## **EL DORADO UNION HIGH SCHOOL DISTRICT**

## UNION MINE HIGH SCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY								
Student Number Enrollment forms complete SDT complete								

## STATE LAW REQUIRES PROOF OF IMMUNIZATION

LAST NAME FIRST NAME			MIDDLE I	MIDDLE NAME GENDER		GRADE	GRADE TODAYS DATE					
		1			=							
DOEC THE CTHIRENT LICE ANY MAME OTHER THAN LEGAL NAMES IF CO. INDICATE LIERS.								E DIDTIL (CI	TV CTATE COUNTDY			
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:			DIK I II (IV	BIRTH (MO – DAY – YR) PLACE (				OF BIRTH (CITY – STATE – COUNTRY)				
RESIDENCE ADDRESS STREET CITY			STATE				ZIP CODE					
MAILING ADDRESS IS DISSERBLY FROM RESIDENCE ADOVE. CTREST / D.O. DOV.							STATE		ZIP COI	DE		
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE STREET / P.O. BOX CITY								STATE		ZIP COI	DE	
HOME PHONE	EMERGENCY CONTA		5,			PHONE CONTACT #1						
OF LABOUR												
CELL PHONE							PHONE CONTACT #2					
RELATIONSHIP									ODE /	LEVEL OF MOST		
LIVING WITH (GIVE NAME)	TO STUDENT		OCCUPATION PLACE OF		EMPLOYMENT PARE		RENTS' E-MAIL ADDRESS		WORK F		EDUCATED PARENT	
											☐ Not a H.S. graduate	
											☐ H.S. graduate	
											Some college	
											College graduate Grad school or	
											post-grad	
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)  ADDRESS			CITY / STATE				Г	DATES ATTENDED				
SCHOOLS FREVIOUSET ATTENDED (START WITH WOST RECENT)				ADDRESS			GITT/ STATE				DATES ATTENDED	
ETHNICITY: AFRICAN / AFRICAN AMERICAN AMERICAN AMERICAN INDIAN/ALASKAN ASIAN					I AMERICAN:				PACIFIC ISLANDER:			
☐ FILIPINO / FILIPINO AMERICAN ☐ HISPANIC / LATINO ☐ Asian Ir			☐ Asian Inc	dian Cambodian Chinese				☐ Guamanian				
WHITE (NOT OF HISPANIC ORIGIN)		OTHER Japanese		e 🔲 Korean 🔠 🗎			aotian		Hawaiian			
			☐ Vietnam				Other As				Samoan	
					_					_		
Has the student been enrolled in Special Programs?			h programs?	orograms?		] 504			:			
Does the student have a current Special Ed IEP?		No					□ SDC □ ED					
	Where?											
Does the student have any Health Problems?			ase provide de	etails								
Immunization / Shot records provided?				,								
mindilization / Onot records provided!	L		□ 100									
HOME CONTACT LANGUAGE:					X							

PARENT / GUARDIAN SIGNATURE