

LOS MOLINOS UNIFIED SCHOOL DISTRICT

Cumulative Record Information

PLEASE PRINT ALL INFORMATION

Legal Name _____
(As shown on birth certificate) Last First Middle Grade Birth date Age

Sex: (circle one) Male Female Birthplace: City _____ State _____

Please indicate if the student has received any special services or participated in any of the following programs: (circle all that apply)

Resource Specialist Special Day Class Gifted & Talented Adaptive P.E.
 Migrant Ed Speech/Language Bilingual/EL Program Other _____

Residence Address (house # & street name) _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Numbers:

Primary _____ Secondary _____ Work _____

WHAT IS YOUR CHILD'S ETHNICITY? (circle one) Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by circling one or more boxes to indicate what you consider your race to be.

American Indian or Alaskan Native
 (Persons having origins in any of the original
 People of North, Central or South America)
Black or African American
Japanese
Asian Indian
Other Asian
Other Pacific Islander

White
 (Persons having origins in any of original
 peoples of Europe, North Africa, or the
 Middle East)
Tahitian
Laotian
Hawaiian
Filipino

Chinese
Samoan
Cambodian
Korean
Vietnamese
Hmong
Guamanian

Is the student enrolling in this district with an Interdistrict Attendance Agreement? (circle one) Yes No

District of Residence _____ Most recent school attended _____

Grade when first enrolled in this school _____ Grade when first enrolled in this school district _____

Date first attended schools in the U.S. _____

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

What language/dialect does your son/daughter most frequently use at home? _____

Which language/dialect did your son/daughter learn when he/she first began to talk? _____

What language/dialect do you most frequently speak to your child? _____

Has your child ever been given the CELDT Test (California English Language Development Test)?

(circle one) Yes No I don't know

In which language do you wish to receive written communications from the school? (circle one) English Spanish

LIST ALL CHILDREN IN THE FAMILY (In order of birth, including this student. Attach additional sheet if necessary)

Name	Boy or Girl	Date of Birth	School / Grade	Living at Home (Y/N)

OTHERS LIVING IN THE HOME (Attach additional sheet if necessary)

Name	Adult or Child	Relationship to Student

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives)

(circle one) **Father** **Step Father** **Guardian** **Caregiver** **Other** (Please Specify) _____

Full Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Parent's Email Addr _____ Place of Employment _____

WHAT IS YOUR ETHNICITY? (circle one)

Hispanic or Latino

Not Hispanic or Latino

WHAT IS YOUR RACE? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by circling one or more boxes to indicate what you consider your race to be.

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Tahitian

Laotian

Hawaiian

Filipino

Chinese

Samoan

Cambodian

Korean

Vietnamese

Hmong

Guamanian

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives)

(circle one) **Mother** **Step Mother** **Guardian** **Caregiver** **Other** (Please Specify) _____

Full Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Parent's Email Addr _____ Place of Employment _____

WHAT IS YOUR ETHNICITY? (circle one)

Hispanic or Latino

Not Hispanic or Latino

WHAT IS YOUR RACE? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by circling one or more boxes to indicate what you consider your race to be.

American Indian or Alaskan Native

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Japanese

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White

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Tahitian

Laotian

Hawaiian

Filipino

Chinese

Samoan

Cambodian

Korean

Vietnamese

Hmong

Guamanian

Is the above person(s) the student's **LEGAL** guardian? (circle one)

Yes

No

If No, please complete a "Caregiver Affidavit".

If parents are divorced or separated, to whom has physical custody been granted? _____

Are there any Restraining Orders or Custody Papers affecting this child? (circle one) **No** **Yes**

The school will need a copy of these papers, with updated information forthcoming regularly. **Attach custody papers**

Parent Education – Circle the highest level of education completed

Father

Graduate Degree or Higher

College Graduate

Some College or Associate's Degree

High School Graduate

Not a High School Graduate

Mother

Graduate Degree or Higher

College Graduate

Some College or Associate's Degree

High School Graduate

Not a High School Graduate

If, in case of an accident or illness requiring medical attention, or surgery, the school cannot reach parent or guardian, I hereby give my permission for any available doctor or medical facility to attend my child.

Signature of Parent/Guardian

Date

For Office Use:
ID # _____

**LOS MOLINOS UNIFIED SCHOOL DISTRICT
HEALTH & EMERGENCY INFORMATION**

Student Name: _____ Grade _____ Birth Date _____ / _____ / _____

DISEASE HISTORY	YEAR	DISEASE HISTORY	YEAR	DISEASE HISTORY	YEAR
Chicken Pox		Pneumonia		Meningitis	
Mumps		Infectious Hepatitis		Ear Infections	
Scarlet Fever		Tuberculosis		Other	
Whooping Cough		Rheumatic Fever		Date of last Tetanus Shot	

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

General Health

1. Have the following conditions:

- ☐ Asthma ☐ Arthritis ☐ Diabetes ☐ Heart Condition
☐ Seizures ☐ Fainting ☐ Migraines ☐ Epilepsy
☐ Hyperactive (ADHD) ☐ Physical Handicap

Please explain: _____

2. List medications(s) prescribed: _____

Current dosage: _____

For (diagnosis): _____

Does the drug need to be taken during school hours?

- ☐ Yes ☐ No

Prescribed by Dr. _____

Phone Number: _____

3. Has a physical condition which limits participation in:

- ☐ Classroom activities ☐ Physical Education

Please explain: _____

Under care of Dr. _____

Phone Number: _____

Please list any other surgery, injuries, or illnesses your child may have had: _____

Please explain: _____

Eyes

☐ Wears Glasses ☐ To be worn at all times

☐ Wears Contacts ☐ To be worn at all times

☐ Requires preferential seating

Date of last exam: _____

Under care of Dr. _____

Phone Number: _____

Comments: _____

Ears

☐ Has a hearing problem ☐ Has tubes in ears

☐ Uses a hearing aide ☐ Requires preferential seating

Under care of Dr. _____

Phone Number: _____

Comments: _____

☐ **Check Here – If there are no known health problems**

Name of local person(s) that your child may be released to in case you can not be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If you would like to add more names, please attach a separate paper to this form.

Student Name: _____ Grade _____ Birth Date ____ / ____ / ____

ALLERGY INFORMATION

TYPE OF ALLERGY	
Check the box for any allergy your child has experienced	
<input type="checkbox"/> Medication (describe)	<input type="checkbox"/> Food (describe)
<input type="checkbox"/> Environmental Allergens (describe) Dust, Mites, Mold, Pets, etc.	<input type="checkbox"/> Insect Bites / Stings (describe)

SYMPTOMS OF ALLERGY	
Check the box for each symptom your child has experienced	
<input type="checkbox"/> Hives or giant hives	<input type="checkbox"/> Swelling of:
<input type="checkbox"/> Difficulty in breathing-wheezing	<input type="checkbox"/> Difficulty swallowing
<input type="checkbox"/> Shock	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Fainting, dizziness	

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has your child seen a doctor for any of the allergies indicated above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child ever been hospitalized for any allergic event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is medication required immediately after exposure to any allergy producing substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes", we must have both the medication and a Medication Treatment Authorization Form on file at school.

If dietary changes are medically necessary, a doctor's order with diagnosis is required.

COMMENTS: _____

Please read and initial:

_____ California Ed. Code 49408 indicates that for the protection of pupil's health and welfare, the governing board of a school district may require the parent/guardian of a pupil to keep current at the pupil's school of attendance, emergency information including the home address and telephone number, business address and telephone number of the parents/guardians, and the name, address and telephone number of a relative or friend who is authorized to care for the pupil in any emergency situation if the parent/guardian cannot be reached.

_____ California Ed. Code makes it mandatory that every student be provided with physical education. If, at anytime your child is ill or has a condition which you feel requires being excused from activity for more than five days, an explanatory note is required from your child's health advisor.

PARENT MUST INITIAL ONE

Emergency Situations

_____ In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make arrangement for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.*

_____ I do NOT choose the above statement and desire the following action in the event of an emergency. _____

*I understand that the Los Molinos Unified School District does NOT provide accident medical insurance for students for school related injuries but does offer student accident insurance for voluntary purchase. I also understand that I may request this information and application for this program from the school office at any time.

Print Parent/Guardian's Name

Phone Number

Parent/Guardian's Signature

Date