

Calaveras Unified School District  
Enrollment Checklist

*Welcome to Calaveras Unified School District! The following documents are needed for registration:*

- \_\_\_\_\_ Completed Student Enrollment form (available at [www.calaverasusd.com](http://www.calaverasusd.com)) or from each school site
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Proof of age in the form of one of the following: certified copy of a birth record, or a statement by the local registrar or a county recorder certifying the date of birth, or a baptism certificate duly attested, or a passport, or an affidavit of the parent, guardian, or custodian of the student
- \_\_\_\_\_ Proof of residency in the form of one of the following: property tax receipts; rental contract, lease, or receipts; utility service contract, statement, or payment receipts; pay stubs; voter registration; correspondence from a government agency; declaration of residency executed by the parent or legal guardian of a pupil
- \_\_\_\_\_ If student is covered by a 504 plan, a copy of the most recent plan
- \_\_\_\_\_ If student is on an IEP, a copy of the most recent plan
- \_\_\_\_\_ Emergency Contact form
- \_\_\_\_\_ Release of Information form

The following items are helpful, if available at time of enrollment:

- \_\_\_\_\_ Transfer grades
- \_\_\_\_\_ Recent standardized test scores
- \_\_\_\_\_ Transcripts/report cards

GRADE \_\_\_\_\_

**CALAVERAS UNIFIED  
SCHOOL DISTRICT  
Student Enrollment Form**

District Use Only

Proof of Age: Type \_\_\_\_\_ By \_\_\_\_\_  
 Proof of Immunization: ☐ Yes ☐ No  
 Proof of Residence: Type \_\_\_\_\_ By \_\_\_\_\_  
☐ Walks ☐ Rides bus Bus Stop \_\_\_\_\_

- Has your child ever attended a California public school before? ☐ Yes ☐ No  
 ► Has your child ever attended a Calaveras Unified school before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name		Legal First Name			Legal Middle Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary Gender	Birth date:				Student Nickname:	
		Month	Day	Year	( ) ( )	( ) ( )
					Home Phone ( ) ( )	Cell Phone ( ) ( )
Parent/Guardian Last Name	First Name	Relationship		Work Phone ( ) ( )	Email Address ( ) ( )	
				Home Phone ( ) ( )	Cell Phone ( ) ( )	
Parent/Guardian Last Name	First Name	Relationship		Work Phone	Email Address	
Mailing Address (P.O Box or house # & street name)		Apt#	City		State	Zip
Residence Address (house # & street name) (IF DIFFERENT)		Apt#	City	State	Zip	Nearest Cross Street

**WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):** ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

**WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)**

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child’s race to be.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)<br>(Persons having origins in any of the original people of North, Central or South America ) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)  |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)  |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)   |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian (205)   | <input type="checkbox"/> Guamanian (302)   |  |
|   | <input type="checkbox"/> Samoan (303)      |  |

**PARENT EDUCATION – Check the response that describes the education level of the first listed parent/guardian.**

- ☐ Graduate Degree or Higher (10)  
☐ College Graduate (11)  
☐ Some College or Associate’s Degree (12)  
☐ High School Graduate (13)  
☐ Not a High School Graduate (14)

**PARENT EDUCATION – Check the response that describes the education level of the second listed parent/guardian.**

- ☐ Graduate Degree or Higher (10)  
☐ College Graduate (11)  
☐ Some College or Associate’s Degree (12)  
☐ High School Graduate (13)  
☐ Not a High School Graduate (14)

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM** (CUSD Rev. 4/2021)

**Residence – where is your child/family currently living? (federally mandated by ESSA) – Please check appropriate box:**

- ☐ In a permanent residence (house, apartment, condo, mobile home)
 ☐ In a motel/hotel  
☐ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
 ☐ Temporarily unsheltered (car/campsite)  
☐ In a shelter or transitional housing program
 ☐ Other (please specify) \_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) – check all that apply :**

Is Parent or Guardian a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) on active duty or full-time National Guard duty? **YES** ☐ **NO** ☐

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other \_\_\_\_\_

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Who holds legal educational rights for this student? ☐ Father ☐ Mother ☐ Both ☐ Other \_\_\_\_\_

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES:**

1. ☐ Father ☐ Step Father/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

2. ☐ Mother ☐ Step Mother/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**PLEASE COMPLETE INFORMATION BELOW IF THE STUDENT HAS A SECOND RESIDENCE – ALSO RESIDES WITH:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

If divorced/separated, does custody agreement allow for duplicate mailing address? ☐ Yes ☐ No

**MOST RECENT SCHOOL ATTENDED:**

Name	Address	State	Zip	Phone

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child ever been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (**please check all boxes that apply**)

**Special Education:** ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 ☐ Active IEP ☐ None

**Other:** ☐ Gifted (GATE) ☐ Counseling ☐ English Language Development ☐ Been retained - If yes, at what grade level \_\_\_\_\_

☐ Participated in athletic program ☐ Other (Specify) \_\_\_\_\_

**Does your child have a health concern?** ☐ Yes ☐ No ☐ Wear glasses ☐ Have a hearing problem ☐ Take medication regularly

**Explain any yes answer:** \_\_\_\_\_

Name of other children in family	DOB	Relationship	Name of other children in family	DOB	Relationship

Local friend or relative to call in case of emergency	Address	Phone	Relationship

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY INFORMATION AND RELEASE

☐ Medical Alert  
☐ Legal Alert

Name (Last) (First) (Middle) Sex Date of Birth Enroll Date Grade

Address (Mailing) City Address (Residence) City Home Phone

Child resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____		Other custodial parent/guardian: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____	
Print name	Cell phone	Print name	Cell phone
Address (street)	City	Address (street)	City
Employer	Daytime phone	Employer	Daytime phone
Email address		Email address	

Local emergency contact *other* than residing parent / guardian:

1. \_\_\_\_\_  
Name Phone Relationship to child

2. \_\_\_\_\_  
Name Phone Relationship to child

## MEDICAL EMERGENCY AUTHORIZATION

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_

In case of accident, serious illness or severe emotional crisis, I request the school to contact me.  
If the school is unable to reach me, I hereby authorize the school to call the physician indicated  
below and to follow his/her instruction or seek emergency medical treatment when it is thought necessary.

Signature of parent / guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Local physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician address: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ ID number: \_\_\_\_\_

Insurance address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications \_\_\_\_\_

Current health issues /allergies / significant medical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Calaveras Unified School District**  
**Parent/Guardian Authorization for Release of School Records**

The following student is now enrolled in the Calaveras Unified School District. In accordance with the Family Educational Rights and Privacy Act and California State law, I hereby authorize the release to the school indicated below of all records, including a complete transcript, grades, health records, as well as confidential records, psychological, social, educational, or developmental information regarding the following student:

Student Name	Date of Birth	Grade
Name of Previous School: _____		
School Address: _____		
School Phone: _____	School Fax: _____	
Notes: _____		

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
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Please send the requested records and a copy of this form to the school and address indicated below:

\_\_\_\_\_ **Calaveras High**  
PO Box 607  
San Andreas, CA 95249  
209-754-1811, 209-754-0276 (Fax)  
Attn: Kelly Riley, kriley@calaveras.k12.ca.us

\_\_\_\_\_ **Jenny Lind Elementary**  
5100 Driver Road  
Valley Springs, CA 95252  
209-754-2350, 209-772-2566 (Fax)  
Attn: Carol Davison, cdavison@calaveras.k12.ca.us

\_\_\_\_\_ **San Andreas Elementary**  
PO Box 67  
San Andreas, CA 95249  
209-754-2365, 209-754-9387 (Fax)  
Attn: Tracy Briski, tbriski@calaveras.k12.ca.us

\_\_\_\_\_ **Toyon Middle**  
3412 Double Springs Road  
Valley Springs, CA 95252  
209-754-2137, 209-754-5327 (Fax)  
Attn: Brianna Woodbury, bwoodbury@calaveras.k12.ca.us

\_\_\_\_\_ **West Point Elementary**  
PO Box 96  
West Point, CA 95255  
209-754-2255, 209-293-4727 (Fax)  
Attn: Vicky Weatherby, vweatherby@calaveras.k12.ca.us

\_\_\_\_\_ **Gold Strike High**  
PO Box 607  
San Andreas, CA 95249  
209-754-2123, 209-754-1268 (Fax)  
Attn: Kelly Riley, kriley@calaveras.k12.ca.us

\_\_\_\_\_ **Mokelumne Hill Elementary**  
8350 Highway 26  
Mokelumne Hill, CA 95245  
209-754-2140, 209-286-1038 (Fax)  
Attn: Lisa Miller, lmiller@calaveras.k12.ca.us

\_\_\_\_\_ **Sierra Hills Education Center**  
501 Gold Strike Road  
San Andreas, CA 95249  
209-754-2123, 209-754-1268 (Fax)  
Attn: Laura Miles, lmiles@calaveras.k12.ca.us

\_\_\_\_\_ **Valley Springs Elementary**  
240 Pine Street  
Valley Springs, CA 95252  
209-754-2141, 209-772-1013 (Fax)  
Attn: Tamara Hughes, thughes@calaveras.k12.ca.us

**Verification of Attendance at Prior School**

Last date of attendance: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_ 1<sup>st</sup> Request

\_\_\_\_ 2<sup>nd</sup> Request

\_\_\_\_ 3<sup>rd</sup> Request