



# Jefferson Elementary School



4285 Jefferson Street, Riverside, CA 92504

951-352-8218

\*\*\*\*\*

## **Checklist for TK - 6<sup>th</sup> grade Registration**

(Registration hours are between 10:00 AM and 2:00 PM daily)

**The following items must be brought in at time of registration:**

### € **Proof of student's birth** (provide (1) item from the list below):

- Birth Certificate – parent registering the student must be listed on birth certificate
- Current passport - (passport only accepted if lists parent's names)
- Hospital Record - (only accepted if document lists parent's names)

### € **Current Immunization Record** (must have ALL immunizations listed below documented on doctor's record): (ALL AGE APPROPRIATE IMMUNIZATIONS MUST BE UP TO DATE TO START SCHOOL)

- € Polio Immunizations – 4 doses required (3 if last dose given after 4<sup>th</sup> birthday)
- € DPT Immunizations – 5 doses required (4 if last dose given after 4<sup>th</sup> birthday)
- € MMR Immunizations – 2 doses (dose given on or after 1<sup>st</sup> birthday)
- € Hepatitis B Immunizations - 3 doses.
- € Varicella Immunization – 1 dose (or medical documentation of chickenpox)

### € **Verification of Physical Examination** – (TK, Kindergarten & 1st grade only)

- (Green form in registration packet)
- (requires Stamp from Doctor's office AND Doctor's Signature)
- (must have been completed within the 6<sup>th</sup> months prior to the first day of school)

### € **Address Verification - (2) recent documents verifying residence**

**Acceptable Documents Used to Establish Residency:**

- Recent Escrow Papers.
- Lease/rental agreement;
- Mortgage statement
- Payment or receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- 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

### € **Photo Identification of one of the parents** listed on birth certificate

### € **Completed RUSD Registration packet forms** (available in office)

### € **\* Current IEP (Individualized Education Plan)** – if applicable

Riverside Unified School District does not discriminate 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.

## BOARD OF EDUCATION

Dr. Angelov Farooq, *President* | Mr. Dale Kinnear, *Vice President*  
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# RUSD

RIVERSIDE UNIFIED  
SCHOOL DISTRICT

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

## **2023-2024 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 2/2023

#### **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>				
TK-12 Admission	4 Polio <sup>4</sup>	5 DTaP <sup>5</sup>	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella
(7th-12th) <sup>8</sup>	TK-12 doses	+ 1 Tdap			
7th Grade Advancement <sup>9,10</sup>		1 Tdap <sup>8</sup>			2 Varicella <sup>10</sup>

1. Requirements for TK-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 4th birthday.
5. 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.)

6. One or two doses of Td vaccine given on or after the 7th birthday count towards the TK-12 requirement.
7. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
8. 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.
9. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
10. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. 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<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	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<sup>2</sup></b>	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.

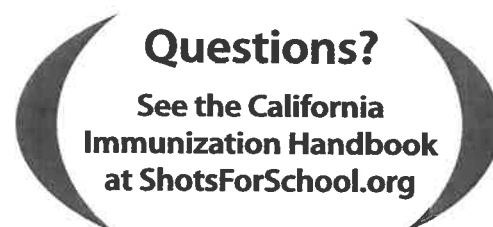
**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- 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

## 2023-2024

### 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 ( )	Parent/Guardian Cell ( )		Parent/Guardian Cell ( )	
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary			

### 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

Please include first and last name Check if student lives with

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent ☐

*This information is for statistical/survey information only and will be kept confidential.*

Please check the box that most closely pertains to **you**:

☐ Not a high school graduate ☐ College graduate ☐ High school graduate ☐ Graduate school/Post graduate training

☐ Some college (2 or 4 yr College or University) ☐ Declines to state or unknown graduate

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent ☐

*This information is for statistical/survey information only and will be kept confidential.*

Please check the box that most closely pertains to **you**:

☐ Not a high school graduate ☐ College graduate ☐ High school graduate ☐ Graduate school/Post graduate training

☐ Some college (2 or 4 yr College or University) ☐ Declines to state or unknown graduate

Is Either Parent/Guardian on Active Duty in the Armed Forces? ☐ Yes ☐ No

(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)

If Active, What Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

### 4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

## 5) HEALTH INFORMATION

Check all that apply:

- ☐ No known health problems
- ☐ Allergies (please explain)
- ☐ Attention Deficit/Hyperactivity
- ☐ Asthma (☐ Inhaler dependent\*)
- ☐ Diabetic (☐ Insulin dependent\*)
- ☐ Seizures/Epilepsy (☐ Medication required\*)
- ☐ Surgeries
- ☐ Serious Illness (please explain)
- ☐ Other Medical (please explain)
- ☐ Other Medications\* (please explain)

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)
- ☐ Gifted and Talented Education (GATE)
- ☐ Behavior Plan/Behavior Contract
- ☐ Speech Therapy
- ☐ Student Study Team
- ☐ Other \_\_\_\_\_
- ☐ NONE

- ☐ Foster/Group Home
- ☐ Special Day Class (SDC)
- ☐ Homeless/McKinney-Vento
- ☐ 504 Accommodation Plan
- ☐ Resource Specialist Program (RSP)
- ☐ 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. \*
  - ☐ 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) STUDENT ETHNICITY

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

## 9) STUDENT RACE (select one or more)

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

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, physical or mental disability, medical condition, gender, gender identity, gender expression, or genetic information, nationality, national origin, immigration status, race or ethnicity, ethnic group identification, religion, 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. 2/23

## OFFICE USE ONLY

GRADE:	Student ID:	<input type="checkbox"/> REGISTRATION COMPLETE
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DOCUMENTS VERIFIED: ☐ Birth Verification ☐ Transcripts ☐ Photo ID ☐ Emergency Card ☐ Student Housing Questionnaire  
☐ Caregiver ☐ Immunization record ☐ Home Language Survey ☐ Proof of Address ☐ Physical  
☐ Mandatory Parent Notification Receipt Proof #1 Date: \_\_\_\_\_ ☐ Custody documents  
☐ Parent Handbook Proof #2 Date: \_\_\_\_\_ ☐ Health History Form ☐ Lunch Application

SCHOOL OF RESIDENCE:

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
**Health Services**  
**5700 Arlington Avenue, Riverside, CA 92504**

**CONFIDENTIAL HEALTH HISTORY FORM**

School \_\_\_\_\_

Student Name \_\_\_\_\_ ☐ Male ☐ Female ☐ Nonbinary

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

**RIVERSIDE UNIFIED SCHOOL DISTRICT**  
**SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2023-2024**  
**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:

<https://www.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 2023-2024*, and I have reviewed the school discipline information in this booklet.**

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

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

Date \_\_\_\_\_



BOARD OF EDUCATION  
Dr. Angelo Farooq, President  
Mr. Dale Kinnear,  
Vice President  
Mr. Tom Hunt, Clerk  
Mr. Brent Lee, Member  
Dr. Noemi Hernandez-  
Alexander, Member

## Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT  
5700 Arlington Avenue  
Riverside, California 92504

(951) 352-1200  
FAX: (951) 274-4202

Renee Hill  
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 17, 2023.

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

School Funding Form – Riverside Unified School District (School Year 2023-2024)

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a RUSD School		School Name	Birth Date (MM/DD/YY)	Student ID# Ex: 123456
First Name	Last Name			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PART II: Fill in the following for each source of Household Income

Total Household Size	Household Income reported by Frequency:			
	Monthly Household Income Range	Monthly Household Income Range	Monthly Household Income Range	Monthly Household Income Range
1	<input type="radio"/> \$0 - \$1,580	<input type="radio"/> \$1,581 - \$2,248	<input type="radio"/> \$2,249 - or more	
2	<input type="radio"/> \$0 - \$2,137	<input type="radio"/> \$2,138 - \$3,041	<input type="radio"/> \$3,042 - or more	
3	<input type="radio"/> \$0 - \$2,694	<input type="radio"/> \$2,695 - \$3,883	<input type="radio"/> \$3,884 - or more	
4	<input type="radio"/> \$0 - \$3,250	<input type="radio"/> \$3,251 - \$4,625	<input type="radio"/> \$4,626 - or more	
5	<input type="radio"/> \$0 - \$3,807	<input type="radio"/> \$3,808 - \$5,418	<input type="radio"/> \$5,419 - or more	
6	<input type="radio"/> \$0 - \$4,364	<input type="radio"/> \$4,365 - \$6,210	<input type="radio"/> \$6,211 - or more	
7	<input type="radio"/> \$0 - \$4,921	<input type="radio"/> \$4,922 - \$7,003	<input type="radio"/> \$7,004 - or more	
8	<input type="radio"/> \$0 - \$5,478	<input type="radio"/> \$5,479 - \$7,795	<input type="radio"/> \$7,796 - or more	

If more than 8 household members, please call Nutrition Services at 951-352-6740 for assistance.

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of Adult Household Member	Date	Printed Name of Adult Household Member
-------------------------------------	------	----------------------------------------

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article I, Section 1 of the California Constitution.

## ***Who should I include in "Household Size"?***

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do not include them.

## ***What is included in "Total Household Income"?*** Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

## ***How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?***

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources of income than columns provided, report all additional income in the appropriate column Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.**

**2023-2024 RIVERSIDE UNIFIED SCHOOL DISTRICT**

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

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

**STUDENT EMERGENCY CARD**

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

Gender: M / F / Nonbinary  
GeneroGrade: \_\_\_\_\_  
GradoAge: \_\_\_\_\_  
EdadBirthdate: \_\_\_\_\_  
Fecha de NacimientoName \_\_\_\_\_  
Last / Apellido First / NombreAddress \_\_\_\_\_  
DomicilioZip Code \_\_\_\_\_  
Código PostalHome Phone \_\_\_\_\_  
TeléfonoParent/Guardian Name \_\_\_\_\_  
Padre/TutorWork Phone \_\_\_\_\_  
Num. del Trabajo

Cell \_\_\_\_\_

Email Address \_\_\_\_\_  
Correo ElectrónicoLives with student \_\_\_\_\_ Yes \_\_\_\_\_ No  
Vive con el estudianteParent/Guardian Name \_\_\_\_\_  
Padre/TutorWork Phone \_\_\_\_\_  
Num. del Trabajo

Cell \_\_\_\_\_

Email Address \_\_\_\_\_  
Correo ElectrónicoLives with student \_\_\_\_\_ Yes \_\_\_\_\_ No  
Vive con el estudianteList medical conditions that may require special attention \_\_\_\_\_  
Apunte cualquier condición médica crónica la cual pueda requerir atención especialName of prescribed medication \_\_\_\_\_  
Nombre del medicamento recetadoPhysician's Name \_\_\_\_\_  
Nombre del doctorPhone \_\_\_\_\_  
TeléfonoIs 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 sí 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 Rev. 02/2023

Date \_\_\_\_\_

Fecha





## 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/Nonbinary	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 Michelle Paulos in Pupil Services: [mpaulos@riversideunified.org](mailto:mpaulos@riversideunified.org)**

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