

# Sultana High School

HOME OF THE SULTANS

Larry Bird, Principal

17311 Sultana Ave • Hesperia, Ca 92345

(760) 947-6777 • Fax (760) 947-6788

19<sup>yr</sup>-20

## ENROLLMENT PACKET

### REQUIRED DOCUMENTS:

- **PROOF OF RESIDENCY** (current legal document with name and address i.e.-Gas, Water or Electric Bill, lease agreement, escrow papers)
- **PHOTO ID OF PARENT OR GUARDIAN REGISTERING THE CHILD**
- **TRANSCRIPTS FROM PREVIOUS SCHOOL**
- **GRADES (at time of leaving)** If entering SULTANA at any time other than the beginning of a semester.
- **IMMUNIZATION RECORD**
- **BIRTH CERTIFICATE**

### REGISTRATION WILL BE DELAYED OR CANCELLED WITHOUT THE ABOVE DOCUMENTS

A registration appointment is required to enroll at Sultana High School. Please contact the Counseling Office at 760-947-6777, ext. 4459 or 4458 to schedule an appointment.

#### YOUR APPOINTMENT IS:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

If your student is enrolled in SPECIAL EDUCATION such as RSP or SDC, you must GO TO THE HESPERIA UNIFIED SCHOOL DISTRICT AT 15621 Juniper St, Hesperia CA 92345 and contact the Special Services Department for assistance.

Please bring documents listed above with this completed registration packet to the Records Office 10 minutes prior to your appointment.

Hesperia Unified School District



# Hesperia Unified School District

## Enrollment Form

### Student Information:

Last Name (Legal) First Name Middle Name

Former Name Used, if any

Birthplace/ Country of Origin Birth date Age Sex: ☐ M ☐ F

Street Address City Zip Code Telephone

Mailing Address, if different from above

Year that pupil first entered a U.S. School: \_\_\_\_\_

**Where is child/family currently living?** (Check ONE box only) This information will be used to determine if your child qualifies for any additional assistance under the "No Child Left Behind Act of 2001".

☐ Single Family Residence ☐ With more than one family in the house or Apartment due to economic hardship  
☐ Shelter or Transitional Housing Program ☐ Motel, car or campsite  
☐ Foster Care Placement or Group Home

Foster I.D. Number \_\_\_\_\_

### Office Use Only:

State ID#: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Teacher/Counselor: \_\_\_\_\_  
 Intra: \_\_\_\_\_ Inter: \_\_\_\_\_  
 Residence Verification: \_\_\_\_\_  
 Birthdate Verification: \_\_\_\_\_  
 Custodial Papers on File: ☐ Yes ☐ No  
 Date of Entry: \_\_\_\_\_  
 English Proficiency: \_\_\_\_\_  
 NSLP: ☐ Yes ☐ No  
 Records Requested and Date: \_\_\_\_\_

### Ethnic Group: Place a "1" for first ethnic group and a "2" if a second ethnic group applies:

<input type="checkbox"/> American Indian/	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> African American or
<input type="checkbox"/> Asian/Chinese	<input type="checkbox"/> Black
<input type="checkbox"/> Asian/Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Asian/Korean	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Asian/Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian/Indian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Asian/Laotian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian/Cambodian	<input type="checkbox"/> White, not Hispanic
<input type="checkbox"/> Asian/Other	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Filipino	

### Other Children Living in the Home:

Name:	Birthdate:	M	F

### Parent/Guardian Information:

Student lives with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Foster Parent ☐ Other (Relative, Caregiver)

Name:	Occupation/ Employer	Home:	Telephone Work:	Cell:
Father/ Guardian:				
Mother/ Guardian:				
Other:				

If parents are separated or divorced, who has legal custody of student? \_\_\_\_\_  
 Are there custodial restrictions? ☐ Yes ☐ No **Current legal document must be on file in school office.**  
 If either spouse remarried, has step-parent formally adopted this child? ☐ Yes ☐ No (If no, step-parent does not have right to student records)

### Parent Education Level: Required by State Wide Testing (Please Check One)

#### Mother/Guardian:

☐ Not a High School Graduate  
☐ High School Graduate  
☐ Some College  
☐ College Graduate  
☐ Graduate/Post Graduate Training  
☐ Decline to state

#### Father/Guardian:

☐ Not a High School Graduate  
☐ High School Graduate  
☐ Some College  
☐ College Graduate  
☐ Graduate/Post Graduate Training  
☐ Decline to state



# Hesperia Unified School District Enrollment Form

## Student Discipline Information:

Is Student Currently expelled from another school district? ☐ Yes ☐ No

If yes, Name of School & District: \_\_\_\_\_

Has student ever been expelled? ☐ Yes ☐ No

If yes, what grade? \_\_\_\_\_ What date? \_\_\_\_\_ Name of School and District \_\_\_\_\_

Is your student currently on Probation? ☐ Yes ☐ No

If yes, Probation Officer's Name and Phone Number: \_\_\_\_\_

**\*\*The schools of Hesperia Unified School District have the right to provide school information to Probation, Social Services, Police, etc..**

## Student Educational Program Information:

Has your child ever been retained (held back)? ☐ Yes ☐ No If yes, at what grade? \_\_\_\_\_

Has your child ever been in Special Education or Special Instruction Program? ☐ Yes ☐ No If yes, dates of service: \_\_\_\_\_

Is your child **currently** in a Special Education or Special Instruction Program? ☐ Yes ☐ No

Type of Program: ☐ Mainstream ☐ Remedial ☐ Speech ☐ Self-contained ☐ Physically Handicapped ☐ 504 Plan ☐ Gifted & Talented

Who holds educational rights for this pupil? (parent, guardian, etc.) \_\_\_\_\_

*(Special Education Students, before this enrollment can be considered complete you must fill out forms at the Administrative & Educational Support Center at 15576 Main Street, 760-244-4411 ext.7265)*

## Previous School Information:

Please list all schools attended within the last 3 years, starting with the most current school:

<u>Name of School &amp; District:</u>	<u>Type of Program:</u> (Public, Private, Continuation, Alternative Ed., Charter, other)	<u>City, State:</u>	<u>Grade:</u> (K-12)	<u>School Year(s) of Attendance:</u>	<u>Withdrawal Date:</u>
<i>Example: Hesperia H.S., Hesperia Unified School District</i>	<i>Public</i>	<i>Hesperia, CA</i>	<i>9<sup>th</sup>, 10<sup>th</sup></i>	<i>2006-2008</i>	<i>May 14, 2008</i>

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attendance Spclst/Counselor Name

\_\_\_\_\_  
Attendance Spclst/Counselor Signature

\_\_\_\_\_  
Enrollment Date



## HOME LANGUAGE SURVEY

SCHOOL

California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation is helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of student: \_\_\_\_\_

Last	First	Middle	Grade	Age
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1. Which language did your son or daughter learn when he or she first began to talk? \_\_\_\_\_
2. What language does your son or daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home. \_\_\_\_\_
5. What language do you want to receive correspondence or phone calls home in? \_\_\_\_\_
6. Where was he/she born? \_\_\_\_\_
7. When did he/she first enroll in a United States school? \_\_\_\_\_

Signature of Parent or Guardian

[illegible]

ESCUELA

## ENCUESTA DEL IDIOMA DEL HOGAR

El Código de Educación de California requiere que las escuelas determinen los idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los alumnos.

Solicitamos su cooperación ayudándonos a cumplir con este importante requisito. Por favor, conteste las siguientes preguntas y haga que su hijo(a) regrese a su maestro(a). Gracias por su ayuda.

Nombre del alumno: \_\_\_\_\_

Apellido	Nombre	Segundo nombre	Grado	Edad
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1. Cuando su hijo(a) empezó a hablar, ¿qué idioma aprendió primero?
2. ¿Qué idioma usa principalmente su hijo(a) cuando conversa en casa?
3. ¿Qué idioma usa Ud. con más frecuencia cuando habla con su hijo(a)?
4. ¿Qué idioma hablan los adultos con más frecuencia en casa?
5. ¿En qué idioma le gustaría recibir correspondencia o llamadas telefónicas?
6. ¿Dónde nació el niño/la niña?
7. ¿Cuándo entró el niño/la niña a los Estados Unidos?

REV. 08/11



# Sultana High School

17311 SULTANA STREET •

HESPERIA, CA 92345 •

(760) 947-6777 •

FAX (760) 947-6788

Dear Parent/Guardian:

By Law, if parents are **legally separated or divorced**, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of school with proper identification.

I have read the above statement of law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**HESPERIA UNIFIED SCHOOL DISTRICT  
MODE OF TRANSPORTATION FORM  
2019-2020**

Sections A, B, C must be completed and this form returned to school within 3 days of student's first day of school. This form must be updated every year.

**SECTION A:**

If your child will **not** ride a school bus, please circle the way your child will get to and from school:

My child drives      My child walks      Someone transports my child      Other

**SECTION B:**

School: \_\_\_\_\_

Student I.D. No: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First

Parent/Guardian Name: \_\_\_\_\_  
Last First

Are you : Mother / Father / Legal Guardian of the child listed above? (circle one)

**Home address information is critical and may be verified for a school bus pass:**

Home Address: \_\_\_\_\_  
Street Address City

Cross Street: \_\_\_\_\_

If known, please complete: Bus Route # \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SECTION C:**

**Please read the back of this form and sign and date.**

\*\*\*\*\*

Completed by office staff:

Bus Route #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

I have confirmed bus pass eligibility: \_\_\_\_\_

Print Name

Bus pass denied: Within walking distance / Lives outside school boundary / Other – Please circle one. I have notified student and /or parent of this: \_\_\_\_\_

Print Name

I have entered Mode of Transportation info into the computer: \_\_\_\_\_

Print Name \_\_\_\_\_

Transportation is a privilege and may be revoked at any time for failure to comply with all laws, rules, policies and procedures.

Bus passes are issued at the school site by determining bus eligibility. Proof of Residency will be required for every student. If the child moves during the school year a new Mode of Transportation form must be submitted along with Proof of Residency. A bus pass will not be issued if the parent/guardian can not prove Proof of Residency.

If the student lives within the determined walking boundary or lives outside the school boundary a bus pass will not be issued.

A child must have a temporary bus pass or the permanent bus pass to ride a school bus. If the child forgets his/her bus pass they will be denied transportation. No Pass – No Ride! No Exceptions! All bus passes will be obtained at the school site.

Students are not allowed to break or deface bus passes. Bus drivers will confiscate any bus passes that are damaged/defaced (any part of the pass is illegible because the student has cut card up, broke card, scratched out photo or bus stop, written all over pass) and outdated (temporary passes will only be issued for a 2 week time frame). It will be the child's responsibility to pay for a new bus pass if this is the case. A child will not receive a temporary bus pass until the fee is paid. The bus pass is District property and must be surrendered upon request. Replacement fee for a lost or defaced bus pass is \$5.00, all students will be issued a receipt. Each child may receive one grace pass (no charge) for a loss replacement. A grace pass will not be issued for a broken or defaced bus pass; the replacement fee will be in place for this.

Temporary bus passes will not be issued to a student to go to a friend's house.

If a student is suspended from school or bus riding privileges their bus pass will be confiscated and a temporary pass will be issued to get the child to and from school the day prior and after the suspension.

Student's caught using a bus pass other than their own will be disciplined appropriately.

### **SECTION C:**

#### **AGREEMENT TO RULES FOR RIDING THE BUS**

(Must be signed if child is riding a school bus)

I, (print name) \_\_\_\_\_ have read and agree to the rules and information I have received, I agree my child will obey the rules and understand if my child violates the rules they may be suspended from the bus or denied bus services for a period of time as determined by the Transportation provider. I understand my child must have a bus pass to ride the bus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Sultana High School

Larry Bird, Principal

17311 Sultana Ave  
Hesperia CA 92345

Tel: (760) 947-6777  
Fax: (760) 947-6769

## PHOTO AND INFORMATION RELEASE FORM

STUDENT NAME (PRINT): \_\_\_\_\_  
FIRST NAME LAST NAME

GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

During the school year our students sometimes participate in various school projects which might result in their photograph being used in a flyer, newsletter, newspaper, videotape, or school or district web site, and of course the yearbook. These are exciting opportunities for students!

Students sometimes assist in the production of programs and can see the result and themselves on television. These various forms of publication may also be viewed by other students, parents and the public.

Please check one of the boxes below and sign and return this form to the school. Failure to return this form to the school completed will result in the assumption that permission is not granted and therefore you will not be photographed or videotaped and your picture(s) may not be published in the yearbook.

☐ I give authorization and consent of Sultana High School and organizations/associations connected with Hesperia Unified School District and Sultana High School to use my name, photograph(s), video camera recordings, and interview comments for educational and promotional purposes. I understand that articles, photographs, video and information may be distributed to individuals, groups, and news media through, but not limited to, publication in news releases and newsletters, slide shows and video presentations.

☐ I do not give permission.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Land of the Sultans*



# SULTANA HIGH SCHOOL

Principal, Larry Bird

17311 Sultana Ave  
Hesperia CA 92345

Tel: (760) 947-6777  
Fax: (760) 947-6769

## EMAIL CONTACT INFORMATION

To improve communication between home and school we are requesting your email address. Your participation is optional. Your email address will only be used for any school-related purpose and kept strictly confidential. With your permission, it will also be shared with your student(s) teachers. No one else will have access to it, nor be able to read your email address from announcements sent out.

\_\_\_\_ Yes, I would like to receive school information via my email address.

\_\_\_\_ Yes, please pass on my email address to my students' teachers.

\_\_\_\_ No, I do not want to receive school information via email.

## PLEASE PRINT CLEARLY

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Name Last Name

Parent/Guardian Name: \_\_\_\_\_  
First Name Last Name

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Land of the Sultans*

## **HESPERIA UNIFIED SCHOOL DISTRICT LUNCH** **APPLICATION INFORMATION**

The Hesperia Unified School District, Nutrition Services Department is now accepting online applications for the National School Lunch Program in English and Spanish.

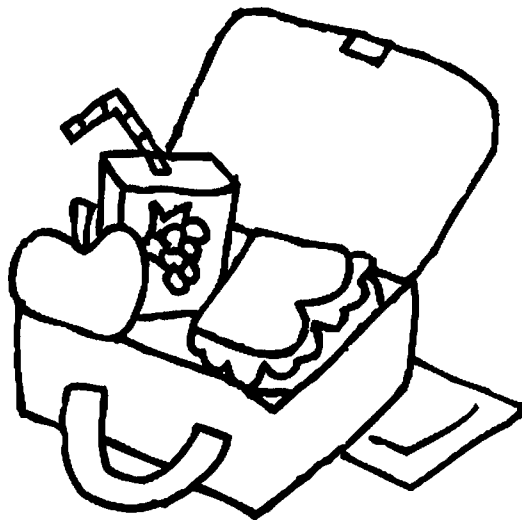
<https://family.titank12.com/>

This site is for Free and Reduced Lunch Applications ONLY.

Once submitted, please allow ten (10) working days for processing. We will also have paper applications available at our office located at 11176 G Ave.

For payments on your child's account please use  
<https://family.titank12.com/>

Please contact our office between 7:30 am - 3:00 pm, Monday through Friday at (760) 948-1051 Ext 7900, with any questions you may have.





**Household/Emergency Form****Hesperia Unified School District****Household Information (Please Print/Ink Only)**

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_ Student ID# \_\_\_\_\_

**Office Use Only:**

\_\_\_\_ Bus Rt  
 \_\_\_\_ Households  
 \_\_\_\_ Contacts  
 \_\_\_\_ Health  
 \_\_\_\_ Tagged

**HOUSEHOLD #1****Student's Main Residence****Parent/Guardian's Legal Name with whom Student Resides**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_ Yes \_\_\_\_ No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_ Yes \_\_\_\_ No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOUSEHOLD #2**☐ **Shared Custody (Parent at a Separate Address)****Additional Parent/Guardian's Legal Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_ Yes \_\_\_\_ No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_ Yes \_\_\_\_ No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does Student Reside at this Address? \_\_\_\_ Yes \_\_\_\_ No

Additional Mailing Requested ☐

\*\*\*All legal parents/guardians must be listed. If rights have been altered or terminated, a copy of court documents must be furnished to the office before the change can be made to student's record

Last: \_\_\_\_\_

First: \_\_\_\_\_

M / F \_\_\_\_\_

☐ **Alert**  
 (Office Use)



## School Age Children Residing in Household #1 (HUSD students)

Legal Last Name	First Name	Middle Name	M/F	Birthdate	School Attending	Grade
				___/___/___		
				___/___/___		
				___/___/___		
				___/___/___		

### Emergency Contact Information:

Please list at least three (3) emergency contacts—local if possible, other than parent/guardian—to call if parents/guardian cannot be reached or who can transport child home or for medical help in an emergency. **YOUR CHILD WILL ONLY BE RELEASED TO THE PERSONS LISTED BELOW.**

**Contact 1: Relationship to Student:** \_\_\_\_\_ **Contact 2: Relationship to Student:** \_\_\_\_\_

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Contact 3: Relationship to Student:** \_\_\_\_\_ **Contact 4: Relationship to Student:** \_\_\_\_\_

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### Authorization To Treat A Minor

I (we) the undersigned parent(s), or legal guardian(s) of a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his best judgement. It is understood that every effort will be made to contact the undersigned prior to rendering treatment to the student, but that none of the above treatment will be withheld if the undersigned cannot be reached. This Authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I acknowledge that I have been notified of the rights and responsibilities as a parent or guardian of minor pupils under Education Code Sections 49451, 49452, 49472, 46014, 51550, 51240, 49403, 49423 and 51820

### Please list local Doctor or medical center to be called in the event of an emergency.

Name	Address	Phone

If doctor or medical center is not indicated, may child be taken to a doctor of the school's choice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Plan/Insurance? \_\_\_\_\_ Medi-Cal \_\_\_\_\_ Blue Cross \_\_\_\_\_ Kaiser \_\_\_\_\_ Other (Specify) ID# for Plan \_\_\_\_\_

I give the District permission to bill for Medical services rendered at the school site \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

Please list below any health factors which must be taken into consideration (Surgeries, illness, allergies, handicaps, etc.)

Does this child take any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give name of medication and its purpose.

Does this child have any limitations in school activities? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_