



East Nicolaus Joint Union High School District

“A California Distinguished School”
2454 Nicolaus Avenue, Nicolaus, CA 95659
Phone (530)656-2255 Fax (530) 656-1065
www.eastnicolaus.k12.ca.us
Mary Lynch, Superintendent/Principal



Registration Checklist

Please place your completed Registration Packet in this order with this cover sheet on top

Registration packets WILL NOT be accepted unless all requested items are included

Student Name: _____ Grade: _____

Parent/Student Information: All registrations

_____ Registration Form (2 pages)

_____ Technology Agreement

_____ 2 Forms of Proof of Residency –

- Acceptable proof of residency (Administrative Regulation 5111.1 (a))

Mortgage statement

Rental agreement

Property tax statement

P. G. & E. statement

_____ Parent/Guardian Picture ID

_____ Transcripts

_____ Birth Certificate

_____ Immunization Record

_____ Attendance Report

_____ Behavior Report

Inter-District Registration

_____ Application for Interdistrict Admission

_____ Inter-District Application Admittance Policy

_____ Inter-District Release from home school district

East Nicolaus High School Office Use:

_____ Completed Registration Packet

_____ Application for Inter-District Admission (if applicable)

Received by: _____ Date: _____ Time: _____

EAST NICOLAUS HIGH SCHOOL
REGISTRATION FORM: 20 ____ - 20 ____

Entering Grade: 9 10 11 12
(Circle One)

Student's Legal Name: _____
LAST FIRST MIDDLE

Address: _____ Apt# _____ Home Phone: (____) ____-____

MAILING ADDRESS (IF DIFFERENT) _____

CITY: _____ ZIP: _____ GENDER: MALE / FEMALE

PARENT/GUARDIAN EMAIL: _____ STUDENT CELL PHONE #: (____) ____-____

BIRTHDATE: ____/____/____ BIRTHPLACE (Optional): ____/____/____
City State Country

IS YOUR STUDENT OF HISPANIC OR LATINO DESCENT (Optional)? Yes / No (Circle One)

RACE (Optional): (Circle all that apply) White Asian Indian Korean Laotian Tahitian
Black or African American Chinese Filipino Vietnamese
Cambodian Hmong American Indian/Alaskan Japanese
Hawaiian Guamanian Samoan Other Asian Other Pacific Islander

WHAT SCHOOL IS STUDENT COMING FROM? _____

DOES YOUR STUDENT HAVE SIBLING(S) CURRENTLY ENROLLED AT EAST NICOLAUS HIGH SCHOOL? Yes / No (Circle One)

SIBLINGS NAME: _____ GRADE: _____

HAS YOUR STUDENT RECEIVED ANY SPECIAL EDUCATION SERVICES? Yes / No (Circle One)

Student has current IEP: Yes / No Last date of review: _____ (Please attach copy of current IEP)

Student has a current 504 Plan: Yes / No Last date of review: _____ (Please attach copy of current 504 Plan)

IS YOUR STUDENT CURRENTLY UNDER EXPULSION? Yes / No (Circle One) (Please Attach copy of Expulsion Report)

PARENT/GUARDIAN INFORMATION WITH WHOM STUDENT LIVES:

PRIMARY PARENT/GUARDIAN

Identify your relationship to student: (Circle One)

Father Mother Guardian Step Parent Foster Parent Other _____

Name: _____

Employer: _____

Work Number: (____) ____-____

SECONDARY PARENT/GUARDIAN

Identify your relationship to student: (Circle One)

Father Mother Guardian Step Parent Foster Parent Other _____

Name: _____

Employer: _____

Work Number: (____) ____-____

IS THERE CURRENTLY AN "ACTIVE" RESTRAINING ORDER ON FILE? (IF APPLICABLE) Yes / No (Circle One)

IS THERE CURRENT COURT CUSTODY PAPERS ON FILE? (IF APPLICABLE) Yes / No (Circle One)

I give the following person(s) permission to check out the above named student, or in an emergency, begin treatment on my behalf.

1. _____ (____) ____-____

2. _____ (____) ____-____

3. _____ (____) ____-____

PARENT'S HIGHEST LEVEL OF EDUCATION: 1 Not a High School Graduate 2 High School Graduate 3 Some College 4 College Graduate 5 Graduate School/Post Graduate 6 Unknown/ Declined to State

PUBLICATION AND MEDIA RELEASE: ENJUHSD has my permission to reproduce through printed, audio visual, or electronic means activities in which my student has participated in his/her education program. ___ YES ___ NO

DISCLOSURE OF STUDENT CONTACT INFORMATION: Federal law requires the school district, upon request, to release the name home address and telephone number of all high school students to military recruiters unless the student or the student's parent/guardian have directed the school not to release this information. By signature below, I am exercising the right to "opt-out" and request that my/my child's information not be released to military recruiters. Student Initial: _____ Parent Initial: _____ Date: _____

INTERNET, E-MAIL AND COMPUTER USE POLICY: Use of school computers, networks, and Internet access is a privilege granted by the school and may be revoked at any time for inappropriate conduct carried out on such systems. Please see Student Handbook for full policy. By initialing I acknowledge and accept this policy. Student Initial: _____ Parent Initial: _____ Date: _____

TEXTBOOK AUTHORIZATION: By my initials below, I authorize East Nicolaus High School to issue textbooks to my child. Except for normal wear and tear, I agree to pay for lost or damaged books within two weeks of notification of an amount due. Student Initial: _____ Parent Initial: _____ Date: _____

IS STUDENT CURRENTLY UNDER MEDICAL CARE: ___ YES ___ NO IF YES, PLEASE EXPLAIN: _____

LIST ANY MEDICATIONS YOUR STUDENT TAKES REGULARLY: (If your student requires medication during the school day, please contact the school office.) _____

LIST SERIOUS ILLNESS OR OPERATIONS AND INDICATE DATES: _____

LIST ANY KNOWN ALLERGIES (including bee stings, food or drug allergies, etc.): _____

LIST ANY PHYSICAL LIMITATIONS: _____

IMMUNIZATION RECORDS: *State law requires that all students must have all required immunizations prior to registration at any school.*

AUTHORIZATION TO CONSENT TREATMENT TO MINOR:

In the event of serious emergency, and none of the parents or listed emergency contacts can be contacted, I authorize school officials to call the doctor indicated or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital for all the student's East Nicolaus High School years. I understand the school does not assume the responsibility for payment of a physician. If your family physician cannot be reached, the school may choose a physician.

NAME OF DOCTOR: _____ PHONE: (____) _____ - _____

HOSPITAL: _____

DISCIPLINE POLICY AND LEGAL NOTIFICATIONS HANDBOOK

I understand it is my responsibility to read the ENJUHSD Student Handbook.

Also, any information on this form is true to the best of my knowledge. I agree to notify the school immediately if there are any changes in the information on this form.

Date

X

REQUIRED SIGNATURE OF STUDENT

Date

X

REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN

Be informed that in case of an emergency, 911 will be called. The school does not assume responsibility for payment of 911 services.

Student Information Release

The East Nicolaus Joint Union High School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your student has participated in his/her education program. Your authorization will enable us to use specially prepared materials to train teachers and/or increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. I, as a parent or the guardian, of the named pupil fully authorize and grant the East Nicolaus Joint Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
2. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
3. I understand and agree that the East Nicolaus Joint Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the recordings.
4. I understand and agree that the East Nicolaus Joint Unified School District and/or its authorized representatives shall have the unlimited right to use the recordings for any purposes stated or related to the above.
5. I hereby release and hold harmless the East Nicolaus Joint Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these recordings as specified above.

East Nicolaus High School periodically shares student/parent contact information with LifeTouch and Premiere Grad Products for the sole purpose of distributing information regarding school pictures, yearbook and senior graduation items.

My signature shows that I am choosing to opt out of the above release.

No, my child **MAY NOT** be interviewed and/or photographed and my information may not be released to LifeTouch or Premiere Grad Products.

Student Name: _____

Grade: _____

Student Signature

Date

Parent Signature

Date