

# PRINCETON JOINT UNIFIED SCHOOL DISTRICT – STUDENT INFORMATION FORM

<b>SCHOOL</b> <input type="checkbox"/> Princeton Elementary School <input type="checkbox"/> Princeton Jr./Sr. High School		<b>GRADE</b>	
<b>STUDENT LEGAL NAME</b> First		Middle	Last
<b>STUDENT ALIAS</b> First		Middle	Last
<b>RESIDENTIAL ADDRESS</b> Street		City	Zip Code
<b>MAILING ADDRESS</b> Street		City	Zip Code
<b>RESIDENCE</b> – Where is your child/family currently living? (Federally mandated by NCLB) – Please check appropriate box: <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel/hotel <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> Other:			
<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
<b>WHAT IS YOUR CHILD’S ETHNICITY?</b> (Please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  <b>WHAT IS YOUR CHILD’S RACE?</b> (Please check up to five racial categories): <small>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.</small>  <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Tahitian <input type="checkbox"/> Japanese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> White		<b>HOME LANGUAGE SURVEY</b> <small>The California Education Code requires schools to determine the language(s) spoken at home by each student.</small> 1. Which language did your child learn when he/she first began to talk?  2. Which language does your child most frequently speak at home?  3. Which language do you (the parents or guardians) most frequently use when speaking with your child?  4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)	
<b>COMMUNICATION</b> – In which language do you wish to receive written communications from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish			
<b>SCHOOL STUDENT LAST ATTENDED</b> (if applicable)		<b>DATE LEFT</b>	<b>DATE FIRST ENTERED U.S. SCHOOL</b>
<b>PREVIOUS SCHOOL ADDRESS</b> Street		City	State    Zip Code
<b>HAS YOUR CHILD EVER ATTENDED PJUSD BEFORE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, when:		<b>DOES YOUR CHILD HAVE A MEDICAL CONDITION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify:	
<b>DISCIPLINE</b> Has your child ever been recommended for an expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child in the process of being expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>FOSTER YOUTH</b> Has your child ever identified as a foster youth? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, when:	
<b>DOES YOUR CHILD HAVE A CURRENT IEP (INDIVIDUAL EDUCATION PLAN)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify: <input type="checkbox"/> Special Day Class <input type="checkbox"/> Speech/Language <input type="checkbox"/> Resource <input type="checkbox"/> Other		<b>IS YOUR CHILD ENROLLED IN ANY OF THESE PROGRAMS/CLASSES?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify: <input type="checkbox"/> Reading Specialist <input type="checkbox"/> 504 Plan <input type="checkbox"/> English Language Development <input type="checkbox"/> GATE	
<b>STUDENT RESIDES WITH</b> (Check one): <input type="checkbox"/> Both parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Relative <input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Non-relative Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>PARENT EDUCATION LEVEL</b> (Most educated parent): <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/post grad training <input type="checkbox"/> Some college/associate’s degree <input type="checkbox"/> Decline to state/unknown	
<b>FATHER/GUARDIAN</b> (full name) that student resides with		<b>MOTHER/GUARDIAN</b> (full name) that student resides with	
<b>RELATIONSHIP</b> (if other than parent)		<b>RELATIONSHIP</b> (if other than parent)	
<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>HOME PHONE</b>	<b>CELL PHONE</b>
<b>WORK PHONE</b>	<b>EMAIL</b>	<b>WORK PHONE</b>	<b>EMAIL</b>
<b>EMPLOYER/BUSINESS NAME</b>		<b>EMPLOYER/BUSINESS NAME</b>	
<b>EMPLOYER/BUSINESS ADDRESS</b>		<b>EMPLOYER/BUSINESS ADDRESS</b>	

<b>ACTIVE DUTY</b> – Is either parent/guardian on active duty in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or on full-time National Guard duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is that parent/guardian's most recent active military date?			
<b>OTHER CHILDREN LIVING AT HOME</b>			
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
<b>DUPLICATE MAILING</b> – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, please include their name and address			
Full Name		Phone Number	
Street		City	Zip Code
<b>EMERGENCY CONTACTS</b> – If parent/guardian unavailable			
<b>ADULT OTHER THAN PARENT</b>		<b>ADULT OTHER THAN PARENT</b>	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
<b>ADULT OTHER THAN PARENT</b>		<b>ADULT OTHER THAN PARENT</b>	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
<b>HEALTH ALERTS</b> – List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanuts and bee stings. If none, please indicate "none."			
Allergies		Medications	
Doctor	Doctor Phone Number	Medical Insurance	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>			
The undersigned, as parent/legal guardian of _____ (print name of student here) a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Princeton Joint Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.			
<b>PERMISSIONS</b>			
I give permission for my child to attend LOCAL (in town) field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I give my permission for my child to be photographed for the school's yearbook and other media sources. <input type="checkbox"/> Yes <input type="checkbox"/> No			
All adults listed on this form are permitted to take my child from school. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_