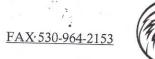
## **McCloud Union School District**

P.O. Box 700

Shelley Cain, Superintendent-Principal McCloud, California 96057 530-964-2133





School Year:	Wiccioud, Camorina	<u>330-904-21.</u>	55 FAX:530-964-2	153	
Student Name:	First Name	Middle Name or Initia	ıl a	ka •	
Male / Female Grade: B	irth Date://			*	
Circle One	irth Date.	City	State	Country	
Lives With:Father Mother	Stepfather Stepmother	Other:		*	
				~ *	
Parent/Guardian Name		Relationship		Home Phone	
Work Phone	ork Phone Cell Phone		Address	ř.	
arent/Guardian Name		Relationship		Home Phone	
Work Phone	Cell Phone	Email	Address	·	
Mailing Address:					
Mailing Address:Street / PO Be	ox	City	State	Zip Code	
Residence Address:	Street / PO Box	64	Otata	7in Code	
(If different from above)	Street / PO Box	City	State	Zip Code	
What is your child's ethnicity? (Please	e check one) O Hispanic or Lat	ino O Not Hispanic or L	atino (Regardless, com	pplete race section)	
Race: (Choose the group with which the	student most closely identifies.)	Primary Home Langua	ge:		
O American Indian/Alaska Native (100)	O Korean (203)	O Arabic (11)	O Armenian (12)	O Cantonese (03)	
O Asian Indian (205)	O Laotian (206)	O English (00)	O Farsi (16)	O Filipino (05)	
O Black/African American (600)	O Other Asian (299)	O French (17)	O German (18)	O Hindi (22)	
O Cambodian (207)	O Pacific Islander (399)		O Japanese (08)	O Khmer (09)	
O Chinese (201)	O Samoan (303)	O Korean (04)	O Lao (10)	O Mandarin (07)	
O Filipino/Filipino American (404)	O Tahitian (304)	O Punjabi (28)	O Russian (29)	O Samoan (30)	
O Guamanian (302)	O Vietnamese (204)	O Spanish (01)	O Taiwanese (46)	O Thai (32)	
O Hawaiian (301)	O White (Not Hispanic) (700)	O Ukrainian (38)	O Urdu (35)	O Vietnamese (02	
O Japanese (202)		O Other:	(99)		
Has your child ever been retained?	Yes / No	-			
Has your child ever been expelled?	Yes / No If yes, what year?	What school?			
Special Services: RSP Sr	peechGATE 504 Plan	Behavior Plan			
Parent Education: Highest level of eNot High School GraduateH	ducation of father gh School Graduate/GEDSome	e College/AACollege	e GraduateGradua	te School/Post Graduate	
Parent Education: Highest level of ed					
Not High School Graduate Hi	gh School Graduate/GEDSome	e College/AACollege	e GraduateGradua	te School/Post Graduate	
Duplicate Mailing: Father M	other (If divorced/separated & joint co include their name, address, a		ling/information to be give	n to other parent, please	
Full Name	Home Phone	· Cell P	hone	Work Phone	
r un reditio	nome i nome	Jeil F	nend :		
Street / PO Box		City 👴	Zip Code	<b>3</b>	

hereby authorize the staff of McCloud Union El ecessary	ementary School Dis	trict to secure and sig	n for emergency medical care	for my child at my expen	ise, when
I DO NOT wish medical care secured for m					
Medical Insurance Co./Group Number:	)				
	ried	ise check with the School	I office to get more information	or assistance in obtaining h	nealth covera
oes your child have health insurance?	Voc. No. If no		free or low cost insurance throu	ugh Medi-Cal or Covered Ca	alifornia
Hospital Name: Phone Number:					
Dentist's Name: Phone Number:					
Doctor's Name:			Phone Number:		
We will ALWAYS try to contact pare	nts or contacts befo	ore a student will be	transported for emergency i	nedical treatment	
Does your child have an eye problem?	Yes / No				
Does your child have a physical handicap?	Yes / No				
Does your child have an ear problem?	Yes / No	If yes, what kind?			
Does your child have a speech problem?	Yes / No	Please explain:			
Does your child take medication regularly?	Yes / No				
Food Allergies (If the Does your child take medication regularly?			atement for Participants with A		
Health Conditions: Asthma Epile					
List Order(s):					
COURT ORDERS: (If you have a court order p	olease make sure the	office has a copy of it	on file.)		
Full Name	Phone/Cell Number		Relationship to student	Release OK:	Yes / No Circle One
Full Name	Phone/Cell Number		Relationship to student		Circle One
				Release OK:	
Full Name	Phone/Cell Number		Relationship to student	Release OK:	Yes ∤ No Circle One
				VEN THE RESERVE THE SECOND SEC	
Full Name	Phone/Cell Number		Relationship to student		Circle One

have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you.