



Grade	Number of Doses Required of Each Immunization ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses + 1 Tdap				
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

Instructions:

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry. See shotsforschool.org for more information.

Unconditionally Admit a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil’s age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil’s grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled “Exclude If Not Given By”), or
- A temporary medical exemption from some or all required immunizations.*

Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
Varicella #2	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

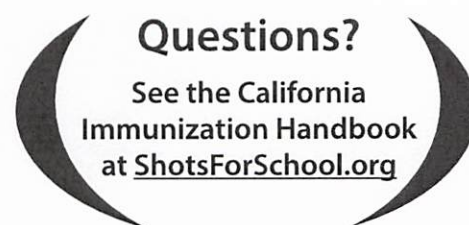
1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.



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Dr. Noemi Hernandez-Alexander, *Clerk* | Mr. Brent Lee, *Member*
Dr. Angelo Farooq, *Member* | Ms. Renee Hill, *Superintendent*



Mr. Timothy R. Walker, Deputy Superintendent, Pupil Services/SELPA
Mr. Raúl Ayala, Director of Pupil Services

2024-2025 School Year - Establishing Proof of Residency

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date.
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement **with** receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mailfrom old address with forwarding address label with new address – online confirmation;
- Mail from s t a t e o r f e d e r a l government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders.

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 3/2024

RIVERSIDE UNIFIED SCHOOL DISTRICT
3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES
6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER
5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

Riverside Unified School District New Student Registration 2024-2025

1) STUDENT INFORMATION			
Student Last Name	Student First Name	Middle Name	
Legal Name, if different		Family Email Address	
Current Street Address		City	Zip Code
Mailing Address, if different		City	Zip Code
Home phone ()	Parent/Guardian Cell ()	Parent/Guardian Cell ()	
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary		
2) LAST SCHOOL ATTENDED			
Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school? <input type="checkbox"/> No <input type="checkbox"/> Yes* *School:			
3) FAMILY INFORMATION			
<i>Please include first and last name</i>		Check if student lives with	
Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent			<input type="checkbox"/>
<i>This information is for statistical/survey information only and will be kept confidential.</i>			
Please check the box that most closely pertains to you :			
<input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate			
Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent			<input type="checkbox"/>
<i>This information is for statistical/survey information only and will be kept confidential.</i>			
Please check the box that most closely pertains to you :			
<input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate			
Is Either Parent/Guardian on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)</small> If Active, What Branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy			
4) OTHER CHILDREN LIVING AT HOME			
Name (first and last)	Date of Birth	Grade	School

5) HEALTH INFORMATION:**Check all that apply:**

- No known health problems
- Allergies (please explain)
- Attention Deficit/Hyperactivity
- Asthma (Inhaler dependent*)
- Diabetic (Insulin dependent*)
- Seizures/Epilepsy (Medication required*)
- Surgeries
- Serious Illness (please explain)
- Other Medical (please explain)
- Other Medications* (please explain)

Comments:

*** REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM**
**** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION**

6) SPECIAL PROGRAMS:

- Yes, my child has a current Individualized Education Plan (IEP)
 - Gifted and Talented Education (GATE)
 - Behavior Plan/Behavior Contract
 - Speech Therapy
 - Student Study Team
 - Other _____
 - NONE
- Foster/Group Home
 - Special Day Class (SDC)
 - Homeless/McKinney-Vento
 - 504 Accommodation Plan
 - Resource Specialist Program (RSP)
 - My child has been tested for special education

7) PAST BEHAVIOR HISTORY:**SUSPENSION:**

- My child has previously been suspended from a public/private school.*

EXPULSION:

- My child has been expelled from a public/private school or district. *
 - My child is currently being referred for expulsion from a public/private school or district. *
- * Parents are required by law to divulge this information (EC 48918)

8) STUDENT ETHNICITY:

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

9) STUDENT RACE (select one or more)

- American Indian or Alaska Native
- Filipino
- Korean
- Tahitian
- Asian Indian
- Guamanian
- Laotian
- Vietnamese
- Black or African American
- Hawaiian
- Other Asian
- White
- Cambodian
- Hmong
- Other Pacific Islander
- Chinese
- Japanese
- Samoan

***** PARENT/GUARDIAN SIGNATURE*****

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature

Date:

The Riverside Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, gender, gender identity, gender expression, immigration status, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For questions or complaints, contact Equity Compliance Officer: Raúl Ayala, Director of Pupil Services, 5700 Arlington Avenue Riverside, CA 92504, (951) 352-1200 ex. 83030, rayala@riversideunified.org and/or David Marshall, Resolution Officer, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80428, drmarshall@riversideunified.org, Title IX Coordinator: Bethany Scott, Coordinator of Title IX and Compliance, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80135, bscott@riversideunified.org, and Section 504 Coordinator: Gerardo Arenas, Administrator - Program Coordinator, Pupil Services, 5700 Arlington Ave. Riverside, CA, (951) 352-1200 ex. 83301, garenas@riversideunified.org. REV. 3/24

OFFICE USE ONLY

GRADE:

Student ID:

 REGISTRATION COMPLETE**DOCUMENTS VERIFIED:** Birth Verification Transcripts Photo ID Emergency Card Student Housing Questionnaire

- Caregiver Immunization record Home Language Survey Proof of Address Physical
- Mandatory Parent Notification Receipt Proof #1 Date: _____ Custody documents
- Parent Handbook Proof #2 Date: _____ Health History Form Lunch Application

SCHOOL OF RESIDENCE:



Student Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA 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? **Select one box below.**

- Living in a single-home residence that is permanent
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel/hotel due to loss of housing, economic hardship, natural disaster, etc.
- I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

Phone number	Street Address	City	State	Zip Code

Please list all of your school aged children currently living with you:

Name	M/F/Nonbinary	Birthdate	Grade	School

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.
- Receive transportation to and from their school of origin, 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.

If you have any questions about these rights, please contact the Pupil Services Coordinator, **Chris Sewell**, by phone at (951) 352-1200 or by email at csewell@riversideunified.org

FOR OFFICE USE ONLY
If student qualifies for homeless program scan and email this form to Michelle Paulos in Pupil Services: mpaulos@riversideunified.org
Name of school site personnel receiving this form: _____

The Riverside Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, gender, gender identity, gender expression, immigration status, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For questions or complaints, contact Equity Compliance Officer: Raúl Ayala, Director of Pupil Services, 5700 Arlington Avenue Riverside, CA 92504, (951) 352-1200 ex. 83030, rayala@riversideunified.org and/or David Marshall, Resolution Officer, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80426, drmarshall@riversideunified.org, Title IX Coordinator: Bethany Scott, Coordinator of Title IX and Compliance, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80135, bscott@riversideunified.org, and Section 504 Coordinator: Gerardo Arenas, Administrator - Program Coordinator, Pupil Services, 5700 Arlington Ave. Riverside, CA, (951) 352-1200 ex. 83301, garenas@riversideunified.org.

**Riverside Unified School District
Department of Research, Assessment, and Evaluation**

Home Language Survey

Assessment Center Use Only:	STU-ID: _____
School Year _____	School: _____
Appointment Date: _____	Time: _____
Distribution: Original = Cum Copy = Assessment Center (Fax 80881)	
Calif. Ed. Code §52164.1.a Required per NCLB & Title III Regulations	

Instructions for parents/guardians: The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. 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.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

Student : _____		_____	_____	_____	_____
Last Name		First Name	Middle	Grade	Birthdate
Student's Address _____		_____	_____	_____	_____
Apt. #		City	State	Zip	Home Phone
1. _____	_____	_____	2. _____	_____	_____
Name of Previous School, District Attended		City State	Name of Previous School, District Attended		City State

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

1. Which language did your child learn when they first began to speak?

2. Which language does your child use most frequently at home?

3. Which language do you use most frequently to speak to your child?

4. Which language is most often spoken by the adults at home?

Would you like to have school correspondence sent home to you in English or translated into another language? English Other Language

X _____ / _____
Signature of Parent/Guardian / Date

_____ *Write in the language*

_____ *Printed name of Parent/Guardian*

2024-2025 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ Gender: M / F / Nonbinary Grade: _____ Age: _____ Birthdate: _____
Genero Grado Edad Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____ Zip Code _____ Home Phone _____
Domicilio Código Postal Teléfono

Parent/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor Num. del Trabajo

Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico Vive con el estudiante

Parent/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor Num. del Trabajo

Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico Vive con el estudiante

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication _____
Nombre del medicamento recetado

Physician's Name _____ Phone _____
Nombre del doctor Teléfono

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que si anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school with prior written notice from the parent/guardian. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. Students may only be released to adults, 18 years of age or older.
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una nota de previo aviso por escrito del Padre/Tutor. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.

Table with 3 columns: Name / Nombre, Relationship to student / Parentesco con el estudiante, Home/Work/ Cell Telefono de casa/trabajo/ cell. Multiple rows for additional contacts.

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.
En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____ Date _____
Firma de Padre/ Fecha

RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2024-2025
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the *Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK* on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website:

<https://www.riversideunified.org/department/pupil-services/parent-handbook>

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- Yes, I give permission for my student to be photographed or videotaped. *(as outlined above)*
 No, I do not give permission for my student to be photographed or videotaped. *(unless I have been reached to give special permission)*

Acceptable Use Agreement

- Yes, I/We hereby agree to comply with the Acceptable Use Policy.
 No, I do not agree to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- Yes, I give permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
 No, I do not give permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2024-2025*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date

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Mr. Tom Hunt, Vice President
Dr. Noemi Hernandez-Alexander, Clerk
Mr. Brent Lee, Member
Dr. Angelo Farooq, Member

Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT
5700 Arlington Avenue
Riverside, California 92504

(951) 352-1200
FAX: (951) 274-4202



PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 15, 2024.



Date: _____ Name of School: _____

Student Name: _____ Student ID#: _____

I hereby request my student’s **directory information**, including name, address, and telephone number, **NOT** be released to the following entities:

Check one or more below that apply:

Military (United States Army, Navy, Air Force, Marines) and military schools

Colleges, universities, and educational institutions

Potential employers

Print Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Student

Date

2024-2025 School Year SCHOOL FUNDING FORM



Newly Enrolled RUSD Student Information:

Please only include students newly enrolled with RUSD. If more than 3 students, please complete an additional form.

Student Name:

Student ID #:

School Enrolled in:

Date of Birth:

 D D M M Y Y Y Y

Student Name:

Student ID #:

School Enrolled in:

Date of Birth:

 D D M M Y Y Y Y

Student Name:

Student ID #:

School Enrolled in:

Date of Birth:

 D D M M Y Y Y Y

Total Household Size and Monthly Income Verification:

Please circle your total household size, including yourself. Then, within the household, circle your total household monthly income level by circling either A, B, or C (please circle only one income option).

Household Total of (1)

- a) \$0 - \$1,632
- b) \$1,633 - \$2,322
- c) \$2,323 - or more

Household Total of (2)

- a) \$0 - \$2,215
- b) \$2,216 - \$3,152
- c) \$3,153 - or more

Household Total of (3)

- a) \$0 - \$2,798
- b) \$2,799 - \$3,981
- c) \$3,982 - or more

Household Total of (4)

- a) \$0 - \$3,380
- b) \$3,381 - \$4,810
- c) \$4,811 - or more

Household Total of (5)

- a) \$0 - \$3,963
- b) \$3,964 - \$5,640
- c) \$5,641 - or more

Household Total of (6)

- a) \$0 - \$4,546
- b) \$4,547 - \$6,469
- c) \$6,470 - or more

If your household has more than 6 members, please fill out an additional form or contact Nutrition Services at (951) 352-6740.

I hereby certify that the information provided on this form is accurate, and I have disclosed all income. I acknowledge that the school may receive state and federal funds based on this information and that it may be subject to review.

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources of income than columns provided, report all additional income in the appropriate column. Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ Male Female Nonbinary

Birthdate _____ Age _____ Grade _____

My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? Yes No During school hours? Yes No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office. (One form for each medication).

Check the box and explain if your child has a history of or now has the following conditions or concerns.

Asthma
 Seizures

Date of last seizure _____
 Type _____
 Currently takes medication for seizures _____

Allergies

Bees _____
 Foods _____
 Medication _____
 Other _____

Physical Limitations _____

Special Equipment needed at home
 Special Equipment needed at school

Lactose Intolerance

Heart/Cardiac Condition _____

Other Conditions _____

Diabetes Type I Type II

- Has your child been hospitalized for diabetes? Yes No
If yes, give date and explain hospital course: _____
- Can your child monitor his/her blood glucose level independently? Yes No
- Can your child tell if he/she is having symptoms of high or low blood glucose levels? Yes No
If yes, what are his/her symptoms? _____
- Has Glucagon ever been given to your child? Yes No Last given: _____

Is your child **currently** under a doctor's care for any of the above? Yes No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Original to Cum Sent to District Nurse Health Assistant Teacher

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: ____ - ____ - ____
Address:			Apt.:
City:		ZIP Code: _ _ _ _ _ _ _ _ _ _	
School Name:	Teacher:	Grade:	Year child starts kindergarten: _ _ _ _ _ _ _ _ _ _
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

Continued on Next Page

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date: ____ - ____ - ____	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
_____ Licensed Dental Professional Signature	_____ CA License Number	____ - ____ - ____ Date

*Check “Yes” for Caries experience if there is presence of untreated decay or fillings
 Check “No” for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on: ____ - ____ - ____
A follow-up appointment for this child has been scheduled for: ____ - ____ - ____
Did child receive needed treatment? <input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don’t know

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31st of your child’s first school year.

Original to be kept in child's school record.