

Student # \_\_\_\_\_

CORONA-NORCO UNIFIED SCHOOL DISTRICT  
**SCHOOL REGISTRATION / EMERGENCY CARD**

Grade: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

**LEGAL NAME OF THE STUDENT (BIRTH CERTIFICATE or EQUIVALENT)**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Student's Nickname \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Mo Day Year City State Country Student Email Address: (optional)

Has child attended Corona Norco Unified School District before? If so, when? \_\_\_\_\_ School: \_\_\_\_\_

Date your child first attended school in the U.S. \_\_\_\_\_ First attended school in California \_\_\_\_\_  
Mo Day Year Mo Day Year

**Most recent school attended:**

School \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Grade(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

**What is your child's ethnicity? (Please check one):**  
 Hispanic or Latino  
 A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race  Not Hispanic or Latino

**What is your child's race?** The question above 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 your child's race. If your child is multiracial, you may select two or more races.  
 African American or Black  Chinese  Japanese  Samoan  
 American Indian or Alaskan Native  Filipino/  Korean  Tahitian  
 Persons having origins in any of the original peoples of North, Central, or South America  Amer. Filipino  Loatian  Vietnamese  
 Asian Indian  Guamanian  Other Asian  White  
 Cambodian  Hawaiian  Other Pacific  Persons having origins in any of the original peoples in Europe, North Africa, Northwestern Asia or the Middle East  
 Hmong  Islander

**STUDENT'S HOUSEHOLD ADDRESS**

House # \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_ Complex Name/Apartment # \_\_\_\_\_  
Unlisted Address   
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Student's mailing address if different than student's household address:**

House # \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_ Complex Name/Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Student's Household Telephone** \_\_\_\_\_ Unlisted Phone   
Phone Number \_\_\_\_\_ Phone Type (Residence/Cellular)

Names and Birthdates of ALL other children (related or not) living in the home. Include last name if different than this child:  
\_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) - Check ALL that apply**

Father  Mother  Both  Step-Father  Step-Mother  Legal Guardian  Foster/Group Home  Caregiver

Is the above (checked) person(s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**CUSTODY ISSUES:** Absent a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody which might involve the school, please give us the necessary information below. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.

**Parent/Guardianship Contact Information #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact Type (Ex: Parent, Care Provider) \_\_\_\_\_ Relationship (Ex: Father, Mother) \_\_\_\_\_

**Home address if different than students household address:**

House # \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

Complex/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**For phone message broadcast, which number would you prefer to be the primary contact:** Residence  Cellular

\_\_\_\_\_ Unlisted

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

Unlisted

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

Unlisted

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

Primary Language Spoken at Home \_\_\_\_\_ Contact Education Level \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**Parent/Guardianship Contact Information #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact Type (Ex: Parent, Care Provider) \_\_\_\_\_ Relationship (Ex: Father, Mother) \_\_\_\_\_

**Home address if different than students household address:**

House # \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_

Complex/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**For phone message broadcast, which number would you prefer to be the primary contact:** Residence  Cellular

\_\_\_\_\_ Unlisted

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

Unlisted

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

Unlisted

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

Primary Language Spoken at Home \_\_\_\_\_ Contact Education Level \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**Student's Emergency Information**

Physicians Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health problems the school should be aware of? \_\_\_\_\_ Please Explain Below.

Asthma  Bee Sting Allergy  Diabetes  Seizures  Other \_\_\_\_\_

Allergies (list) \_\_\_\_\_

In the event of illness or suspension I hereby give my consent for my child to be released to the following person(s). They will call for my child (or my child may be taken to their house).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_ City \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_ City \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_ City \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_ City \_\_\_\_\_

**Release from School:** Your child will be released from school (except for illness/suspension) only by written permission from parent/guardian. I understand that if my child becomes ill or is injured during regular school hours and requires medical treatment and a parent/guardian cannot be reached, the school will obtain whatever medical treatment is necessary. I understand that if I have any objection to my child receiving any medical treatment other than first aide, I must file such objection in writing with the District.

In the event reasonable attempts to contact me/us at the above locations, or other person(s) named herein fail, my signature below gives full authorization for (1) the administration of any treatment deemed to be necessary by a medical practitioner; (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and given to provide Authority and Power on the part of the school authorities and aforesaid agents(s) to give reasonable care. If my doctor, listed above, cannot be reached, any medical doctor may be called.

**REGISTRATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL INFORMATION REQUESTED IS OBTAINED**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_