

SIBLINGS: (Please list additional siblings on back of form)

Birth Date

Currently Enrolled in LVUSD

Last name	First	Middle	Month/Day/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name	First	Middle	Month/Day/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name	First	Middle	Month/Day/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name	First	Middle	Month/Day/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information: (ST015) _____

Please list, in the order to be called, persons to contact in the event you cannot be reached. Individuals listed must be at least 18 years old. Please include Day Care contact information if any.

Please designate at least 3 contacts as "Allow Pickup." School personnel will only release your child to contacts designated by a check in the "Allow Pickup" box.

In the event of an emergency or disaster, your child will remain at their assigned school/class center until you or a person designated by a check in the "Allow Pickup" box on this form, comes to the school and personally signs your child out. NOTE: This is the only condition under which school personnel will release your child.

Your signature on this enrollment form indicates that you have read and understand these conditions.

(Please list additional contacts on back of form)

1.			Allow Pickup <input type="checkbox"/>
First Name	Last Name		Home: () -
Type: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Doctor <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ (Relationship to Student)			Other: () -
2.			Allow Pickup <input type="checkbox"/>
First Name	Last Name		Home: () -
Type: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Doctor <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ (Relationship to Student)			Other: () -
3.			Allow Pickup <input type="checkbox"/>
First Name	Last Name		Home: () -
Type: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Doctor <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ (Relationship to Student)			Other: () -
4.			Allow Pickup <input type="checkbox"/>
First Name	Last Name		Home: () -
Type: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Doctor <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ (Relationship to Student)			Other: () -
5.			Allow Pickup <input type="checkbox"/>
First Name	Last Name		Home: () -
Type: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Doctor <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____ (Relationship to Student)			Other: () -

Additional Information: (CE220) _____

Home Language:

First Language spoken by child:

Primary language used at home:

Language(s) used when speaking to child:

Name of language(s) most often spoken by adults at home:

Ethnic Origin:

- 1. Alaskan/Native American
- 2. Asian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Asian Indian
 - Laotian
 - Cambodian
 - Other Asian
- 3. Black
- 4. Caucasian/White
- 5. Hispanic
- 6. Filipino
- 7. Pacific Islander
 - Hawaiian
 - Guamanian
 - Samoan
 - Tahitian
 - Other Pacific Islander
- 8. Other: please specify: _____
- 9. Decline to State

Birth Information (CE221) _____

Birth City _____

Date First Enrolled in US School: ___ / ___ / ___

Birth State _____

Date First Enrolled in CA School: ___ / ___ / ___

Birth Country _____

Birth Certificate Verification Code: _____

District Start Date: ___ / ___ / ___

Name/Address Verification Date: ___ / ___ / ___

District Start Grade: _____

Has your child qualified for a Special Education Program? RSP SDC Speech (SP240) _____

Is your child presently suspended or expelled from another School? No Yes

Has your child attended L.V.U.S.D. schools previously? No Yes

Student Guardianship Status: Parent/Legal Guardian Foster Family Licensed Children's Inst.
 (Residential Status) Foreign Exchange Other, please specify: _____

If a custody agreement exists, it is the responsibility of the Parents/Legal Guardians to provide the school with a copy of the agreement. In the absence of a legally binding agreement, the Parents/Legal Guardians listed will be presumed to have full and equal custodial rights.

Notes/Custody/Restraining Order Information:

Health care needs, special health requirements or allergies: (HE215) _____

Signature of Parent/Guardian

Date