

Registration Form

Please complete top portion of this form, read and sign below, and return to school administrative assistant. Return all registration forms along with verification of age, current immunizations and two proofs of residency to register your child for school.

Student's Name (Legal Last, First, Middle) _____
The legal name of this student as shown on the original birth certificate/passport will be entered in the student record.

Grade Enrolling _____ Student's Birth Date _____ ☐ Male ☐ Female ☐ Non-Binary

Name (Parent/Guardian 1) _____ Email _____

Name (Parent/Guardian 2) _____ Email _____

Address _____
Street, City, Zip Code

Home Phone _____ Cell Phone _____

School of Residence _____ We plan to apply for an: ☐ Intradistrict Transfer
☐ Option Area School

School of Desired Attendance _____ Forms are available online at dmusd.org or your school office.

SCHOOL ATTENDANCE DISCLOSURE

The Del Mar Union School District has specific attendance boundaries for Ashley Falls, Carmel Del Mar, Ocean Air, Sage Canyon, Sycamore Ridge and Torrey Hills. Del Mar Heights and Del Mar Hills have a common attendance area. There are also option areas where families have the option of attending their choice between two schools dependent on capacity available at each facility. Once a student is enrolled in an option area school he/she will have resident status at that school. If there is no room at either school, a family may request any other school where there is space available. (The school locator can be found on the District website - www.dmusd.org – under Student Registration).

Every effort is made to place students at the school in their attendance area; however, due to the growth within the District in the last several years and the District's commitment to maintain balanced, low class sizes at all school sites, it has been necessary to establish District-wide school placement procedures. The placement of each student will be handled according to established Board-approved priority designations and Board Policies/Administrative Regulations 5111, 5116, and 5116.1. Students are placed at a school on a **space available basis**. **It may not be possible to honor every request regarding school preference.**

Students who live in one attendance area and wish to attend a school in another attendance area may apply for an Intradistrict Transfer on a space available basis, as defined in the Del Mar Union School District Board Policies/Administrative Regulations 5111, 5116, and 5116.1. Please go to www.dmusd.org to view a copy of DMUSD Board Policies.

By signing and submitting this form, I understand that there is a chance my child may not be placed at our school of residence. I further understand that my preference will be taken into consideration in determining placement for my child in another DMUSD school, but that no guarantee can be made regarding specific teachers, school sites, and/or programs. I understand that my preference will be prioritized in accordance with Board Policies/Administrative Regulations 5111, 5116, and 5116.1.

Parent/Guardian Signature _____ Today's Date _____

Student Emergency Information



School Use Only: Date: _____	
School of Residence _____	Placement _____
Teacher _____	ID # _____

Student's Name (Last, First, Middle, Suffix) **Note:** The legal name of this student as shown on the original birth certificate/passport will be entered in the student record.

Student's Nickname _____ Birth Date (mm/dd/yy) _____ Gender: ☐ Male ☐ Female ☐ Non-Binary _____ Current Grade _____

Residence of Student - Street Address, City, Zip Code _____ Primary Phone _____ ☐ Check if cellular

Mailing Address of Student (if different from above) _____ Has any contact info (address, phone, email address) changed since last year? ☐ YES

Student lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Court Appointed Guardian ☐ Foster Parent(s) ☐ Other

Family Information

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian

Full Legal Name (Last, First, Middle) _____

Home Address (if different from above) _____

Employer/Occupation ☐ Active Military ☐ Retired Military
☐ Reserve/National Guard

Work/Daytime Phone _____ Cell Phone _____

Email Address _____

Highest level of education: ☐ Graduate School ☐ College Grad.
☐ Some College ☐ High school grad. ☐ Not a high school grad.

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian

Full Legal Name (Last, First, Middle) _____

Home Address (if different from above) _____

Employer/Occupation ☐ Active Military ☐ Retired Military
☐ Reserve/National Guard

Work/Daytime Phone _____ Cell Phone _____

Email Address _____

Highest level of education: ☐ Graduate School ☐ College Grad.
☐ Some College ☐ High school grad. ☐ Not a high school grad.

By providing an email address, you agree to receive important District information via email.

Siblings (List all siblings/children living at home)

Name (Gender: ☐ Male ☐ Female) Birth Date _____ School _____

Name (Gender: ☐ Male ☐ Female) Birth Date _____ School _____

Name (Gender: ☐ Male ☐ Female) Birth Date _____ School _____

Name (Gender: ☐ Male ☐ Female) Birth Date _____ School _____

Emergency Information

In an emergency, person to contact first: Name _____ Phone _____

☐ Mother ☐ Father ☐ Court Appointed Guardian ☐ Nanny/Child Care ☐ Other

In the event of illness or disaster, you may release my student to one of the following people, if a parent or guardian or person listed above is not available (relatives, friends or neighbors with a car). **↓ Please do not list parent or guardian here.**

Name (Gender: ☐ Male ☐ Female) Address _____ Daytime Phone/Cell Phone _____ Relationship _____

Name (Gender: ☐ Male ☐ Female) Address _____ Daytime Phone/Cell Phone _____ Relationship _____

Name (Gender: ☐ Male ☐ Female) Address _____ Daytime Phone/Cell Phone _____ Relationship _____

Doctor's Name _____ Phone _____ Dentist's Name _____ Phone _____

Health Insurance? ☐ Yes ☐ No Name of Insurance Company/Policy # _____

In the event paramedics need to be called for your child, please list any medical information you would like paramedics to be made aware of:

Health conditions: _____

Allergies: _____

Medications: _____

Parent Completing this Form: _____ Relationship: ☐ Mother ☐ Father ☐ Other _____ Date: _____

Thank you for returning this card promptly. Please notify your school office of any changes that occur mid-year.



Proof of Residency and Declaration Order to Enroll Student

I am the parent or legal guardian of

Student's Name

and I wish to enroll such child in the Del Mar Union School District. I understand that California law provides, with few exceptions, that each child must attend a public school in the district where the parent or legal guardian resides. I state that my child and I reside at the following street address, which I believe is in the boundaries of the Del Mar Union School District:

Residence of Student - Street Address, City, Zip Code

Declaration

I declare that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on _____ at Del Mar / San Diego, California.

(Date)

Print Name

Signature of Parent or Guardian

PLEASE NOTE: If any district employee reasonably believes the parent/guardian of a student has provided false or unreliable evidence of residency, the District shall make reasonable efforts to determine if the student meets residency requirements. Reasonable efforts include, but are not limited to home visits and investigation by a private detective. Falsification of any information or documents, either written or verbal will result in revocation of enrollment.

Verification of Residency (*attach two proofs*):

- ☐ Current SDG&E Utility Bill/Contract
- ☐ Current Water Bill/Contract
- ☐ Current Cable Bill/Contract
- ☐ Current Telephone Bill/Contract (not cellular)
- ☐ Lease Agreement (must be signed by tenant & landlord, list all residents)
- ☐ Rent Receipts
- ☐ Grant Deed (must accompany at least one current utility bill)
- ☐ Property Tax Bill or Receipt (must accompany at least one current utility bill)
- ☐ Declaration of Residency
 - ☐ Residency Affidavit
 - ☐ Residency Verification Form
 - ☐ Shared Residence Affidavit
- ☐ Voter Registration
- ☐ Government Correspondence
- ☐ Paycheck Stub
- ☐ Escrow Documents



Housing Questionnaire

Student's Name

The information provided below will help DMUSD 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:

☐ 1 - Permanent Housing (*living in a single-home residence that is permanent*)

☐ 2 - Foster Family or Kinship Placement

Please provide foster paperwork and/or court forms with registration paperwork, if available.

☐ 3 - Temporarily Doubled-up (*sharing housing with others due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason*)

Please provide Residency Affidavit Form with your registration paperwork.

☐ 4 - Temporarily Unsheltered (*living in a car, park, campground, abandoned building, or other inadequate accommodations, i.e. lack of water, electricity, or heat*)

Please provide Residency Affidavit Form with your registration paperwork.

☐ 5 – Temporarily Sheltered (*staying in a family shelter, domestic violence shelter, youth shelter, or Federal Emergency Management Agency trailer*)

Please provide Residency Affidavit Form with your registration paperwork.

☐ 6 – Hotel/Motel (*temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason*)

Please provide Residency Affidavit Form with your registration paperwork.

☐ 7 - Other - Please specify: _____

If you selected one or more of boxes 3-6, 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 of the child.
- Receive 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.



RACE/ETHNICITY IDENTIFICATION

Student's Name _____ Birth Date _____ Today's Date _____

School districts are required to follow federal standards in collecting race and ethnicity data on each student (72 FR 59267).

Part A: Is this student Hispanic or Latino? Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

(Select only one)

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

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 the student's race to be.

Part B: What is this student's race? (Select one or more)

Asian

- ☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Asian Indian
☐ Laotian
☐ Cambodian
☐ Filipino
☐ Hmong
☐ Other Asian

- ☐ American Indian or Alaska Native
☐ Black or African American
☐ White or Caucasian

Native Hawaiian or Other Pacific Islander

- ☐ Hawaiian
☐ Guamanian
☐ Samoan
☐ Tahitian
☐ Other Pacific Islander

Place of Birth (City, State / Country) _____

Date first enrolled in a California public school (TK-6) (mm/dd/yy) _____

Date first enrolled in a U.S. school (TK-6) (mm/dd/yy) _____

HOME LANGUAGE SURVEY

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

If a language other than English is listed for the first three questions above, your child will be assessed with the English Language Proficiency Assessments for California (ELPAC) to determine his or her English proficiency.

1. Which language did your child learn when they first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language do you (the parents and guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

If Chinese, please specify Cantonese or Mandarin.



Student Health History

Student's Name _____ ☐ Male ☐ Female ☐ Non-Binary Grade _____

Birth Date _____ Today's Date _____

Doctor _____ Phone _____

Dentist _____ Phone _____

MEDICATIONS: Does the student take daily medication? ☐ Yes ☐ No

Type _____ Time(s) _____

If medication is ever needed at school, the law requires a written order from a doctor and parent.

VISION: Glasses/Contacts _____ Used for _____

HEARING: Loss _____ Left _____ Right _____ Both _____ Hearing Aids _____

CONDITIONS: (If your answer is yes to any one of these, please fill in what type, reactions, etc).

Allergies No _____ Yes _____ Type _____

Reaction _____ Is allergy life-threatening? ☐ Yes ☐ No

Medications used to treat reactions: _____

Asthma No _____ Yes _____ Medication(s) taken: _____

Heart No _____ Yes _____ Describe _____

Diabetes No _____ Yes _____ * Age of diagnosis _____

**District Nurse must be contacted for required paperwork.*

Seizures No _____ Yes _____ Since age _____ Date of last seizure _____

Describe seizures: _____

Medications used to treat seizures: _____

Kidney No _____ Yes _____ Describe _____

Surgery No _____ Yes _____ Describe _____

Orthopedic No _____ Yes _____ Describe _____

Headache No _____ Yes _____ Describe _____

Physical /Activity Restrictions No _____ Yes _____ Describe _____

ADD/ADHD No _____ Yes _____ Describe _____

Emotional Concerns No _____ Yes _____ Describe _____

Medical or Psychiatric Diagnoses No _____ Yes _____ Describe _____

Other No _____ Yes _____ Describe _____

FOR HEALTH OFFICE USE

Form Reviewed and transcribed: Signature _____ Date _____

District Nurse Notified: Yes _____ No _____



Grade K- 6th Educational Questionnaire

Student's Name _____ Birth Date _____ Grade Last Completed _____

Former School Name _____ ☐ Public ☐ Private Phone Number _____ Fax Number _____

School Address, City, State, Zip Code _____ District Name _____

Are there any particular teaching approaches that this child seems to need and/or have been especially successful?

Is there any information concerning this child that the staff needs to be aware of in order to provide the best chances for a successful learning experience?

If this child has ever been in any of the following programs, please indicate the grade level he/she was in at the time.

Instructional Support Services

☐ English Language Development

☐ Section 504 Plan

☐ Other (Please specify): _____

Special Education Services

☐ Previously: _____
Year(s)

☐ Currently: _____
Program (examples: RSP, SDC)

☐ Currently: _____
Support Services (example: Speech Language, Counseling)

*Please attach a copy
of the most recent IEP
and assessment
reports (if available)
if your child
currently receives
special education
services.*



Kindergarten Only **Teacher Information Form**

This questionnaire is confidential. Your responses will be shared only with professional personnel for the purpose of planning an educational program for your child. If there is any additional information you feel might be helpful, please include it below.

Has your child been previously enrolled in a kindergarten program? ☐ Yes ☐ No

TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S)

Student's Name _____ Birth Date _____

☐ Male ☐ Female ☐ Non-Binary

What name would you like your child to be called or be able to write
(if different from the formal name indicated above)? _____

Parents' or Guardians' Name(s) _____

Home Phone _____ Cell or Work Phone _____

Email (for communication with teacher): _____

Would you like to volunteer in your child's classroom? ☐ Yes ☐ No

Is there any information you would like your child's teacher to know prior to the start of the school year?

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM AT REGISTRATION.