

EL DORADO UNION HIGH SCHOOL DISTRICT

**OAK RIDGE HIGH SCHOOL  
REGISTRATION FORM**

FOR OFFICE USE ONLY  
Counselor \_\_\_\_\_  
Data entered by \_\_\_\_\_

STATE LAW REQUIRES PROOF OF IMMUNIZATION

LAST NAME		FIRST NAME		MIDDLE NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	TODAY'S DATE
DOES THE STUDENT USE ANY NAME OTHER THAN <u>LEGAL</u> NAME? IF SO, INDICATE HERE:				BIRTH (MO - DAY - YR)		PLACE OF BIRTH (CITY - STATE - COUNTRY)	
RESIDENCE ADDRESS		STREET		CITY	STATE	ZIP CODE	
MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE ABOVE		STREET / P.O. BOX		CITY	STATE	ZIP CODE	
HOME PHONE	EMERGENCY CONTACTS (OTHER THAN PARENTS, INDICATE RELATIONSHIP)	CONTACT #1		PHONE CONTACT #1			
CELL PHONE		CONTACT #2		PHONE CONTACT #2			

LIVING WITH (LIST ALL ADULTS AND SIBLINGS)	RELATIONSHIP TO STUDENT	OCCUPATION/ SCHOOL (IF STUDENT)	PLACE OF EMPLOYMENT	PARENTS' E-MAIL ADDRESS	AREA CODE / WORK PHONE	LEVEL OF MOST EDUCATED PARENT
						<input type="checkbox"/> Not a H.S. graduate <input type="checkbox"/> H.S. graduate <input type="checkbox"/> Some college (includes AA, AS) <input type="checkbox"/> College graduate <input type="checkbox"/> Grad school or post-grad
SCHOOLS PREVIOUSLY ATTENDED (START WITH MOST RECENT)		ADDRESS		CITY / STATE		DATES ATTENDED

**ETHNICITY:**  HISPANIC OR LATINO  NOT HISPANIC OR LATINO  
CHECK ONE ETHNICITY

**RACE:** CHECK ONE OR MORE RACE TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.  
 AMERICAN INDIAN OR ALASKAN NATIVE  
 ASIAN:  Asian Indian  Cambodian  Chinese  Filipino  Hmong  Japanese  Korean  Laotian  Vietnamese  Other Asian (specify):  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN OR PACIFIC ISLANDER:  Guamanian  Hawaiian  Samoan  Tahitian  Other Pacific Islander (specify):  
 WHITE

Has the student been enrolled in Special Programs?  No  Yes If so, which programs?  English Learner  504  GATE  Other/s:

Does the student have a current Special Ed IEP?  No  Yes If so, which program?  RSP  SDC  ED  
Where? \_\_\_\_\_

Does the student have any Health Problems?  No  Yes If yes, please provide details \_\_\_\_\_

Immunization / Shot records provided?  No  Yes

HOME CONTACT LANGUAGE: \_\_\_\_\_

X  
\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE