Tehama County Department of Education: Special Schools & Services

For Office Use Only	School/Program:	SISD		Date Received							
STUDENT ENROLLMENT/EMERGENCY FORM (Please Print)											
				□ Male		Female	Grade				
Last Name	First Name	Middle Name				Date of Birth					
						/	/				
Birth City	State	Country					ld/yyyy)				
As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of pupils, and will not be released in a personally—identifiable form.											
Is the student's ethnic	city Hispanic or Latino?	□ Yes	□ No								
Please mark one or more of the following boxes to indicate the student's race:											
☐ American Indiar	_	☐ Asian Indian			Ca	mbodian					
□ Chinese		□ Japanese			Kor	ean					
□ Laotian		□ Vietnamese			Oth	ner Asian					
□ African America	an	☐ Filipino			Gu	amanian					
☐ Native Hawaiiar	٦	□ Samoan			Tah	iitian					
☐ Other Pacific Isla	ander	□ White									
B: 11 1 1 1 1						Hamas Dha	Ni la a				
Primary Household I	ntormation					Home Pho	ne Number				
						()					
Home Address (Num	,	(City)		(Zip Cod							
□ Name of Father/□ Stepfather/□ Guardian (check relationship)				Phone I	Num)	nber □ cell 1	□ work				
Email Address:											
□ Name of Mother/□ Stepmother/□ Guardian (check relationship)					Phone Number □ cell □ work ()						
Email Address:											
	tudent reside (check all tha er Parent 🗆 Grandparent I			•		•					
Emergency Contact	Information (please list	two contacts in the	order th	ey shoul	ld b	e called)					
Name:	R	elationship		F	Phor (ne Number 🗆)	cell work				
Name:	R	elationship		F	Phor (ne Number 🗆)	cell 🗆 work				
Name:	R	Relationship		F	Phor	ne Number 🗆	cell 🗆 work				

Please turn page over and complete information on reverse side

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Parent Education Level	- do ==	ا حاده محاد	lo to grather lafters at	on rosses	ling ou the early 's	ala ont lovial af a alive	ation					
The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. Please check one of the following:												
□ Not a High School G			ig. Please Check on Some College			School/Post Grad. T	raining					
☐ High School Gradua			College Graduate			o state/Unknown						
			<i>y</i>									
Home Language Survey The California Education Code requires schools to determine the language(s) spoken at home by each student.												
This information assists the school in providing adequate instructional programs and services.												
 Which language did your child learn when he or she first began to speak? 												
2. What language does your child most frequently use at home?												
2. What have see also see the second hat a see also see that 20												
3. What language do you use most frequently to speak to your child?												
4. Name the language spo	ken most	t often bv	the adults at home.									
Diama da d	:41a a		ORTATION HEALTH INFO		f 415 a . f - 11 -	d						
Please check e	eitner <u>yes</u>	or <u>no</u> to s	pecify if your child u	ses any of	tne follow	ing equipment.						
Wheelchair Yes	□ No	Bellyban	d 🗆 Yes	□ No	Car Sea	t 🗆 Yes	□ No					
Harness □ Yes		Vest	□ Yes	□ No	Walker	□ Yes	□ No					
Other-please specify:	<u> </u>											
	-	IMPOI	RTANT MEDICAL INFO	RMTION								
□ Breathing Problem	ıs		Cerebral Palsy		□ Tr	racheotomy						
□ Scoliosis/"Rod" sur	☐ Gastrostomy Tube			□ Shunt(s)								
□ Scoliosis/Brace	□ Asthma			☐ Challenging Behavior								
□ Diabetes					Ion-Verbal							
 Blind/Visually Impa 		Heat Condition		□ Non-Verbal but								
□ "Fragile Bones"		D 6/11 1 1 1			understands what is said							
<u> </u>		•	J			ENIZ INIQUE						
TEHAMA COUNTY DEPARTME												
STUDENTS. Healthy Families through eighteen and for ch							0					
available at the following w												
department for more information (530) 527-5811.												
AUTHORIZATION TO TREAT			_	-								
care due to serious injury or illness if my designee or I cannot be reached. The physician named will be contacted												
or the child will be taken to an emergency room licensed under the Medicine Practice Act, at my expense. (Section 25.8 of the Civil Code of California.)												
Physician/Hospital:	40 01 00	Orriid.)										
· —	ame			Phor	ne							
				()								
Parent/Guardian's Signature	e for Autl	horization	of Emergency Care	Phone	Number	Date						
I certify that all the informati	ion on thi	is form is t	rue and correct.									
-												
Daront/Guardian/s Signature	0			_		Data						
Parent/Guardian's Signature	C					Date						

Revised 9/10