



## TOMAS RIVERA ELEMENTARY SCHOOL

Riverside Unified School District

Lisa Koss, Principal \* Nachelle Goar, Assistant Principal

20440 Red Poppy Lane \* Riverside, CA 92508 \* (951) 697-5757 \* fax (951) 328-7480



# 2021-2022 RUSD Registration Checklist

Please call for an appointment – (951) 697-5757

*All documentation below must be complete*

- ☐ Proof of student's birth (provide ONE from list below)  
Birth Certificate (County Record), Current Passport,  
Hospital Record, OR Baptismal Record
- ☐ California Immunization Requirements for K-12<sup>th</sup> Grade (including  
Transitional Kindergarten) See attached
- ☐ Please see "Establishing Proof of Residence" (Need TWO acceptable documents  
to establish residency)
- ☐ Copy of IEP (Special Education students only)
- ☐ Completed RUSD Registration Packet
- ☐ Parent/Guardian Photo ID
- ☐ Physical – Grades TK-1<sup>st</sup>

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics.

If you have any complaints or questions regarding this policy you may contact:  
Director of Pupil Services or the District Complaint Officer  
5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

Mr. Timothy R. Walker, Assistant Superintendent, Pupil Services/SELPA  
Mr. Raúl Ayala, Director of Pupil Services

## **2021-2022 School Year - Establishing Proof of Residency**

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

### **Acceptable Documents Used to Establish Residency:**

- Escrow Papers, with closing date not more than 30 days from the current date.  
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement **with** receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders.

### **Documents NOT Acceptable:**

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 2/2021

#### **RIVERSIDE UNIFIED SCHOOL DISTRICT**

3380 14th Street  
Riverside, CA 92501  
951-788-7135

#### **BUSINESS SERVICES**

6050 Industrial Avenue  
Riverside, CA 92504  
951-352-6729

#### **CENTRAL REGISTRATION CENTER**

5700 Arlington Avenue  
Riverside, CA 92504  
951-352-1200

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

## INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.\*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.\*

## CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3</b> <sup>1</sup>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4</b> <sup>1</sup>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3</b> <sup>2</sup>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

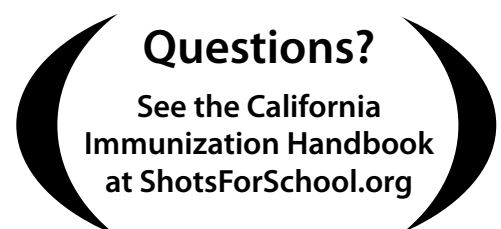
**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

\* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.



# RIVERSIDE UNIFIED SCHOOL DISTRICT

## New Student Registration 2021-2022

1) STUDENT INFORMATION			
Student Last Name		Student 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 ( )	Father/Parent Cell ( )	Mother/Parent Cell ( )	
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female		
2) LAST SCHOOL ATTENDED			
Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school?		<input type="checkbox"/> No <input type="checkbox"/> Yes* *School:	
3) FAMILY INFORMATION			
<i>Please include first and last name</i>		<b>Check if student lives with</b>	
Father/Stepfather/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian			
Mother/Stepmother/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian			
Is Either Parent/Guardian on Active Duty in the Armed Forces?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)	
If Active, What Branch?		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
4) OTHER CHILDREN LIVING AT HOME			
Name (first and last)	Date of Birth	Grade	School
5) HEALTH INFORMATION			
<b>Check all that apply:</b> <input type="checkbox"/> No known health problems <input type="checkbox"/> Allergies (please explain) <input type="checkbox"/> Attention Deficit/Hyperactivity <input type="checkbox"/> Asthma ( <input type="checkbox"/> Inhaler dependent*) <input type="checkbox"/> Diabetic ( <input type="checkbox"/> Insulin dependent*) <input type="checkbox"/> Seizures/Epilepsy ( <input type="checkbox"/> Medication required*) <input type="checkbox"/> Surgeries <input type="checkbox"/> Serious Illness (please explain) <input type="checkbox"/> Other Medical (please explain) <input type="checkbox"/> Other Medications* (please explain)		<b>Comments:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
		* <b>REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM</b> ** <b>SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION</b>	

**6) SPECIAL PROGRAMS**

- ☐ **Yes, my child has a current Individualized Education Plan (IEP)**
- ☐ Speech Therapy
- ☐ Resource Specialist Program (RSP)
- ☐ Special Day Class (SDC)
- ☐ 504 Accommodation Plan
- ☐ My child has been tested for special education

- ☐ Gifted and Talented Education (GATE)
- ☐ Behavior Plan/Behavior Contract
- ☐ Student Study Team
- ☐ Foster/Group Home
- ☐ Homeless/McKinney-Vento
- ☐ Other \_\_\_\_\_
- ☐ NONE

**7) PAST BEHAVIOR HISTORY****SUSPENSION:**

- ☐ My child **has** previously been suspended from a public/private school.\*

**EXPULSION:**

- ☐ 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 48918)**

**8) 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
- ☐ Some college (2 or 4 yr College or University)
- ☐ College graduate
- ☐ Graduate school/Post graduate training
- ☐ Declines to state or unknown graduate

**9) STUDENT ETHNICITY**

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

**10) STUDENT RACE (select one or more)**

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Tahitian
- ☐ Vietnamese
- ☐ White

**\*\*\* PARENT/GUARDIAN SIGNATURE\*\*\***

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

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

\_\_\_\_\_  
Date

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact** Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 12/19

**OFFICE USE ONLY**

**GRADE:**

**Student ID:**

☐ **REGISTRATION COMPLETE**

**DOCUMENTS VERIFIED:**

- ☐ Photo ID
- ☐ Caregiver
- ☐ Proof of Address

- ☐ Birth Verification
- ☐ Emergency Card
- ☐ Immunization record
- ☐ Physical
- ☐ Custody documents
- ☐ Health History Form

- ☐ Transcripts
- ☐ Student Housing Questionnaire
- ☐ Home Language Survey
- ☐ Mandatory Parent Notification Receipt
- ☐ Parent Handbook
- ☐ Lunch Application

Proof #1 Date: \_\_\_\_\_

Proof #2 Date: \_\_\_\_\_

**SCHOOL OF RESIDENCE:**

# 2021-2022 RIVERSIDE UNIFIED SCHOOL DISTRICT

## STUDENT EMERGENCY CARD

Date entered into Aeries \_\_\_\_\_

Completed by \_\_\_\_\_

Student ID # \_\_\_\_\_

Gender: M / F  
Genero

Grade: \_\_\_\_\_  
Grado

Age: \_\_\_\_\_  
Edad

Birthdate: \_\_\_\_\_  
Fecha de Nacimiento

Name \_\_\_\_\_  
Last / Apellido First / Nombre

Address \_\_\_\_\_  
Domicilio

Zip Code \_\_\_\_\_  
Código Postal

Home Phone \_\_\_\_\_  
Teléfono

Father/Guardian Name \_\_\_\_\_  
Padre/Tutor

Work Phone \_\_\_\_\_  
Num. del Trabajo

Cell \_\_\_\_\_

Email Address \_\_\_\_\_  
Correo Electrónico

Lives with student \_\_\_\_\_ Yes \_\_\_\_\_ No  
Vive con el estudiante

Mother/Guardian Name \_\_\_\_\_  
Padre/Tutor

Work Phone \_\_\_\_\_  
Num. del Trabajo

Cell \_\_\_\_\_

Email Address \_\_\_\_\_  
Correo Electrónico

Lives with student \_\_\_\_\_ Yes \_\_\_\_\_ No  
Vive con el estudiante

List medical conditions that may require special attention \_\_\_\_\_  
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication \_\_\_\_\_  
Nombre del medicamento recetado

Physician's Name \_\_\_\_\_  
Nombre del doctor

Phone \_\_\_\_\_  
Teléfono

Is there a court order restraining any person from this student? \_\_\_\_\_ Yes \_\_\_\_\_ No  
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: \_\_\_\_\_  
Si marco que **si** anote el nombre de la persona y provee una copia de la orden judicial

**Other than Parent/Guardian, please list at least two local contacts with phone numbers.** To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian**. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**

**Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono.** Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor**. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.**

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

**In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.**

En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

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

Firma de Padre/Tutor

Date \_\_\_\_\_  
Fecha

**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

☐ Seizures

☐ Date of last seizure \_\_\_\_\_

☐ Type \_\_\_\_\_

☐ Currently takes medication for seizures \_\_\_\_\_

☐ Allergies

☐ Bees

☐ Foods \_\_\_\_\_

☐ Medication \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Lactose Intolerance

☐ Physical Limitations \_\_\_\_\_

☐ Special Equipment needed at home

☐ Special Equipment needed at school

☐ Heart/Cardiac Condition \_\_\_\_\_

☐ 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:**

☐ Original to Cum

☐ Sent to District Nurse

☐ Health Assistant

☐ Teacher





## Student Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? **Check all that apply.**

- ☐ Living in a single-home residence that is permanent
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel/hotel due to loss of housing, economic hardship, natural disaster, etc.
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian

**The undersigned parent/guardian certifies that the information provided above is correct and accurate.**

Print Parent/Guardian Name	Signature	Date

Phone number	Street Address	City	State	Zip Code

**Please list all school aged children currently living with you:**

Name	M/F	Birthdate	Grade	School

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact the local homeless liaison,  
**Chris Sewell, by phone at (951) 352-1200 or by email at [csewell@riversideunified.org](mailto:csewell@riversideunified.org)**

### FOR OFFICE USE ONLY

**If student qualifies for homeless program scan and email this form to Jaemy Zavala in Pupil Services: [jzavala@riversideunified.org](mailto:jzavala@riversideunified.org)**

**Name of school site personnel receiving this form: \_\_\_\_\_**



**Riverside Unified School District**  
**Department of Research, Assessment, and Evaluation**

**Home Language Survey**

Assessment Center Use Only: STU-ID: \_\_\_\_\_  
School Year \_\_\_\_\_ School: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Distribution: Original = Cum Copy = Assessment Center (Fax 80881)  
Calif. Ed. Code §52164.1.a Required per NCLB & Title III Regulations

**Instructions for parents/guardians:** The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. 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 these requirements. 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. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

Student : _____		_____		_____		_____		_____	
Last Name		First Name		Middle		Grade		Birthdate	
Student's Address _____		Apt. # _____		City _____		State _____		Zip _____	
Home Phone _____									
1. _____		2. _____							
Name of Previous School, District Attended		City		State		Name of Previous School, District Attended		City	
								State	

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

1. Which language did your child learn when he or she first began to speak?

\_\_\_\_\_

2. Which language does your child use most frequently at home?

\_\_\_\_\_

3. Which language do you use most frequently to speak to your child?

\_\_\_\_\_

4. Name the language spoken most often by the adults at home?

\_\_\_\_\_

Would you like to have school correspondence  
sent home to you translated in English or another language? ☐ English ☐ Other Language

X \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian / Date

\_\_\_\_\_  
Write in the language

\_\_\_\_\_  
Printed name of Parent/Guardian

BOARD OF EDUCATION  
Kathy Allavie, President  
Tom Hunt, Vice President,  
Brent Lee, Clerk  
Patricia Lock-Dawson, Member  
Dr. Angelov Farooq, Member

## Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT  
5700 Arlington Avenue  
Riverside, California 92504  
(951) 352-1200  
FAX: (951) 274-4202

David C. Hansen, Ed.D.  
District Superintendent



### PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 20, 2020.

Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

I hereby request my student’s **directory information**, including name, address, and telephone number, **NOT** be released to the following entities:

Check one or more below that apply:

\_\_\_\_\_ Military (United States Army, Navy, Air Force, Marines) and military schools

\_\_\_\_\_ Colleges, universities, and educational institutions

\_\_\_\_\_ Potential employers

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
**SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2021-2022**  
**MANDATORY PARENT NOTIFICATION RECEIPT**  
(A form must be on file at each school/for each student)

**Dear Parent/Guardian:**

Please read and discuss the **Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK** on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website: [http://riversideunified.org/departments/pupil\\_services/parent\\_handbook/](http://riversideunified.org/departments/pupil_services/parent_handbook/)

**School Attendance Information** – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

**Discipline Information** – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

**Media Release** - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

**Acceptable Use Agreement** - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

**Publishing Student Work/Photo/Name** – Student work and photos may be published on the Internet for a world-wide audience via [www.riversideunified.org](http://www.riversideunified.org) or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

**CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Please respond by checking the appropriate box:**

**Media Release**

- ☐ **Yes, I give** permission for my student to be photographed or videotaped. *(as outlined above)*  
☐ **No, I do not give** permission for my student to be photographed or videotaped. *(unless I have been reached to give special permission)*

**Acceptable Use Agreement**

- ☐ **Yes, I/We hereby agree** to comply with the Acceptable Use Policy.  
☐ **No, I do not agree** to comply with the Acceptable Use Policy.

**Publishing Student Work/Photo/Name**

- ☐ **Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).  
☐ **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

**By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2021-2022*, and I have reviewed the school discipline information in this booklet.**

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		City	SCHOOL
ZIP code			

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DIAP/DT/DT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

**and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian	Date
Name, address, and telephone number of health examiner	Date
Signature of health examiner	Date

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*