child's education records without your prior written consent, you must notify your school site in writing within **five** days of receiving this notice or upon registration.

**I have read and understand the Paramount Unified School District Annual Notifications. My signature below acknowledges the receipt of this letter and that I have been informed of my rights as required by the Educational Code. It does not indicate that consent to participate in any particular program has either been given or withheld, unless specified.**

\_\_\_\_\_  
Parent/Guardian Name (print) Parent/Guardian Signature Date

A copy of the above notifications can be found in your Annual Guidelines for Parent and Students.