

**Chaffey Joint Union High School District**  
**PLEASE COMPLETE ALL STUDENT INFORMATION**

**Student SN#** \_\_\_\_\_ **Perm. ID #** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Office Use Only

Student's LEGAL Name : \_\_\_\_\_  
Last First Middle Jr, II, III

Sex (M/F): \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Month Day Year

Mother's/Guardian's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
First Last

Mother's/Guardian's Work Phone # \_\_\_\_\_ Ext: \_\_\_\_\_ Cell # \_\_\_\_\_

Father's /Guardian's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
First Last

Father's/Guardian's Work Phone # \_\_\_\_\_ Ext: \_\_\_\_\_ Cell # \_\_\_\_\_

Who is student living with? Check all that apply. ☐ Father ☐ Mother ☐ Step-parent ☐ Grandparent ☐ Guardian ☐ Foster

Address (mailing): \_\_\_\_\_

Address (residence): \_\_\_\_\_

Last school student attended: \_\_\_\_\_ Grade completed: \_\_\_\_\_ District \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone # \_\_\_\_\_

**ETHNICITY:** Mark the ethnicity with which the student most closely identifies: Please check one:

- ☐ Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)  
☐ Not Hispanic or Latino (If not Hispanic or Latino please choose from the section below.)

**WHAT IS YOUR STUDENT'S RACE** (Please note you may check up to five racial categories)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> American Indian/ Alaskan Native (100)<br><i>(Person having origins in any of the original people of North and South America including Central America)</i> | <input type="checkbox"/> Korean (203)       | <input type="checkbox"/> Hawaiian (301)               | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)<br><i>(Person having origins in any of the original people of Europe, North Africa or the Middle East)</i> |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303)                 |   |
|   | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Tahitian (304)               |   |
|   | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> other Pacific Islander (399) |   |
|   | <input type="checkbox"/> Hmong (208)        |   |   |
|   | <input type="checkbox"/> Other Asian (299)  |   |   |

**Parent Education Level** (required by the State for STAR testing; mark level for most educated parent)

- ☐ (1) Not a high school graduate ☐ (2) High school graduate ☐ (3) Some college ☐ (4) College graduate ☐ (5) Graduate school or post college training

**Military Student Identifier:** Does the student have a parent or guardian who is an active duty member of the U.S. Armed Forces or a member of the National Guard or Reserve Component? ☐ No. ☐ Yes (if yes, please indicate which category):

- ☐ (1) Student connected to an active-duty military family ☐ (2) Student connected to a National Guard or Reserve Component military family

Birthplace: Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

*If Birth Country is Canada, enter Canadian Province into Birth State and Canada into Birth Country  
If Birth Country is Mexico, enter United Mexican State into Birth State and Mexico into Birth Country  
If Birth Country is other than United States, Canada or Mexico, enter country name into Birth Country*

**What special services has your student received, special education or other?** (Please check all boxes that apply)

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Counseling                   | <input type="checkbox"/> Gifted (GATE)       | <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Resource (RSP)          | <input type="checkbox"/> Speech/Language        |
| <input type="checkbox"/> English Language Development | <input type="checkbox"/> Medical Health Plan | <input type="checkbox"/> Remedial      | <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> 504 Accommodation Plan |

**Has the student been expelled or is the student in the process of being expelled from any school?** Yes ☐ No ☐

If yes: Name of school: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

**Office Use Only**

- |  |  |
|--|--|
| <input type="checkbox"/> Address Verification    | <input type="checkbox"/> Health/ Immunization                            |
| <input type="checkbox"/> Counselor Number        | <input type="checkbox"/> Counselor Schedule                              |
| <input type="checkbox"/> Birth Date Verification | <input type="checkbox"/> Inter/Intra District Transfer Approval/Contract |

- |   |
|---|
| <input type="checkbox"/> Transcript/ Leaving Grades |
| <input type="checkbox"/> Home Language Survey       |

## Chaffey Joint Union High School District Schools

Please check if your student has ever attended one of these schools and the grade levels achieved when attended:

### School

### Grade(s)

### School

### Grade(s)

- |  |       |
|--|-------|
| <input type="checkbox"/> Alta Loma High School | _____ |
| <input type="checkbox"/> Chaffey High School   | _____ |
| <input type="checkbox"/> Colony High School    | _____ |
| <input type="checkbox"/> Community Day School  | _____ |
| <input type="checkbox"/> District ASP          | _____ |
| <input type="checkbox"/> Etiwanda High School  | _____ |

- |  |       |
|--|-------|
| <input type="checkbox"/> Los Osos High School    | _____ |
| <input type="checkbox"/> Montclair High School   | _____ |
| <input type="checkbox"/> Ontario High School     | _____ |
| <input type="checkbox"/> Rancho Cucamonga HS     | _____ |
| <input type="checkbox"/> Valley View High School | _____ |

I have received the information and understand the rules and regulations regarding topics listed below:

- Network Use Contract
- Safe School Statement
- Sexual Harassment Policy
- Chaffey District Dress Code

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Signature

Date

**CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT  
HOME LANGUAGE SURVEY**

**DIRECTIONS TO PARENTS AND/OR GUARDIANS:**

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. As a parent or guardian, your cooperation is requested in complying with this legal requirement. This information is essential in order for the school to provide adequate instructional programs and services. Please answer the following questions. Thank you for your help.

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GRADE: 9th HOME PHONE: \_\_\_\_\_ DATE OF U.S. ENTRY: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_ PERMANENT I.D. NUMBER: (ENTERED BY OFFICE STAFF) \_\_\_\_\_

**PLEASE REFER TO THE LIST BELOW TO ANSWER QUESTIONS 1 TO 7**

00 = English	39 = Chaoshou (Chaochow)	26 = Indonesian	49 = Mixteco	60 = Somali
56 = Albanian	15 = Dutch	27 = Italian	40 = Pashto	01 = Spanish
37 = American Sign Language	16 = Farsi (Persian)	08 = Japanese	05 = Philipino (Tagalog)	46 = Taiwanese
11 = Arabic	17 = French	09 = Khmer (Cambodian)	41 = Polish	32 = Thai
12 = Armenian	18 = German	50 = Khmu	06 = Portuguese	57 = Tigrinya
42 = Assyrian	19 = Greek	04 = Korean	28 = Punjabi	53 = Toishanese
61 = Bengali	43 = Gujarati	51 = Kurdish	45 = Rumanian	34 = Tongan
13 = Burmese	21 = Hebrew	47 = Lahu	29 = Russian	33 = Turkish
03 = Cantonese	22 = Hindi	10 = Lao	30 = Samoan	38 = Ukranian
36 = Cebuano (Visayan)	23 = Hmong	07 = Mandarin (Putonghua)	52 = Serbo-Croatian	35 = Urdu
54 = Chaldean	24 = Hungarian	48 = Marshallese	99 = Other (Non-English)	02 = Vietnamese
20 = Chamorro (Guamanian)	25 = Ilocano	44 = Mien (Yao)	Specify: _____	

**PLEASE WRITE THE LANGUAGE CODE NUMBER IN THE BOX AFTER EACH QUESTION**

Please respond to each of the seven questions listed below as accurately as possible. Please do not leave any questions unanswered.

- Which language did your son or daughter learn when he/she first began to speak? .....
- Select the language most often spoken by your son or daughter .....
- Select the language most often spoken in your home .....
- What language do you most frequently speak to your son or daughter? .....
- In which language would you like to receive school correspondence? .....
- What was the first year your son or daughter attended a California public school ? \_\_\_\_\_
- What was the first year your son or daughter attended a United States public school **other than California**? \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your school site counselors office. Thank you for your cooperation.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)



Chaffey Joint Union High School District  
211 West Fifth Street Ontario CA 91762 (909) 988-8511

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

**STUDENT RESIDENCY QUESTIONNAIRE/  
STATEMENT OF RESIDENCE AFFIDAVIT**

HIGH SCHOOL OF RESIDENCE (check one):

☐ Alta Loma   ☐ Chaffey   ☐ Colony   ☐ Etiwanda   ☐ Los Osos   ☐ Montclair   ☐ Ontario   ☐ Rancho Cucamonga

**Section A**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address, City & Zip Code: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s)/Caregiver(s): \_\_\_\_\_

Phone # \_\_\_\_\_

- ☐ Street address is a hotel, shelter, or transitional residence   ☐ Unaccompanied Youth  
☐ We are living with another family due to financial hardship   ☐ Foster Youth  
☐ We are living in a car or campsite because of financial hardship

STOP: If you checked any of the above boxes, please skip section B and fill out section C.

NOTE: If you checked any of the boxes above, you WILL BE contacted by our District Outreach Consultant for additional services.

**Section B**

PARENT / LEGAL GUARDIAN / CAREGIVER (only one required to complete this section)

**DOCUMENTATION PROVIDED FOR REGISTRATION:**

- ☐ Current utility bill (electric / gas / water / trash ONLY) in the primary resident / homeowner / landlord's name; OR  
☐ One of the following items in your name with street address shown above: DMV Vehicle Registration; Current Bank Statement; Current Payroll Stub; Property Tax Payment Receipt; Rental Property Contract, Lease or Payment Receipts; Utility Service Contract, Statement, or Payment Receipts; Pay Stubs; Voter Registration; or Correspondence from a Government Agency; OR  
☐ Declaration of Residency executed by parent / guardian / caregiver

I, \_\_\_\_\_, declare that:

- I am the parent / legal guardian / caregiver of the above named high school student(s); AND \_\_\_\_\_ (initial)
- We reside at the street address shown above; AND \_\_\_\_\_ (initial)
- I understand under California Education code 48200 that all students are legally bound to attend schools in their district of primary residence; AND \_\_\_\_\_ (initial)
- I do not have a current utility bill in my name for the above street address; AND \_\_\_\_\_ (initial)
- The information included in this affidavit is true and correct to the best of my knowledge. \_\_\_\_\_ (initial)

**Section C**

Please read the following statements and initial:

The Chaffey Joint Union High School District may actively investigate all cases where it has reason to believe false information has been provided. \_\_\_\_\_ (initial)

Investigations that reveal students have enrolled on the basis of providing false information may lead to withdrawal from the School and / or District. \_\_\_\_\_ (initial)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Caregiver

\_\_\_\_\_  
Date

Chaffey Joint Union High School District  
**HEALTH INFORMATION SHEET**  
(TO BE COMPLETED BY PARENT OR GUARDIAN PLEASE PRINT)

Student's Name (Last) _____ (First) _____ (Middle) _____			Birth date _____	Grad Yr _____
_____			( ) _____	
Address _____ City _____ State _____			Phone _____	
_____			( ) _____	
Last School Attended _____ Address _____ City _____ State _____			Phone _____	
_____				
Father's Name _____			Place of Employment _____	Phone _____
_____				
Mother's Name _____			Place of Employment _____	Phone _____
_____				
Family Doctor _____			Address _____	Phone _____
_____				
Date _____			Signature of Parent/Guardian _____	

**Has your son/daughter ever attended school in California.** Yes ☐ No ☐

In Accordance with State Law, your child must have completed his/her immunizations before enrollment.

**If you do not have a copy of the California School Immunization Record you must provide a copy of an official immunization record.**

**Any medication taken at school requires your written consent and the written consent of your physician.**

**(Consent forms are available in the Health Office)**

1. To your knowledge has your son/daughter had or have any of the diseases or conditions listed? If yes please provide details .

**Allergy** Yes ☐ No ☐  
Food \_\_\_\_\_  
Medication \_\_\_\_\_

**Bee Sting Allergy** Yes ☐ No ☐  
**Severe:** \_\_\_\_\_ Hives \_\_\_\_\_ Breathing Problems \_\_\_\_\_  
\_\_\_\_\_ Swelling/redness greater than 2" \_\_\_\_\_  
\_\_\_\_\_ Seen by doctor \_\_\_\_\_

Date of last occurrence \_\_\_\_\_

Epi-Pen Yes ☐ No ☐

**Mild:** \_\_\_\_\_ localized swelling/redness

**Bleeding Disorder** Yes ☐ No ☐  
Hemophilia \_\_\_\_\_  
Sickle Cell \_\_\_\_\_  
Anemia \_\_\_\_\_  
Other \_\_\_\_\_

**Under doctor care** Yes ☐ No ☐

**Diabetes** Yes ☐ No ☐  
Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_  
Insulin Yes ☐ No ☐  
Physician \_\_\_\_\_

**Asthma** Yes ☐ No ☐  
Date Last Occurrence \_\_\_\_\_  
Medication at home \_\_\_\_\_  
Medication at school \_\_\_\_\_

**Migraine** Yes ☐ No ☐  
Date of diagnosis: \_\_\_\_\_

**Heart Problems** Yes ☐ No ☐  
Under doctor care \_\_\_\_\_

**Seizure Disorder** Yes ☐ No ☐  
Date last Occurrence \_\_\_\_\_  
Medication \_\_\_\_\_ Home \_\_\_\_\_ School \_\_\_\_\_

**ADD/ADHD** Yes ☐ No ☐  
Medication \_\_\_\_\_ Home \_\_\_\_\_ School \_\_\_\_\_

**Vision Problems** Yes ☐ No ☐  
Glasses/Contacts Yes ☐ No ☐

**Hearing Loss** RT \_\_\_\_\_ LT \_\_\_\_\_  
Wears hearing aid Yes ☐ No ☐

Other: \_\_\_\_\_

2. Other serious illness, injury, disability, special needs, operation, or condition and date.

3. Ever been in Special Education/504? Yes ☐ No ☐ When? \_\_\_\_\_



# Los Osos High School

~Where Excellence is a Habit~

6001 Milliken Avenue, Rancho Cucamonga, California 91737 • (909) 477-6900 • FAX: (909) 460-5872



Joshua Kirk, **Principal**

Jim Woolery, **Assistant Principal**

Cassandra Morton, **Assistant Principal**

Larry Rook, **Assistant Principal**

Susan Malone, **Assistant Principal**

**Student Name:** \_\_\_\_\_ **BirthDate:** \_\_\_\_\_

## SAFE SCHOOLS STATEMENT

The Chaffey Joint Union High School District is committed to a safe environment for all students and staff. Therefore, the District will not allow any weapons or aggressive behavior on campus. The following violations will result in a site level disciplinary hearing. If the charges are documented, a recommendation for expulsion may be made. This may include, but is not limited to the following:

1. The possession, use, furnishing, or selling by the student of (including causing, attempting to cause, or threatening to cause physical injury to another person using the items listed below): Knives of any size, including knives attached to key chains, razor blades, box cutters, exacto knives or any sharp object, including scissors; Guns, including look-alikes, such as, but not limited to, toy guns, air pistols, paintball guns, BB/pellet guns; Martial arts weapons, including throwing stars, nunchaku, etc; Chemical sprays, including mace, pepper spray or similar-type substances; Any dangerous object, but not limited to the following: bat or club, brass knuckles, screwdriver or ice pick, metal pipe, chain, syringe or needle, laser pen or pointer, electronic devices, such as a stun gun, electrical pen or a taser gun, incendiary devices, such as lighters and matches.
2. The selling of controlled substances or a substance represented as a controlled substance. Repeat or severe controlled substance infraction or a significant amount of a controlled substance or other intoxicants.
3. The manufacturing of any of the above weapons, including making these objects in shop classes.
4. Possession/detonation of an explosive device:
5. The cause, attempt to cause, or threat to cause physical injury to another person or their property, or willfully use force or violence upon the person of another, except in self- defense. Physical injury may warrant the involvement of the police department.
6. Causing, threatening to cause or participating in an act of hate violence.
7. The initiation of an attack, assault, or threat to a school employee.

I have read and understand the above **Safe School Statement**.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**Save this PDF and then email it to : [LOHSguidance@gmail.com](mailto:LOHSguidance@gmail.com)**