Independence High School
REGISTRATION PROCEDURES

*PLEASE READ ENTIRE PAGE CAREFULLY*

All students must go to the school in the attendance area where their parents reside.
If students do not live with parents, we require legal proof of guardianship.

Parent or legal guardian must be present at the time of registration with a photo ID.

The following documentation is needed for ALL entering students:

1. Withdrawal papers from previous school. (for current high school students)

2. Copy of transcript or for entering freshman, the most recent report card.
   For freshman entering from outside of Santa Clara County, verification of promotion to 9th grade is required.

3. Birth certificate / Parent's ID / driver license

4. Up-to-date immunization records (shot records), including Tuberculosis (TB) test results.

   If entering from outside Santa Clara County, the Santa Clara Public Health Department TB Risk Assessment for School Entry must be completed by a doctor/physician. (Ask for a form at the school's Registrar Office)

5. Two different proofs of residence within the Independence attendance area are required along with a completed Residency Status Verification Form and the following documents provided in the name and address of the parent/legal guardian:

<table>
<thead>
<tr>
<th>HOME OWNER</th>
<th>RENTER (Owner lives in the home also)</th>
<th>CO-RESIDER (Owner lives in the home also)</th>
<th>CARE GIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Residency Status Verification form (and) *2 (two) different current official mail communications showing parent/guardian name and address of residency (and) *Escrow papers or other proof of ownership All of the above required</td>
<td>*Residency Status Verification Form (and) *2 (two) different current official mail communications showing parent/guardian name and address of residency All of the above required</td>
<td>*Residency Status Verification Form with back completed and signed by the property owner. *2 (two) different current official mail communications showing parent/guardian name and address of residency All of the above required</td>
<td>*Caregiver affidavit (qualified relative) *Form available in the registrar's office *Birth certificate verification of blood relation to student *Residency Status Verification form *2 (two) different current official mail communications showing caregiver name and address of residency within Piedmont Hills attendance area *Proof of parents residency outside of Santa Clara County All of the above required</td>
</tr>
</tbody>
</table>

THESE ARE THE DOCUMENTS THAT YOU MAY CHOOSE FROM WHEN RegisterING YOUR STUDENT.

(Two different mail communications are required and must be dated within 30 days of registration):

PGE bill, water bill, garbage bill, bank statement, credit card bill, doctor bill, cable bill, health/car insurance statement, DMV car registration, paycheck stub, Registrar of Voters documentation, Social Service correspondence.

Revised 6/17
## Student Enrollment Form
### East Side Union High School District
830 North Capitol Avenue • San Jose, CA 95133 • 408.347.5000 • [www.esuhsd.org](http://www.esuhsd.org)

<table>
<thead>
<tr>
<th>ESUHSD Student #</th>
<th>Last School Attended</th>
<th>City</th>
<th>State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Does the student receive Special Ed services?**
- Yes
- No

**Does the student have a 504 Plan?**
- Yes
- No

If yes, please attach the latest IEP or 504 Plan.

**Does the student have current siblings attending this school?**
- Yes
- No

If yes, provide names:

---

### STUDENT INFORMATION – PRINT CLEARLY IN CAPITAL LETTERS

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
<th>Nickname</th>
</tr>
</thead>
</table>

**Sex:**
- Male
- Female

**Birthdate (mm/dd/yyyy)**

**Social Security #**

**Birth Country**

**Birth State**

**Birth City**

---

### PARENT/GUARDIAN INFORMATION – Below check all who live with this student

- Father
- Mother
- Step-Father
- Step-Mother
- Aunt
- Uncle
- Grandfather
- Grandmother
- Foster
- Group Home
- Ed Rights Holder

**Household Info (where student lives):**

- Primary Contact Phone: ( )
- Receive Texts

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt. #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**First/Guardian Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

**Address (if different from above):**

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Email Address:**

**Cell Phone Number**

<table>
<thead>
<tr>
<th>Receive text messages?</th>
<th>Work Phone Number</th>
<th>Home/Other Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Language preference:**
- English
- Spanish
- Vietnamese

**Second/Guardian Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

**Address (if different from above):**

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Email Address:**

**Cell Phone Number**

<table>
<thead>
<tr>
<th>Receive text messages?</th>
<th>Work Phone Number</th>
<th>Home/Other Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Language preference:**
- English
- Spanish
- Vietnamese

---

### PARENT EDUCATION – Check the response that describes the most educated parent:

- High school graduate
- Some college includes A.A degree
- College graduate
- Graduate degree or higher

### RESIDENCE – Where is your child/family currently living? (check appropriate box)

- In a single family permanent residence (house, apartment, condo, mobile home)
- In a motel/hotel
- Doubled-up (Sharing housing with others due to economic hardships or loss)
- Unsheltered (car/campsite)
- Other (please specify below)
- In a shelter or transitional housing program

**Active Military Family?**
- Yes
- No

**Branch:**

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*rev. 3/8/2017*
RACE AND ETHNICITY INFORMATION

Is this student Hispanic or Latino Ethnicity?  ☐ Yes, Hispanic or Latino  ☐ No, not Hispanic or Latino

Hispanic/Latino is an ethnic group describing people of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

What is this student’s race?  You must check 1 or up to five racial categories, no matter what was selected above.

☐ American Indian or Alaska Native - persons having origins in North, Central or South America
☐ Asian Indian
☐ Black or African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian - from Asia
☐ Other Asian
☐ Other Pacific Islander
☐ Samoan
☐ Tahitian
☐ Vietnamese
☐ White - persons having origins in Europe, Middle East or N. Africa
☐ Other

HOME LANGUAGE SURVEY – List multiple languages as appropriate

1. Which language did your child learn when he/she first began to talk? ____________________________
2. What language does your child most frequently use at home? ________________________________
3. What language do you use most frequently to speak to your child? ____________________________
4. Name the language most often spoken by the adults at home? ________________________________
5. Was your child reclassified from English Learner to Fluent English speaker?  ☐ Yes  ☐ No
   If yes, provide the reclassification date: Date ______ OR Month ______ Year ______ Grade ______

SCHOOL ATTENDANCE HISTORY

1. What month, year and grade did your child first attend public school in USA?  
   Month: ______ Year: ______ Grade: ______
2. What month, year and grade did your child first attend public school in California?  
   Month: ______ Year: ______ Grade: ______
3. Has your child attended school in East Side before?  ☐ Yes  ☐ No
   Name of last East Side school attended: ____________________________
4. What grade did your child FIRST attend this district?  
   Grade:  ☐ 9th  ☐ 10th  ☐ 11th  ☐ 12th
5. What grade did your child FIRST attend this school?  
   Grade:  ☐ 9th  ☐ 10th  ☐ 11th  ☐ 12th
6. Previous Special Needs Placement?  ☐ SDC  ☐ RSP  ☐ DIS  ☐ 504
   Last IEP meeting date: __________

ATTACH THE CURRENT IEP OR 504 PLAN

I, the parent/legal guardian of this child, certify that all information given on this enrollment form is correct and true.

Signature of Parent/Guardian ____________________________ Date ____________________________

~FOR OFFICE USE ONLY~

Enter Code
☐ New Student  ☐ Foster
☐ Returning Student  ☐ Group Home
☐ Intra District Transfer  ☐ McKinney- Vento
☐ Administrative Intra  ☐ Foreign Enrollment (F1)
☐ Disciplinary Intra  ☐ Foreign Enrollment (J1)
☐ Voluntary transfer  ☐ Inter District Transfer -
☐ Junior/Senior Privilege  ☐ District of Residence:
☐ Magnet

Home School:  ☐ Other:

Grade  ☐ 9th  ☐ 10th  ☐ 11th  ☐ 12th
Instructional Setting  ☐ Regular  ☐ Continuation  ☐ ISP  ☐ FLC
☐ Special Education  ☐ Other  ☐ Blanks:
☐ ETH  ☐ RC V2010.01.02

rev. 3/3/2017
RESIDENCY STATUS VERIFICATION FORM

(Please check one) □ HOME OWNER □ RENTER □ CO-RESIDER

California Education Code (Section 48200) and District Governing Board Policy 5117 require that a student be enrolled and attend the school that is within the district which the student’s parent(s) or legal guardian(s) reside(s).

The form must be completed, signed and submitted with proofs of residence. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the student from school.

Student Name: ___________________________________ ID Number: ___________________________

Parent/Guardian’s Name: ________________________________________________________________

Address: _____________________________ (Street Address) (City, State) (Zip Code)

Work Telephone: (___) ___________________ Home Telephone: (___) ________________________

My student resides with me at the address listed above, which is my only residence. I agree to notify the school registrar should my student, or I, move from this address. I understand that home visitation and/or residency verification is part of a periodic process when residency is established.

Please initial after each of the following statements indicating that you understand and acknowledge the statement.

- The East Side Union High School District will actively investigate all cases where it has reason to believe false information has been provided on this statement, including the use of a School Attendance Office to verify residency status (verification may include home visits). (parent/guardian, please initial here) __________

- The District may refer cases in which false information has been intentionally provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information. (parent/guardian, please initial here) __________

- Persons who provide false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (up to 4 years in state prison). [Family Code § 6552; Penal Code § 118 and 126] (parent/guardian, please initial here) __________

- Persons providing false information also are civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. [Civil Code § 1709] (parent/guardian, please initial here) __________

- Persons who induce, obtain or solicit another person to provide false information are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. [Penal Code §127] (parent/guardian, please initial here) __________

- Investigations that reveal students have enrolled on the basis of false information will lead to immediate withdrawal from the District or school. (parent/guardian, please initial here) __________

I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. In accordance with State compliance, I have attached the required documentation as proof of residence for enrollment.

Dated: _____ / _____ / ______ Signature of Parent/Guardian _________________________________
### HOME OWNER
- Residency Status Verification form
- 2 (two) current official mail communications showing parent/guardian name and address of residency
- Escrow papers/property tax statement, etc.

### RENTER
- Residency Status Verification form
- Lease/rental agreement
- 2 (two) current official mail communications showing parent/guardian name and address of residency

### CO-RESIDER
- Residency Status Verification form with back signed by the property owner.
- 2 (two) current official mail communications showing parent/guardian name and address of residency

### CARE GIVER
- Notarized caregiver affidavit (qualified relative)
- Birth certificate verification of blood relation to student
- Residency Status Verification form
- Lease/rental agreement
- 2 (two) current official mail communications showing parent/guardian name and address of residency
- Proof that parent lives out of district

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### THESE ARE THE DOCUMENTS THAT YOU MAY CHOOSE FROM WHEN REGISTERING YOUR STUDENT.

(Official mail communications must be dated within 30 days of registration):
- PGE bill, water bill, garbage bill, credit card bill, doctor bill, cable bill, health/car insurance statement
- DMV car registration, paycheck stub
- Registrar of Voters documentation, social service correspondence, bank statement

### ALL INFORMATION LISTED BELOW MUST BE COMPLETED BY THE PROPERTY OWNER ON BEHALF OF CO-RESIDERS.

<table>
<thead>
<tr>
<th>List of ALL occupants</th>
<th></th>
<th></th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

If no separate lease/rental agreement, need original move-in date: __/__/___

Term of current lease/rental agreement: __/__/___ - __/__/___

Lease/rental agreement renewed: [ ] monthly [ ] annually [ ] indefinite contract

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### PROPERTY OWNER VERIFICATION for (Co-residers Only)

(All highlighted areas below must be completed)

I, the owner of the above described property, am signing to declare, under penalty of perjury under the laws of the State of California, that the information listed above is true and correct. I am also signing to certify that the parent/guardian stated above, along with their student, reside at the above named residence which I own.

Persons who provide false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (up to 4 years in state prison). [Family Code §6552; Penal Code §118 and 126] (property owner’s initials)

Property Owner Name (please print) ________________________________________

Address ________________________________________________________________

    (Street Address) _____________________________ (City, State) __________ (Zip Code) __________

Telephone Number (_____) __________________________

Property Owner’s Signature ____________________________________________ Date __/__/___

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Rev-6/17
Independence High School
Emergency Information

Please print clearly in ink.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Grade</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

First Parent / Guardian:

Home  Work( )  Ext  Cell  Pager

Second Parent / Guardian:

Home  Work( )  Ext  Cell  Pager

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he or she may be released ONLY by the following listed persons:

First Contact Name

Home  Work( )  Ext  Cell  Pager

Second Contact Name

Home  Work( )  Ext  Cell  Pager

Third Contact Name

Home  Work( )  Ext  Cell  Pager

Fourth Contact Name

Home  Work( )  Ext  Cell  Pager

Physician Name  Telephone  Hospital Affiliation  Medical Insurance Carrier

Does your son/daughter have any current health problems about which the school should be informed?

Yes  No  If yes, please explain:

Does he/she take daily medication at home?  Yes  No  If yes, name of medication and medical reason:

Will medication need to be administered at school?  **Yes  No  If yes, name of medication and medical reason:

**In order for medication to be given at school, please request Medication Consent form from our school health care technician to be completed by parent and doctor.

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian Signature  Date
**Special Education Enrollment Questionnaire**

Student Name: ____________________________________________

Student Birthdate: ____________________________ Grade: ________

Please fill out the following questionnaire so the school is aware of all previous special education services and your student's educational history. *(Please read carefully and answer every question.)*

1. Does your student have an IEP (Individual Education Plan)? YES NO NOT SURE

2. Has your student ever had an IEP (Individual Education Plan)? YES NO NOT SURE

3. Has your student ever received special education services before? YES NO NOT SURE

4. Does your student have a Behavior Support Plan (BSP)? YES NO NOT SURE

5. Did your student see a speech teacher at the previous school? YES NO NOT SURE

6. Did your student see a Resource Specialist or Special Day Class Teacher (Special education teacher) at the previous school? YES NO NOT SURE

7. Was your student pulled out of the general education classroom to receive services? YES NO NOT SURE

8. Did your student see any other specialist at the previous school? If yes, please list: ______________________________________

9. Was your student enrolled in a self-contained classroom for special needs education? YES NO NOT SURE

10. Was your student enrolled in a special day class for special education? YES NO NOT SURE

11. Was your student enrolled in a special day school for special education? YES NO NOT SURE

12. Did your student participate in any before or after school tutoring groups for reading? YES NO NOT SURE

13. Did your student participate in any before or after school tutoring groups for math? YES NO NOT SURE

14. Did your student participate in any before or after school tutoring groups in any other subjects? If yes, please list: ______________________________________

15. Did the previous school hold a Student Study Team, Student Success Team or Student Assistance Team meeting on behalf of your student? YES NO NOT SURE

16. When was the last time your student received special services of any kind? Month________________________ Year__________________

__________________________ Date __________________________

Parent/Guardian Signature
Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children < 5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.

- For children with TB symptoms (e.g. cough for > 2-3 weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.

- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.

- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months

- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
  - Isoniazid
    - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
    - ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
  - Rifapentine
    - 10.0-14.0 kg: 300 mg
    - 14.1-25.0 kg: 450 mg
    - 25.1-32.0 kg: 600 mg
    - 32.1-50.0 kg: 750 mg
    - >50 kg: 900 mg
  - Vitamin B6 50 mg weekly

- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: www.sccphd.org/tb or contact the TB Control Program at (408) 885-2440.
Santa Clara County Public Health Department
Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a U.S. licensed primary care provider and returned to the child’s school.

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?*
   □ Yes □ No

2. Has your child been exposed to anyone with TB disease?
   □ Yes □ No

3. Has a family member had a positive TB test or received medications for TB?
   □ Yes □ No

4. Was a parent, household member, or visitor who stayed in the child’s home for >1 week, born in a country with an elevated TB rate?*
   □ Yes □ No

5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)].
   □ Yes □ No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e. travel that does not involve visiting family or friends, or involve significant contact with the local population).

*If YES, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. Quantiferon or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferon Gamma Release Assay (IGRA)</td>
<td></td>
<td>□ Negative □ Positive □ Indeterminate</td>
</tr>
<tr>
<td>Tuberculin Skin Test (TST/Mantoux/PPD)</td>
<td></td>
<td>Induration _____ mm</td>
</tr>
<tr>
<td>Date placed: Date read:</td>
<td></td>
<td>□ Negative □ Positive</td>
</tr>
<tr>
<td>Chest X-Ray Date: Impression:</td>
<td></td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>LTBI Treatment Start Date:</td>
<td></td>
<td>□ Prior TB/LTBI treatment (Rx &amp; duration):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Treatment medically contraindicated:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Declined against medical advice</td>
</tr>
</tbody>
</table>

Please check one of the boxes below and sign:

- □ Child has no TB symptoms, no risk factors for TB, and does not require a TB test.
- □ Child has a risk factor, has been evaluated for TB and is free of active TB disease.
- □ Child has no new risk factors since last negative IGRA/TST and no TB symptoms.

Name/Title of Health Provider: Facility/Address: Phone number:

SCC TB Risk Assessment Form Revised 3-18-2019 1