2021-2022 RUSD Registration Checklist

☐ Proof of student’s birth (provide ONE from the list below):
   Birth Certificate (County Record), Current Passport, Hospital Record, OR Baptismal Record

☐ Proof of Residency -
At least 2 from the list below dated within the previous 30 days
   • Escrow Papers, with closing date not more than 30 days from the current date.
   • Lease/rental agreement WITH receipt from property owner;
   • Mortgage statement
   • 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 card, guardianship, custody orders

Documents NOT Acceptable:
   *Cable, Trash, Telephone/Cellphone bills *Credit card statements *Junk Mailers *Driver’s License
   *Restraining Orders *Bank Statements

☐ Copy of IEP (Special Education students only)

☐ Completed RUSD Registration Packet

☐ Parent/Guardian Photo ID

☐ CALIFORNIA IMMUNIZATION REQUIREMENTS FOR K-12th Grade (including TK) –
Please read the “Important Immunization Information” attached

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION¹, ², ³</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12 Admission</td>
<td>4 Polio⁴, 5 DTaP⁵, 3 Hep B⁶, 2 MMR⁷, 2 Varicella</td>
</tr>
<tr>
<td>(7th-12th)⁸</td>
<td>1 Tdap</td>
</tr>
<tr>
<td>7th Grade Advancement⁶,¹⁰</td>
<td>1 Tdap⁸, 2 Varicella¹⁰</td>
</tr>
</tbody>
</table>

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

REV. 3/2020ml
# RIVERSIDE UNIFIED SCHOOL DISTRICT
## New Student Registration  2021-2022

### 1) STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Last Name</td>
<td></td>
</tr>
<tr>
<td>Student First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Legal Name, if different</td>
<td></td>
</tr>
<tr>
<td>Family Email Address</td>
<td></td>
</tr>
<tr>
<td>Current Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Mailing Address, if different</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Home phone</td>
<td>(     )</td>
</tr>
<tr>
<td>Father/Parent Cell</td>
<td>(     )</td>
</tr>
<tr>
<td>Mother/Parent Cell</td>
<td>(     )</td>
</tr>
<tr>
<td>Student Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>□ Male, □ Female, □ Nonbinary</td>
</tr>
<tr>
<td>Student Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

### 2) LAST SCHOOL ATTENDED

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School</td>
<td></td>
</tr>
<tr>
<td>Date Last Attended</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
</tr>
<tr>
<td>City/County/State</td>
<td></td>
</tr>
<tr>
<td>Has student previously attended a RUSD school?</td>
<td>□ Yes*, □ No</td>
</tr>
</tbody>
</table>

### 3) FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/Stepfather/Parent</td>
<td></td>
</tr>
<tr>
<td>Foster/Caregiver/Guardian</td>
<td></td>
</tr>
<tr>
<td>Mother/Stepmother/Parent</td>
<td></td>
</tr>
<tr>
<td>Foster/Caregiver/Guardian</td>
<td></td>
</tr>
<tr>
<td>Is Either Parent/Guardian on Active Duty in the Armed Forces?</td>
<td>□ Yes, □ No</td>
</tr>
<tr>
<td>(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)</td>
<td></td>
</tr>
<tr>
<td>If Active, What Branch?</td>
<td>□ Air Force, □ Army, □ Coast Guard, □ Marines, □ Navy</td>
</tr>
</tbody>
</table>

### 4) OTHER CHILDREN LIVING AT HOME

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (first and last)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
</tbody>
</table>

### 5) HEALTH INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No known health problems</td>
<td></td>
</tr>
<tr>
<td>Allergies (please explain)</td>
<td></td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>Asthma (□ Inhaler dependent*)</td>
<td></td>
</tr>
<tr>
<td>Diabetic (□ Insulin dependent*)</td>
<td></td>
</tr>
<tr>
<td>Seizures/Epilepsy (□ Medication required*)</td>
<td></td>
</tr>
<tr>
<td>Surgeries</td>
<td></td>
</tr>
<tr>
<td>Serious Illness (please explain)</td>
<td></td>
</tr>
<tr>
<td>Other Medical (please explain)</td>
<td></td>
</tr>
<tr>
<td>Other Medications* (please explain)</td>
<td></td>
</tr>
</tbody>
</table>

### Comments:

* REQUIRES DOCTOR’S NOTE/COMPLETION OF DOCTOR’S AUTHORIZATION FORM
** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION
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

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.

* 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
- Japanese
- Korean
- Laotian
- Hmong
- Other Asian
- Other Pacific Islander
- Tahitian
- Vietnamese
- White
- Samoan

*** 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 __________

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REV. 12/19

OFFICE USE ONLY

GRADE: _______________ Student ID: _______________

DOCUMENTS VERIFIED: Birth Verification
- Photo ID
- Caretaker
- Proof of Address
- Proof #1 Date: _______________
- Proof #2 Date: _______________

□ REGISTRATION COMPLETE
- Transcripts
- Emergency Card
- Immunization record
- Physical
- Custody documents
- Health History Form
- Student Housing Questionnaire
- Home Language Survey
- Home School Notification Receipt
- Parent Handbook
- Lunch Application

SCHOOL OF RESIDENCE:
**Home Language Survey**

Department of Research, Assessment, and Evaluation

Riverside Unified School District

---

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?

---

<table>
<thead>
<tr>
<th>Name of Previous School District Attended</th>
<th>City</th>
<th>State</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Address</th>
<th>Apt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

---

Parents and guardians, your cooperation is requested in completing this survey. Please respond to each question provided. Please do not leave any question unanswered. If not a native speaker of English, you may request a translator before completing the survey.

---

California Education Code requires that each school district assess the English language ability of students for the purpose of determining if a student’s proficiency in English should be tested. This information is essential in order for the school to provide appropriate instructional programs and services.
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

□ Physical Limitations ___________________________

□ Special Equipment needed at home

□ Special Equipment needed at school

□ Lactose Intolerance

□ 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

• 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

Health History Form 3/2/2021
**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**

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>BIRTH DATE</th>
<th>Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>Number, Street</th>
<th>City</th>
<th>ZIP code</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**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).

<table>
<thead>
<tr>
<th>REQUIRED TESTS/EVALUATIONS</th>
<th>DATE (mm/dd/yy)</th>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History</td>
<td></td>
<td></td>
<td>First</td>
</tr>
<tr>
<td>Physical Examination</td>
<td></td>
<td></td>
<td>Second</td>
</tr>
<tr>
<td>Dental Assessment</td>
<td></td>
<td></td>
<td>Third</td>
</tr>
<tr>
<td>Nutritional Assessment</td>
<td></td>
<td></td>
<td>Fourth</td>
</tr>
<tr>
<td>Developmental Assessment</td>
<td></td>
<td></td>
<td>Fifth</td>
</tr>
<tr>
<td>Vision Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiometric (hearing) Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Risk Assessment and Test, if indicated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Test (for anemia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Lead Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART III  ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**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)*

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.

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Name, address, and telephone number of health examiner

<table>
<thead>
<tr>
<th>Signature of health examiner</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Housing Questionnaire

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>ID Number</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Print Parent/Guardian Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone number</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Please list all school aged children currently living with you:

<table>
<thead>
<tr>
<th>Name</th>
<th>M/F</th>
<th>Birthdate</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

FOR OFFICE USE ONLY

If student qualifies for homeless program scan and email this form to Jazmy Zavala in Pupil Services: jzavala@riversideunified.org

Name of school site personnel receiving this form: 

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 5790 Arlington Avenue, Riverside, CA 92504, (951) 768-7135 or (951) 352-1200
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/

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/video taped/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 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 website 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 website 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 ___________________________
2021-2022 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries __________
Completed by __________

Student ID # ________________
Gender: M / F
Grade: _______
Age: _______
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 ___________________________

Lives with student _______ Yes _____ No
Vive con el estudiante

Mother/Guardian Name __________________________
Padre/Tutor

Email Address ____________________________
Correo Electrónico

Work Phone _________________________
Num. del Trabajo

Cell ___________________________

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 medicamiento recetado

Physician’s Name ____________________________
Nombre del doctor

Phone __________________________
Teléfono

Is there a court order restraining any person from this student?
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

Yes _____ No

If yes, please list the person’s name and provide a copy of the court order:
Si marco que sí anote el nombre de la persona y provea 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 Teléfono de casa/trabajo/ cell

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

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

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

Name / Nombre Relationship to student / Parentesco con el estudiante Home/Work/ Cell Teléfono 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

Rev. 12/2020
1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth 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. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
6. For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. 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 first birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
9. For children in ungraded schools, pupils 12 years and order are subject to the seventh grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.
11. DTaP/Tdap=diphtheria toxoid, tetanus toxoid, and acellular pertussis
   Vaccine HepB= hepatitis B vaccine
   MMR = Measles, mumps, and rubella
   Vaccine Varicella= chickenpox vaccine

INSTRUCTIONS:
California schools are required to check immunization grade and all students advancing to 7th grade before

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 in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

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 (17 CCR section 6050).

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

REV. 3/2020
<table>
<thead>
<tr>
<th>DOSE</th>
<th>EARLIEST DOSE MAY BE GIVEN</th>
<th>EXCLUDE IF NOT GIVEN BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio #2</td>
<td>4 weeks after 1st dose</td>
<td>8 weeks after 1st dose</td>
</tr>
<tr>
<td>Polio #3</td>
<td>4 weeks after 2nd dose</td>
<td>12 months after 2nd dose</td>
</tr>
<tr>
<td>Polio #4</td>
<td>6 months after 3rd dose</td>
<td>12 months after 3rd dose</td>
</tr>
<tr>
<td>DTaP #2</td>
<td>4 weeks after 1st dose</td>
<td>8 weeks after 1st dose</td>
</tr>
<tr>
<td>DTaP #3</td>
<td>4 weeks after 2nd dose</td>
<td>8 weeks after 2nd dose</td>
</tr>
<tr>
<td>DTaP #4</td>
<td>6 months after 3rd dose</td>
<td>12 months after 3rd dose</td>
</tr>
<tr>
<td>DTaP #5</td>
<td>6 months after 4th dose</td>
<td>12 months after 4th dose</td>
</tr>
<tr>
<td>Hep B #2</td>
<td>4 weeks after 1st dose</td>
<td>8 weeks after 1st dose</td>
</tr>
<tr>
<td>Hep B #3</td>
<td>8 weeks after 2nd dose</td>
<td>12 months after 2nd dose and at least 4 months after 1st dose</td>
</tr>
<tr>
<td>MMR #2</td>
<td>4 weeks after 1st dose</td>
<td>4 months after 1st dose</td>
</tr>
<tr>
<td>Varicella #2</td>
<td>Age less than 13 years: 3 months after 1st dose</td>
<td>4 months after 1st dose</td>
</tr>
<tr>
<td></td>
<td>Age 13 years and older: 4 weeks after 1st dose</td>
<td>8 weeks after 1st dose</td>
</tr>
</tbody>
</table>

**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.

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
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.