

**HYDESVILLE ELEMENTARY SCHOOL DISTRICT  
REGISTRATION FORM**

Today's date:	Has your child ever attended Hydesville Elementary School before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**STUDENT INFORMATION**

Student's legal last name:	First:	Middle:	Other legal name (if applicable)
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Grade Level:	Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date: / /	School of Residence:
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Mother/Guardian Name:	Home phone: (   )	Cell phone no.: (   )
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Street Address:	City:	State:	ZIP Code:
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Mailing Address:	City:	State:	ZIP Code:
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Occupation:	Employer:	Employer phone no.: (   )
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Mother's Email Address:	Father/Guardian Name:	Home phone: (   )	Cell phone no.:
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Street Address:	City:	State:
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Mailing Address:	City:	State:
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Occupation:	Employer:	Employer phone no.: (   )
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Father's Email Address:	What is your child's ethnicity? <input type="checkbox"/> Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Non-Hispanic or Latino
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What is your child's race? (Please check up to five racial categories) The above 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 race to be.

<input type="checkbox"/> American Indian or Alaskan Native (100) <i>(Persons having origins of any of the original people of North, Central, or South America)</i> <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino-American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i>
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**PARENT EDUCATION** – Check the response that describes the education level of the most educated parent:

Graduate Degree or Higher (10)  
 College Graduate (11)  
 Some College or Associate's Degree (12)  
 High School Graduate  
 Not a high school graduate (14)

Date first attended school in California:

Month	Day	Year			

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

1. What language/dialect does your son or daughter use most at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you speak most often to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (CA English Language Development Test)?  Yes  No

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

**RESIDENCE** – Where is your child/family currently living? (Federally mandated question) Please check the appropriate box:

- In a single family, permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship (11)
- In a shelter or transitional housing program (10)
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (15) (please specify) \_\_\_\_\_

**PARENT/GUARDIANSHIP INFORMATION** (with whom the student lives) – Check all that apply

- 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 there is a legal custody agreement regarding this student, please check one:

- Joint Custody  Sole Custody  Guardian

Duplicate Mailing – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, please indicate their name, address and phone number:

Name:	Address	Home Phone	Cell Phone

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/Zip	Grade(s)	Dates

Are there psychological or confidential reports available from the 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
- Other:  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling
- English Language Development  Other

**IN CASE OF EMERGENCY**

In the event of the parents' absence or an emergency/disaster, these people are authorized to assume temporary care or responsibility for my child:

Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:

**PERMISSION TO WALK HOME:** My child has permission to walk to and from school daily.  Yes  No

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

(I) (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Hydesville School as agent(s) for the under-signed to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deem advisable by, and is to be 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 any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which physician in the exercise of his/her best judgement may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provision of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given in pursuant to Section 1283 of the Health and Safety Code of California.

This authorization will remain effective until \_\_\_\_\_ 20\_\_\_\_, unless sooner revoked in writing delivered to said agent(s).

**PERMISSION TO GIVE MEDICATION**

For minor injury, the school has bandages and ice packs. The following are available; however, we must have your permission on file.

Antibacterial ointment (etc. Neosporin); to be used if the injury looks like it may be infected.     Yes     No

My child may have Calamine lotion per the directions as needed.     Yes     No

Please indicate any significant health problems concerning your son/daughter that the school should be aware of:

Allergies (such as bee stings or food allergies): \_\_\_\_\_

Any special medications or considerations? \_\_\_\_\_

**MEDICAL INFORMATION**

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date