



Buena Park High School

Counseling Office: 714-992-8642 / bphsregistration@fjuhsd.org

<u>NEW FRESHMAN</u>	<u>CURRENT and/or RETURNING</u>	<u>NEW to FJUHS-Any Grade Level</u>
<input type="checkbox"/> Student Information Sheet <input type="checkbox"/> Emergency Contact Card <input type="checkbox"/> Home Language Survey <input type="checkbox"/> Residency Questionnaire <input type="checkbox"/> Lunch Application https://www.fjuhsdfoodservices.org/ <input type="checkbox"/> <i>Student Proof of Age (Birth Certificate)</i> <input type="checkbox"/> <i>Proof of Residence: Gas or Water or Electric Bill or Rental Agreement/ Close of Escrow Agreement</i> <input type="checkbox"/> <i>Up-to-Date Immunization Records</i> <input type="checkbox"/> <i>If Special Education: Provide IEP</i>	<input type="checkbox"/> Emergency Contact Card <input type="checkbox"/> Residency Questionnaire <input type="checkbox"/> Lunch Application https://www.fjuhsdfoodservices.org/	<input type="checkbox"/> Student Information Sheet <input type="checkbox"/> Emergency Contact Card <input type="checkbox"/> Home Language Survey <input type="checkbox"/> Residency Questionnaire <input type="checkbox"/> Lunch Application https://www.fjuhsdfoodservices.org/ <input type="checkbox"/> <i>Student Proof of Age (Birth Certificate)</i> <input type="checkbox"/> <i>Proof of Residence: Gas or Water or Electric Bill or Rental Agreement/ Close of Escrow Agreement</i> <input type="checkbox"/> <i>Current Withdrawal Grades AND Official Transcripts</i> <input type="checkbox"/> <i>Up-to-Date Immunization Records</i> <input type="checkbox"/> <i>If Special Education: Provide IEP</i>

<u>Assumption of Responsibility/Living with Others</u> APPOINTMENT required before enrollment see Mrs.Cummings Rm 25	Enrollment Date and Time (if required)
<u>Inter/Intra District Transfer Permit</u> Please see <i>Front Office Staff</i>	
<u>IEP/504 Plan</u> APPOINTMENT required before enrollment see Mrs.Cummings Rm 25 (or jr high IEP transition meeting)	

2020-21 Registration/Orientation Dates

Thursday, July 30th NEW STUDENTS A-L	Friday, July 31st NEW STUDENTS M-Z
<ul style="list-style-type: none"> ● 8-9 AM Last Names starting with A ● 9-10 AM Last Names starting with B & C ● 10-11 AM Last Names starting with D - G ● 11-12 PM Lunch Break ● 12-1 PM Last Names starting with H & I ● 1-2 PM Last Names starting with J - L 	<ul style="list-style-type: none"> ● 8-9 AM Last Names starting with M ● 9-10 AM Last Names starting with N - P ● 10-11 AM Last Names starting with R ● 11-12 PM Lunch Break ● 12-1 PM Last Names starting with S ● 1-2 PM Last Names starting with T - Z

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT - BUENA PARK HIGH SCHOOL

Student Legal Name: _____			Birth Date: _____		
(Legal) Last	(Legal) First	(Legal) Middle	Gender: _____		GRADE: _____
Primary Address: _____			CITY: _____		ZIP: _____
Street#	Street Name	Apt/Spc/Ut#	Notes: _____		
PRIMARY Phone: (_____) _____		Student Text Enabled Cell Phone: (_____) _____			
Mother/Guardian: Name _____			Father /Guardian: Name _____		
MOTHER Cell: (_____) _____		Email: _____		FATHER Cell: (_____) _____	
Work: _____		Work: _____		Work: _____	
Please indicate if Mother, Father or Legal Guardian is on *FULL-TIME*ACTIVE DUTY** in the Military: <input type="checkbox"/> No <input type="checkbox"/> Yes					
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No					
For Joint Custody: _____			City: _____		Zip: _____
Street#	Street Name	Apt/Spc/Ut#			
Ethnic Identity: Is this student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino Req by CA Gov Code Section 8310					
Race: No matter what you selected above, please continue to answer the following by marking a race to indicate what you consider your student's race to be					
<input type="checkbox"/> 100 American Indian/Alaskan Native	<input type="checkbox"/> 205 Asian Indian	<input type="checkbox"/> 600 Black or African American	<input type="checkbox"/> 207 Cambodian		
<input type="checkbox"/> 201 Chinese	<input type="checkbox"/> 400 Filipino	<input type="checkbox"/> 302 Guamanian	<input type="checkbox"/> 301 Hawaiian	<input type="checkbox"/> 208 Hmong	
<input type="checkbox"/> 202 Japanese	<input type="checkbox"/> 203 Korean	<input type="checkbox"/> 206 Laotian	<input type="checkbox"/> 299 Other Asian	<input type="checkbox"/> 399 Other Pacific Islander	
<input type="checkbox"/> 303 Samoan	<input type="checkbox"/> 304 Tahitian	<input type="checkbox"/> 204 Vietnamese	<input type="checkbox"/> 700 White or Caucasian		
ARE YOU CURRENTLY ENROLLED IN A SPECIAL PROGRAM? <input type="checkbox"/> IEP <input type="checkbox"/> 504 PLAN <input type="checkbox"/> ELD -limited English <input type="checkbox"/> N/A					
WERE YOU EVER EXPELLED FROM A PREVIOUS SCHOOL? <input type="checkbox"/> No <input type="checkbox"/> Yes Name District/School _____					
HAVE YOU EVER ATTENDED ANY SCHOOL WITHIN FJUHS? <input type="checkbox"/> No <input type="checkbox"/> Yes					
ALL Jr and High School(s) Attended Anywhere: _____					
Student Information Sheet Complies with Federal and State regulations					

EMERGENCY CONTACT CARD 2020-2021

STUDENT NAME: _____ **DOB:** _____

Last Name First Name

Please note: 1. *Mother/Legal Guardian* and 2. *Father/Legal Guardian* will be entered into the AERIES database FIRST. Please provide **THREE ADDITIONAL** contacts.

Mother//Legal Guardian (Print)	Telephone #	Father/Legal Guardian (Print)	Telephone #
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3	Print Full name:		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Relationship to student(s):</td> <td style="padding: 5px;">Phone:</td> </tr> </table>	Relationship to student(s):	Phone:
Relationship to student(s):	Phone:		

4	Print Full name:		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Relationship to student(s):</td> <td style="padding: 5px;">Phone:</td> </tr> </table>	Relationship to student(s):	Phone:
Relationship to student(s):	Phone:		

5	Print Full name:	
	Relationship to student(s):	Phone:

PARENT EDUCATION LEVEL: Please check one for the parent with the highest level of education

- Not a high school graduate
 High School Graduate
 Some College (includes AA degree)
 College Graduate
 Graduate school/postgraduate
 Decline to State/unknown

FOSTER YOUTH: Is this student in foster care placement (in-home or out-of-home)? YES NO

Placing County: _____ Telephone Number: _____

Educational Rights Holder: _____ Telephone Number: _____

DELIVERY OF STUDENT REPORT CARD, PROGRESS REPORTS, and ATTENDANCE INFORMATION:

- Printed report cards and progress reports will no longer be printed and mailed to parents/guardians unless the grade is D or F.
- Parents establish access to student grades, progress reports, and attendance information by creating an Aeries Web Portal account.
- Information required to set up an Aeries Web Portal account will be made available at the beginning of the school year or upon request.
- Parents may access the student's report card, progress reports, and attendance information via the online Aeries Web Portal 24 hours per day 7 days per week at <https://mystudent.fjuhsd.net/>
- To receive your student's report cards in the mail please notify the school's Guidance Office in writing Parent/Guardian Initial: _____

PERMISSION TO RELEASE PHOTOGRAPH-I give permission for my student photograph and name to be used for school related articles in publication: _____ YES ____ NO

FULLERTON EDUCATION PARTNERSHIP-I give my permission to Fullerton Joint Union High School District to share mine,student's data, strictly for supporting the Fullerton Education Partnership with Cal-State Fullerton and Fullerton College _____ YES ____ NO

I HAVE READ THE STUDENT POLICIES AVAILABLE ONLINE ON THE AERIES PARENT AND STUDENT PORTALS. I AGREE TO ABIDE BY THE SCHOOL'S-Student dress code, academic honesty, acceptable use, attendance and behavior policies. _____ YES ____ NO

I (Please Print) _____ certify and acknowledge the information provided on the front and back of this SIS sheet is accurate to the best of my knowledge. I understand that parents and/or guardians who falsify address information for their students will be withdrawn from Buena Park High School and are required to enroll at the appropriate zoned school and district.

I (Please Print) _____ acknowledge ONLY the parent who registers the student (i.e. completes this SIS form) may withdraw the student from their current school, unless there are LEGAL DOCUMENTS of extenuating circumstances indicating otherwise.

PARENT/GUARDIAN SIGNATURE _____ **DATED:** _____

STUDENT SIGNATURE _____ **DATED:** _____

In order for your students' enrollment to be complete, please be sure all COPIES of documents are attached.

Please call 714.992.8642 for additional assistance. bphsregistration@fjuhsd.org

HOME LANGUAGE SURVEY

Name: _____

Birthdate: _____ Birthplace: _____
Month / Day / Year

Student's **DATE OF ENTRY** into the United States: _____

Must fill in date if born OUTSIDE of the United States

HOME LANGUAGE AND RESIDENCY SURVEY

The California Education Code requires schools to determine the language(s) spoken at home. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this requirement is requested. Please answer the following questions (**ONLY ONE LANGUAGE PER LINE. IF CHINESE, PLEASE SPECIFY MANDARIN, CANTONESE, ETC.**):

Student's start date into a California school: (Month/Year): _____

Student's start date into a U.S. school: (Month/Year): _____

1. Which language did your student learn when he/she *first began to talk*? _____
2. What language does your student speak most *frequently at home*? _____
3. What language do you use most frequently to *speak to your student*? _____
4. Name the language most often **spoken** by the *ADULTS in the home*? _____

Pursuant to Assembly Bill 699 (AB 699)

ENCUESTA DEL IDIOMA DEL HOGAR

Nombre del estudiante: _____

Fecha de nacimiento: _____ Lugar de nacimiento: _____
Mes/ Día/ Año *Ciudad Estado País*

FECHA DE ENTRADA del estudiante a los EE.UU.: _____

Debe indicar la fecha si nació fuera de los EE.UU

El código de la educación de California requiere que las escuelas determinen el/los idioma/s hablado en casa por cada estudiante. Esta información es esencial para que las escuelas provean una instrucción significativa para todos los estudiantes. Pedimos su cooperación para poder cumplir con este requerimiento. Por favor conteste las siguientes preguntas (**ESCRIBA SÓLO UN IDIOMA POR LÍNEA. SI HABLA UN IDIOMA CHINO, ESPECIFIQUE SI ES MANDARÍN, CANTONÉS, ETC.**):..

Si el estudiante nació fuera de los EE.UU., indique la FECHA DE ENTRADA a los EE.UU.: (Month/Year): _____

Fecha de inicio del estudiante en una escuela en California: (mes/año): _____

Fecha de inicio del estudiante en una escuela en los EE.UU: (mes/año): _____

1. ¿Qué idioma aprendió su estudiante cuando él/ella **EMPEZÓ** a hablar? _____
2. ¿Qué idioma habla su estudiante con más **frecuencia** en CASA? _____
3. ¿Qué idioma usa usted con más frecuencia para **hablar con su hijo/a**? _____
4. Indique el idioma más **hablado** por los **ADULTOS en casa**? _____

***En conformidad con la Ley de la Asamblea 699 (AB 699)**

Fullerton Joint Union High School District

McKinney-Vento Assistance Act Residency Questionnaire 2020/2021

This form assists school personnel in complying with the legal guidelines for school enrollment of children who meet eligibility criteria provided under the McKinney-Vento Homeless Education Assistance Act (Title IX, Part A of the Every Student Succeeds Act).

Date: _____ School: _____ Grade: _____

Student's Name: _____ Birth date: _____

Parent/Guardian Name: _____ Telephone Number (____) _____

Current Address/Evening Location: _____

The Student lives with (check one):

- Parent(s) Friend(s) Alone with no adult(s) Relative(s)
 An adult who is not the parent/legal guardian

Please check the following living situation that applies to the student:

- Living in your own home, rented or purchased, house or apartment (one family)
- Living with friends or relatives *by choice*
- Temporarily living with friends, relatives or others due to economic hardship, loss of housing, foreclosure, loss of job, or similar reason (ex. renting a room): Please explain: _____
- Living in a shelter or transitional housing. Program name: _____
- Living in a hotel or motel. Name of hotel or motel: _____
- Living in a campground, park, or car (location/cross streets: _____)
- Other circumstances. Please explain: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information could result in the immediate disenrollment of the student from the school.

Parent/Guardian Signature: _____ Date: _____

Office Use: Reviewed by Site Administrator/Designee: _____ Food and Nutrition Services _____ Transportation: _____ School Supplies _____ Other _____

Fullerton Joint Union High School District

Ley de Asistencia Educativa para jóvenes sin hogar McKinney-Vento Cuestionario de Residencia 2020/2021

Este formulario ayuda al personal escolar a cumplir con las normas legales para la inscripción escolar de los alumnos que cumplen con el criterio de elegibilidad bajo la Ley de Asistencia Educativa para jóvenes sin hogar McKinney-Vento (Título IX, Parte A de la ley Every Student Succeeds).

Fecha: _____ Escuela: _____ Grado: _____

Nombre del estudiante: _____ Fecha de nacimiento: _____

Nombre del padre/tutor: _____ Número de teléfono (____) _____

Domicilio actual/ubicación de noche: _____

El estudiante vive con (marque uno):

- Padre(s) Amigo(s) Solo sin adulto(s) Pariente(s)
 Un adulto que no es el padre/tutor legal

Por favor marque una de las siguientes situaciones de vivienda que aplique al estudiante:

- Vive en propia casa o apartamento, rentada o comprada (una familia)
- Comparte vivienda con otros (amigos/parientes) por elección
- Temporalmente vive con amigos, parientes u otros debido a dificultades económicas, pérdida de vivienda o trabajo, ejecución hipotecaria, u otra razón similar. (por ej. rentando una recámara) Por favor explique: _____
- Vive en un albergue o programa de vivienda transicional. Nombre del programa: _____
- Vive en un hotel o motel. Nombre del hotel o motel: _____
- Vive en un campamento, parque o carro (lugar/calles principales: _____)
- Otras circunstancias. Por favor explique: _____

Declaro bajo pena de perjurio bajo las leyes del Estado de California que el precedente es verdadero y correcto El proveer información falsa puede resultar en la inmediata terminación de la inscripción en la escuela del estudiante nombrado arriba.

Firma del padre/tutor: _____ Fecha: _____

Office Use Only Reviewed by Site Administrator/Designee: _____ Nutrition Services _____ Transportation _____ School Supplies _____ Other _____

