

Welcome to Amelia Earhart!
NEW STUDENT REGISTRATION REQUIREMENTS

Student Last Name _____ Student First Name _____

Proof of student's birth (provide one from the list below):

- Birth Certificate
- Current Passport
- Hospital Record
- Baptismal Record

Parent/Guardian Photo ID

Other documentation may be required, depending upon individual circumstances.
Students not living with a parent/legal guardian must make an appointment with Pupil Services, prior to registration. Please call Pupil Services at 951/352-1200.

Current Immunization Record (must have all of the immunizations listed below documented)

- Polio
- DTP
- MMR
- Hep B
- Varicella

TWO recent (within the last 30 days) documents verifying residence address

All documents must be in the parent/guardian name. If you are residing with someone other than the parent/guardian, an affidavit, meeting all requirements, may be accepted.

- Current electric, water, or gas bills (NO other bills accepted)
- Current bank statement (no checks)
- Government documentation (DPSS, MediCal, CalWorks, Social Security, etc.)
- Lease/rental agreement with cancelled check, or deposit/rent receipt from landlord
- Escrow papers with closing date within the past/future 30 days
- Forwarded mail
- Driver's License accepted only when the printed address matches other accepted documentation.

Copy of IEP (Special Education students only)

Copy of transcript or last report card (Not mandatory)

OFFICE USE ONLY

All of the requirements have been met for registration.

School Official _____



Ready For 7th Grade?



Get the whooping cough shot if you haven't had it yet!

The Tdap vaccine is required for all 7th graders. Your school will need your vaccine records. Talk with your doctor today.

ShotsForSchool.org



Immunizations should be obtained from your child's doctor. If your child does not have health insurance or has Medi-Cal, they can receive FREE immunizations from the RUSD Health Center (5700 Arlington Ave, Riverside 92504). The Health Center phone number is 951-274-4213 ext. 83023 or 83027. Walk-in Health Center hours are Monday thru Friday from 1:30 PM- 4:00 PM.

VACCINES FOR YOUR PRETEEN

Learn about vaccines to help your preteen stay healthy through adolescence and beyond.

TIP

- **Tdap**
- **HPV**
- **Meningococcal**
- **Flu**
- **Chickenpox**
- **Measles**



Vaccine recommendations for 11-12 year olds

Tdap protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. The Tdap booster helps older kids, as protection from baby shots fades over time. This vaccine is required for 7th grade entry in California.

HPV (human papillomavirus) vaccine is recommended for both preteen girls and boys. It prevents several cancers of the reproductive system and genital warts. HPV vaccine works best when given years before the start of sexual activity, which can spread HPV infection. It takes 6 months to complete the 3-dose HPV series.

Meningococcal protects against the devastating bacterial infection meningococcal meningitis. The infection can lead to brain damage, arm and leg amputations, kidney damage, and death. It is more common among teens and young adults who are in close contact with others at home or school. Preteens need one shot now and a booster at age 16.

Flu (influenza) is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma or diabetes are especially at risk for pneumonia or even death. Flu vaccine is needed every year.

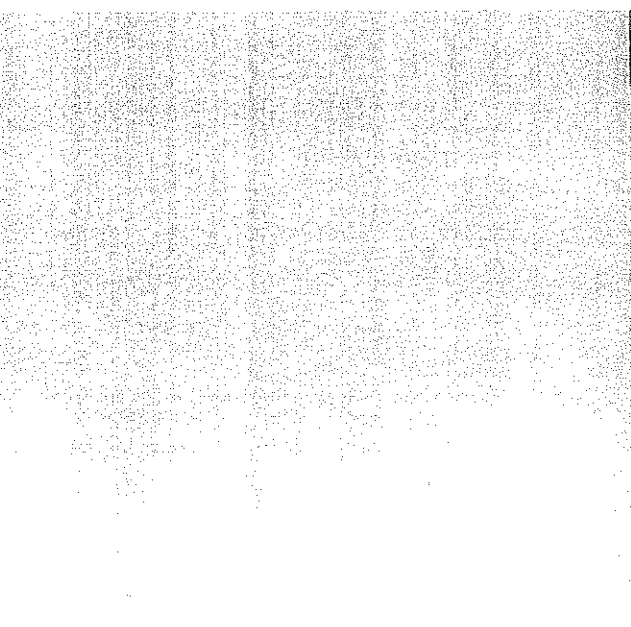
Chickenpox (varicella) is more than just an itchy rash. It can cause pneumonia or serious skin infections. Kids need two shots, but many didn't get their second shot. Ask your doctor if your preteen needs a chickenpox shot.

Measles is a highly contagious disease that can lead to brain damage and death. Preteens need two shots before starting 7th grade.

? Ask the Doctor

- Does my child need any other catch-up shots (like MMR and hepatitis B)?
- Can all shots be done in the same appointment?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed later on?
- Can I get an updated shot record?
- Can I schedule my child's 2nd and 3rd HPV shots today?

? Your Questions



ShotsForSchool.org IJMA-1054ES (11/15)

California Department of Public Health
Immunization Branch • 850 Marina Bay Parkway • Richmond CA 94804



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RIVERSIDE UNIFIED SCHOOL DISTRICT SCHOOL REGISTRATION FORM

☐ SPEECH/PSYCHOLOGICAL EVALUATION ONLY

OFFICE USE ONLY

STUDENT INFORMATION

Student (last name) _____ First Name _____ Middle Name _____

Legal Name, if different _____ Family Email Address _____

Current Street Address _____ City _____ Zip Code _____

Mailing Address, if different _____ City _____ Zip Code _____

Home phone _____ Mother's cell phone _____ Father's cell phone _____
 () () ()

Student Date of Birth _____ Gender Male Female
 Birth City _____ Birth State _____

LAST SCHOOL ATTENDED

Name of School _____ Date last Attended _____ Grade _____ City/County/State _____

Has student previously attended a RUSD school? No Yes * School _____

Date student first enrolled in school in U.S. ____/____/____

FAMILY INFORMATION (Write your first and last name)

Father/Solefather _____ Check if student lives with

Mother/Solemother _____

Other Caregiver/Guardian _____

OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

HEALTH INFORMATION

Check all that apply:

No known health problems

Allergies (please explain) _____

Attention Deficit/Hyperactivity _____

Asthma (Inhaler dependent*) _____

Diabetic (Insulin dependent*) _____

Seizures/Epilepsy (Medication required*) _____

Surgeries _____

Serious Illness (please explain) _____

Other Medical (please explain) _____

Other Medications* (please explain) _____

SPECIAL PROGRAMS

My child has a current Individualized Education Plan (IEP)

Resource Specialist Program (RSP)

Speech Therapy provided by school

Special Day Class (SDC)

Other Special Education Classroom

Learning Disability (LD) or Ling. Hand. (LH)

Emotionally Disturbed (ED)

Adaptive Physical Education (APE)

Physically Handicapped (PH)

Comments: _____

* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM

Hearing/Visually Impaired (circle)

My child has been tested for special education

504 Accommodation Plan

Behavior Plan/Behavior Contract

Student Study Team

Retained in grade _____

School Attendance Review Board (SARB)

Gifted and Talented Education (GATE)

Other _____

My child has not participated in any special programs.

PAST BEHAVIOR HISTORY

My child has not previously been suspended from a public/private school *

My child has been expelled from a public/private school *

My child has previously been suspended from a public/private school *

EXPUSSION:

My child has not been expelled from a public/private school or district *

My child has been expelled from a public/private school or district *

My child is currently being referred for expulsion from a public/private school or district *

* Parents are required by law to divulge this information (EC 49918)

PARENT EDUCATION LEVEL

This information is for statistical/survey information only and will be kept confidential. Please check the box that most closely pertains to **PARENTS**:

Not a high school graduate

High school graduate (includes Trade School)

Some college (2 or 4 yr College or University)

College graduate

Graduate school/post graduate training

Declines to state or unknown graduate

Parent/Guardian Signature _____ Date _____

Student ID # _____

GRADE: _____ REGISTRATION COMPLETE

School of Residence _____

Special Education Placement (if applicable) _____

DOCUMENTS VERIFIED

Mandatory Parent Notification Receipt

Parent Handbook

Residency:

Utility Bill Date _____

Utility Bill Date _____

Other Verification _____

Affidavit of Residency _____

Parent/Guardian Signature _____

Photo ID _____

Caregiver _____

Lunch Application _____

Emergency Card _____

Custody documents _____

Birth Verification _____

Immunization record _____

Physical _____

Waiver _____

Physical _____

Waiver _____

Transcripts _____

Student Residency Questionnaire _____

Health History Form _____

Student Ethnicity and Race _____

Pending _____

Complete _____

Complete _____

Complete _____

LANGUAGE PROGRAM INFORMATION

CELD1: _____

Assessment Center Staff: _____

Assessment Center Staff: _____

Assessment Center Comments: _____

Assessment Center Comments: _____

Assessment Center Comments: _____

Assessment Center Comments: _____

2016 - 2017
Amelia Earhart Middle School
STUDENT EMERGENCY INFORMATION

Student ID # _____

Grade 7 8
Circle

Student Name _____
Last First Middle

Date of Birth _____ Male Female Home Phone (____) _____

Student Address _____
Street Address City Zip

Father/Stepfather/Guardian: _____ Living in home?
Circle one Please print clearly first and last name Yes No
Circle

Employer Name & City _____

Work Phone: (____) _____ Cell Phone: (____) _____

Mother/Stepmother/Guardian: _____ Living in home?
Circle one Please print clearly first and last name Yes No
Circle

Employer Name & City _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail Addresses (please print)

(E-Mail addresses are used solely for contact purposes and will remain confidential.)

Father/Stepfather/Guardian's E-Mail Address: _____
Circle one

Mother/Stepmother/Guardian's E-Mail Address: _____
Circle one

Insurance Carrier: _____

Name of Doctor _____ Doctor's Phone (____) _____

Please state any chronic medical condition that might require special attention: _____

Does your child take medication daily at home? Yes No At School? Yes No

If yes, name of medication(s) _____

Riverside Unified School District does not provide medical insurance for students for school related injuries or illnesses. In any case where emergency medical/dental care is deemed necessary and I cannot be reached in a timely manner, I hereby consent to and authorize any and all emergency transportation and/or medical/dental treatment deemed appropriate for my child in the best judgment of the attending physician, surgeon, dentist or other health care professional(s) under supervision of a member of the medical staff of the hospital or facility furnishing emergency medical or dental services. Parent/guardian assumes financial responsibility for such care as the medical/dental professional(s) consider necessary.

Signature of Parent/Guardian _____ Date _____

Parents/Students, please sign and date that you have received and read the following forms:
2016-2017 Progressive Discipline Plan
2016-2017 Acceptable Use Policy

Parent _____ Date _____
Parent _____ Date _____
Student _____ Date _____
Student _____ Date _____



Riverside Unified School District

CENTRAL REGISTRATION CENTER
5760 Arlington Avenue
Riverside, California 92504
PUPIL SERVICES DEPARTMENT
(951) 352-1200
FAX (951) 274-4200

STUDENT ETHNICITY AND RACE

The Federal government and the California Department of Education require race and ethnicity information be collected on all students. Please review the following categories and mark the ones which best describes your child's ethnic origin and race.

Ethnicity	Is this student Hispanic or Latino? (Select only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino
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 student's race to be.	
Race	What is the race of this student? (Select one or more*) <u>*If you mark more than one, please circle the primary race.</u>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Laotian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hmong	<input type="checkbox"/> White

PARENT EDUCATIONAL LEVEL

California Department of Education is directing school districts to include the following information about its students. Information will be confidential and will not become part of a student's permanent record.

Please indicate the educational level of the student's most highly 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 Graduate Training
<input type="checkbox"/> Some College Units	<input type="checkbox"/> Decline to State
I verify that the above information is correct	
_____ Parent/Guardian Signature	_____ Date
_____ Students Last Name/First Name	_____ Birthdate



Innovation in Education
Innovación en la educación

Riverside Unified School District
Distrito escolar unificado de Riverside
Dept. Research, Assessment, and Evaluation
Departamento de Investigación, asesoramiento y evaluación

HOME LANGUAGE SURVEY

Assessment Center Use Only:	STU-ID: _____
School Year _____	School: _____
Appointment Date: _____	Time: _____

Instructions for parents/guardians: The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

Instrucciones para padres y tutores: El Código de Educación de California contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer los programas y servicios educativos adecuados. Como padre o tutor, su cooperación es necesaria para cumplir con este requisito legal. Responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda todas las preguntas.

Student: _____	Last Name (Apellido)	First Name (Primero)	Middle (Segundo)	Grade (Grado)	Age (Edad)
Alumno	_____	_____	_____	_____	_____
Student's Address (Domicilio)	Apt. #	City (Ciudad)	State (Estado)	Zip (Área postal)	Home Phone (Teléfono)
_____	_____	_____	_____	_____	_____
Birth Date Fecha de nacimiento	*Date first enrolled in a U.S. School Fecha de entrada a su primer escuela en EE UU		*Student's Country of Birth (País de nacimiento)		
_____	_____		_____		
1	Name of Previous School, District Attended Nombre de la escuela, distrito escolar anterior	City, State (Ciudad, Estado)	2		Name of Previous School, District Attended Nombre de la escuela, distrito escolar anterior
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

Es necesario que por favor lea y conteste las siguientes preguntas cuidadosamente para que su respuesta ayude a la escuela en planificar el programa educativo más apropiado para su hijo(a).

- Which language did your child learn when he or she first began to speak?
Quando su hijo(a) empezó a hablar ¿cuál idioma aprendió primero?
- Which language does your child use most frequently at home?
¿Cuál idioma usa principalmente su hijo(a) cuando conversa en la casa?
- Which language do you use most frequently to speak to your child?
¿Cuál idioma usa Ud. con mas frecuencia cuando habla con su hijo(a)?
- Name the language spoken most often by the adults at home?
¿Cuál idioma hablan los adultos con más frecuencia en la casa?

Would you like to have school correspondence sent home to you translated in your home language?

¿Le gustaría recibir correspondencia de la escuela traducido al idioma del hogar? Yes(Sí) No (No)

X _____

Signature of Parent/Guardian (Firma del Padre/Tutor)

Printed name of Parent/Guardian (Nombre escrito del Padre/Tutor)

Date (Fecha): _____

Student Residency Questionnaire

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

1. Do you live (Please check one):

- In a single family residence
- With more than one family in a house or apartment *NOT due to economic hardship*
- With relatives or friends because you CANNOT afford housing (120)
- In a shelter or transitional housing program (100)
- In a motel/hotel (110)
- Temporarily unsheltered, car, campsite (130)
- In a foster care placement or group home (190)

_____	_____
Print Parent/Guardian Name	Phone Number
_____	_____
Print Student Name	Print Sibling Name & School of Attendance
_____	_____
Print Sibling Name & School of Attendance	Print Sibling Name & School of Attendance

2. Has your child ever been expelled? Yes _____ No _____

If yes, please state reason: _____

Name of school/district that expelled student: _____

Date of the expulsion: _____

3. Was your student in a Special Education Program at his/her last school? Yes _____ No _____
If yes, do you have a copy of the IEP? Yes _____ No _____

Was your child receiving accommodations through a 504 plan? Yes _____ No _____
If yes, do you have a copy of the plan? Yes _____ No _____

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

Parent/Guardian Signature Date

For Office Use Only:
Name of school site personnel receiving this form: _____

If student qualifies for homeless program, indicate code on this form then scan and e-mail, along with copy of enrollment form, to Sheila Watkins in Pupil Services at: swatkins@rusd.k12.ca.us

If foster or group home is indicated on this form, Please Refer Them to Pupil Services Immediately! After meeting with our staff they will be sent back to your school site with a referral form.

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504
CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ Male Female Birthdate _____ Age _____ Grade _____

My child does not have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? Yes No During school hours? Yes No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office. (One form for each medication).

Check the box and explain if your child has a history of or now has the following conditions or concerns.

Asthma Mild Moderate Severe Inhaler at home Inhaler at school office
 Selzures As an infant only Currently takes medication

Allergies Mild Moderate Severe
 Bees/Insects
 Foods
 Seasonal Hay fever
 Allergic to Medication
 Other
 EpiPen at home EpiPen at school

Physical Limitations _____
 Special Equipment needed at home
 Special Equipment needed at school

Heart Murmur/Disease _____

Other Conditions _____

Diabetes Type I Type II
• Has your child been hospitalized for diabetes? Yes No
If yes, give date and explain hospital course: _____
• Can your child monitor his/her blood glucose level independently? Yes No
• Can your child tell if he/she is having symptoms of high or low blood glucose levels? Yes No
If yes, what are his/her symptoms? _____
• Has Glucagon ever been given to your child? Yes No Last given: _____

Is your child currently under a doctor's care for any of the above? Yes No
If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

- Doctor's orders completed including parent and physician signatures.
- Diabetic Supplies
- Snacks
- Signed Diabetic Treatment Plan for School indicating parent review
- Other _____

Original to Cum Faxed to District Nurse 951-274-4200 (Internal #83100) Cc: School

Amelia Earhart Middle School
20202 Aptos Street
Riverside, CA 92508
(951) 697-5700
(951) 328-7580 fax

Request for Pupil Records

Parents/Guardians, please complete information in the box below:

Name of former School:	_____
Street Address:	_____
City, State, Zip:	_____
Phone:	_____
Student Name:	_____
Student Date of Birth:	_____
Grade at former school:	_____

Please forward pupil records of the student listed above. The Federal Family Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission to release the records to new schools of enrollment.

Please send records for the above pupil to:

School _____	Amelia Earhart Middle School	_____
Address _____	"A California Distinguished School"	_____
City _____	20202 Aptos Street	_____
	Riverside, CA 92508	Zip _____
Date _____	_____	

Principal/Registrar

In compliance with California Education Code(EC) Section(§) 49068, the Riverside Unified School District is informing the parent of their right to inspect, review, and challenge the content of the records.

If the above-named pupil left your school with a debt remaining for lost or damaged books or items and you have withheld grades, diplomas, transcripts from the parent/student we will reciprocally withhold these records on your request, pursuant to EC §48904 et seq., until this debt is settled. Please note that these provisions apply to public and private schools but do not include PTA debts or private school tuition, which are matters for the small claims court.

**PLEASE RETURN THIS FORM WITH ALL
STUDENT RECORDS FORWARDED TO RUSD**