

CARMEL UNIFIED SCHOOL DISTRICT **EMERGENCY INFORMATION & REGISTRATION**

School:

Captain Cooper     River     Tularcitos     Male     Female \_\_\_\_\_  
 Carmel Middle     Carmel High     Carmel Valley High    Grade Level \_\_\_\_\_    Print Last Name \_\_\_\_\_

<p><b>Student's Legal Name</b></p> <p>_____</p> <p>Last _____ First _____ Middle _____</p> <p>Nickname if used _____</p> <p><b>WITH WHOM DOES STUDENT LIVE?</b></p> <p>Mr./Mrs./Ms. _____</p> <p>Relationship to student?    <input type="checkbox"/> Parent    <input type="checkbox"/> Guardian</p> <p>Mailing Address _____</p> <p>_____</p> <p>Physical Address – must be filled-in    City _____ Zip _____</p> <p>_____</p> <p>Primary Email for Family _____</p> <p>Student's Email _____</p> <p>In the event of a major emergency/disaster we will TEXT MESSAGE one cell phone per family. What cell phone number would you like to use?</p>	<p>Home Phone(s)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Listed    <input type="checkbox"/> Unlisted</p> <p>Student's phone/cell</p> <p>_____</p>	<p><b>OFFICE USE ONLY</b></p> <p>Teacher _____</p> <p>Grade _____</p> <p>Room _____</p> <p>Date Entered _____</p> <p>Records Requested _____</p> <p>Records Received _____</p> <p>Transcript Information _____</p>
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**Father's Name** \_\_\_\_\_    **Mother's Name** \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_    Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_    Email \_\_\_\_\_

Place of Business \_\_\_\_\_    Place of Business \_\_\_\_\_

**Stepfather's Name** \_\_\_\_\_    **Stepmother's Name** \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_    Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Place of Business \_\_\_\_\_    Place of Business \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_    **Guardian's Name** \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_    Business Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_    Email \_\_\_\_\_

Place of Business \_\_\_\_\_    Place of Business \_\_\_\_\_

By COURT ORDER, this child **CANNOT be released to** \_\_\_\_\_  
 (Proof of Court Order must be on file at school office.)

**Emergency/Disaster/Unavoidable Delay** List name of person(s) authorized to release or take your child from this school site in case of any emergency or disaster. This student will not be allowed to leave with any other person(s) without permission from parent/guardian.

Name	Work & Home Phones	Relationship
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Physician \_\_\_\_\_ Phone number \_\_\_\_\_ Dentist \_\_\_\_\_ Phone number \_\_\_\_\_

**If school personnel are unable to reach you in the event of a serious accident or illness, do you consent to the school calling an emergency medical service?**  Yes  No **If NO, list alternatives here.**

Please describe any special **medical/physical conditions** of which the school staff should be aware.

(Please contact the school nurse if there is a serious/sensitive health issue.)

List **medications** taken regularly. \_\_\_\_\_  
(Use form CUSD #304 for medications given at school.) Please notify the school office of medication changes.

Last school attended \_\_\_\_\_

For students new to this school: Was your child involved in any special programs in previous schools?  
 Special Education  Gifted and Talented  English as a Second Language  Other (specify) \_\_\_\_\_

Other school-age children in the home	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Ethnic Information:**

Is this student/staff member Hispanic or Latino? (Select only one)

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

**Parent education level** (check response that describes the level of the most educated parent).

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Graduate school/post graduate training
- Decline to state

**Race Information:**

What is this student's/staff member's race? (Select one or more)

- American Indian or Alaska Native
- Black or African American
- White

**Asian**

- Chinese  Laotian
- Japanese  Cambodian
- Korean  Filipino
- Vietnamese  Hmong
- Asian Indian  Other Asian

**Native Hawaiian or Other Pacific Islander**

- Hawaiian
- Guamanian
- Samoan
- Tahitian
- Other Pacific Islander

**Library**

I give permission for my child to borrow books and materials from the school library, and I agree to pay for any damage or loss.

- Yes  No

**Residency Requirements**

Children attending public school are required to attend school in their district of residency. Enrollment of students who do not reside in the school district reduces educational resources available for resident students and increases class size. It is therefore the district's policy to require valid proof of residency for all students and to be vigilant in discovering and terminating unauthorized enrollment. Home visitation and/or residence verification is part of the process when the district has reason to believe false information has been provided. Investigations that reveal that students have been enrolled on the basis of providing false information will lead to immediate withdrawal from the district.

**ZERO TOLERANCE**

There are four behaviors for which the Principal of the school must recommend expulsion even though the behavior may be the first incident. (Expulsion means: complete exclusion from all schools within the Carmel Unified School District for a maximum of two semesters.)

- A. Causing serious bodily injury to another person.
- B. Possession of a dangerous object including, but not limited to, knives (pocket knives are included no matter what size), firearms, brass knuckles, fighting sticks, etc.
- C. Furnishing and/or sale to another student, any controlled substance as listed in Section 11053 of the California Health and Safety Code. This includes marijuana and LSD, among others.
- D. Robbery and/or extortion.

**Parent/Guardian signatures required:**

We have read and discussed the Code of Conduct, Attendance Policy, Residency Requirements, Student Use of Technology Regulation, and the Zero Tolerance Policy. Our signatures below affirm our understanding of these policies and confirm the accuracy of all information submitted hereby.

Mother (Guardian) \_\_\_\_\_ Father (Guardian) \_\_\_\_\_  
Date \_\_\_\_\_

