

# Registration Forms 2021-2022

## Brawley Union High School District Registration Checklist & Forms

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First

### The following items must be turned in with signatures to pick-up your schedule:

- \_\_\_\_\_ Residency Verification (Bring a copy of a utility bill with your home address on it.)
- \_\_\_\_\_ Student Information Form
- \_\_\_\_\_ Emergency Card (must be signed by parent – **IN INK**)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Migrant Education Program Form
- \_\_\_\_\_ Household Income Data Collection Form

**Parent/Guardian Signature that you have received/read the following information in the Student Handbook. The Student Handbook can be found online at [www.brawleyhigh.org/parents](http://www.brawleyhigh.org/parents) or a printed copy is available when you register.**

Discipline Procedures/Attendance Procedures	(included in handbook)
Uniform Complaint Procedure	(included in handbook)
Graduation Requirements	(included in handbook)
Information on Services/Special Education	(included in handbook)
Harassment/Discrimination Policy	(included in handbook)
Extra/Co-Curricular Eligibility Policy	(included in handbook)
Technology Use/Google Permission	(included in handbook)
Tutorial Pledge	(included in handbook)
BUHS School-Parent-Student Compact	(included in handbook)
2021-2022 School Calendar	(included in handbook)

**Special Education Program or Section 504 Plan:** If the student is enrolled in Special Education or has a 504 Plan, please forward records and contact our BUHS District Special Education Program Office to confirm the transfer of the student. **BUHS District Student Services: Karen Bastidas (760) 312-6090.**

We (parent/guardian of the student named above and student) have received and reviewed the BUHS Student Handbook with all forms/documents mentioned above, and I understand that a copy of the Brawley Union High School Accountability Report Card is available upon request or on the website at [www.brawleyhigh.org](http://www.brawleyhigh.org). Also, all BUHSD Policies can be found at [www.brawleyhigh.org/BoardPolicies](http://www.brawleyhigh.org/BoardPolicies). Parents can get their child's verification code for the Aeries Parent Portal from the Counseling Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Students may pick up class schedules when this page is complete with all signatures.  
All textbooks must be returned and any school fines must be cleared.  
PE Clothes will be sold during walk around registration.**

# BRAWLEY UNION HIGH SCHOOL DISTRICT - Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: (Circle) M or F Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Primary Phone #: \_\_\_\_\_ Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing address/PO Box if different \_\_\_\_\_ 8th Grade School/ \_\_\_\_\_  
(Street) (City) (State) (Zip) Previous School

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## CONTACT INFORMATION FOR MOTHER/FATHER/FOSTER MOTHER/FOSTER FATHER/GUARDIAN

Father/Mother/Guardian information will be added to the phone/text/email messaging system unless you opt out.

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**Parent/Guardian Information:** Please print carefully.

**#1 PARENT NAME:** \_\_\_\_\_

Check One:  Mother  Father  Guardian  Foster Mother  Foster Father

Are you currently serving on Active Duty for the United States Armed Forces or Full-Time National Guard Duty?  Yes  No

Cell #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address (If different from Home Address Above): \_\_\_\_\_

Email Address: \_\_\_\_\_

(Check here for this contact to opt out of and NOT receive text/phone calls/emails )

**#2 PARENT NAME:** \_\_\_\_\_

Check One:  Mother  Father  Guardian  Foster Mother  Foster Father

Are you currently serving on Active Duty for the United States Armed Forces or Full-Time National Guard Duty?  Yes  No

Cell #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address (If different from Home Address Above): \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here for this contact to opt out of and NOT receive text/phone calls/emails

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**Emergency Contact: Please list up to four people (other than parent/guardian) who can assume temporary care of your child in case you cannot be reached.**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

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Parent/Guardian Signature

Date

### For Office Use Only:

Doubled Up  Guardianship

Done Date: \_\_\_\_\_ Initial: \_\_\_\_\_

BRAWLEY UNION HIGH SCHOOL DISTRICT  
**Medical/Emergency Information Form**

STUDENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Last Name First Middle

STREET ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**EMERGENCY CONTACT(S)**

\_\_\_\_\_  
Name Telephone Name Telephone

\_\_\_\_\_  
Name Telephone Name Telephone

**FAMILY DOCTOR** \_\_\_\_\_  
Name Telephone

List any serious medical conditions including allergies that your child has  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any medications **during school hours?** (e.g. Asthma inhaler, epi-pen)  
Yes \_\_\_ No \_\_\_  
If "Yes" what medication is it? \_\_\_\_\_ Dosage \_\_\_\_\_  
**If your child requires medication or medical procedures during school hours, a doctor's order must be completed every school year. This includes over the counter medication and self-carry medication.**

Does this student take any medication **at home** regularly? Yes \_\_\_ No \_\_\_  
If "Yes" what medication is it? \_\_\_\_\_ Dosage \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT**

In the event that (Student's Name) \_\_\_\_\_ should become seriously ill or injured and the school officials are unable to contact us (parents or guardians) and the school officials determine that emergency treatment by a licensed doctor is necessary for the preservation of his/her life and/or health; we do hereby give our consent for our child to be taken to a hospital and examined by a doctor. I also authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only.

Permission granted Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

# HOME LANGUAGE SURVEY

(Freshmen & New students only)

The California Education Code requires all schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form with his/her registration packet. Thank you for your help.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Middle*

1. Which language did your son/ daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use to speak to your son/daughter? \_\_\_\_\_
4. Name the language(s) in the order most often spoken by the adults at home: a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**Correspondence Language:** In what language would you like to receive your phone messages & written mail?  
Please circle one: English or Spanish

**Name of Previous School:** \_\_\_\_\_  
If school is outside of Imperial County, please provide Address, Phone Number, & Contact Person for student records.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mark school student will attend:** \_\_\_\_\_ BUHS \_\_\_\_\_ DVHS \_\_\_\_\_ Renaissance

**What is your child's ethnicity?**  
Is the student Hispanic or Latino?  Yes  No  
**What is your child's race? (Select at least one – you may select up to five)**  
 American Indian or Alaskan Native  White  African American or Black  
 Pacific Islander: \_\_\_\_\_ (Which race?)  Asian: \_\_\_\_\_ (Which race?)

**Mark highest parent education:**  
\_\_\_\_\_ Not a High School graduate \_\_\_\_\_ High School graduate \_\_\_\_\_ Some College  
\_\_\_\_\_ College graduate (Bachelor's degree) \_\_\_\_\_ Post graduate school (Master's / Doctorate degree)  
\_\_\_\_\_ Decline to state / unknown

\_\_\_\_\_  
Parent/Guardian Signature Date



**Imperial County Office of Education**  
**Migrant Education Program – Region VI**  
**Questionnaire**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

The Migrant Education Program is designed to provide supplementary educational services to migrant children.

QUESTIONNAIRE	YES	NO
Have you or any adult living in your household traveled to another place within the past three years to work in agriculture, food processing, or transportation of produce?		
Did any or all of your children travel with you or any adult in your household when you performed the above mentioned work?		
Have any of your children ever been in the Migrant Program?		
Do you have a child age 18-22 that did not earn a high school diploma or GED?		

**Cuestionario**

Nombre del Alumno: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Nombre del Padre: \_\_\_\_\_

El programa de educación migrante está diseñado para proporcionar servicios educacionales suplementarios a niños migrantes.

CUESTIONARIO	SI	NO
¿Durante los últimos tres años, ha viajado usted o algún miembro adulto de su familia a otra lugar para trabajar en la agricultura, en el procesamiento de alimentos, o en la transportación de productos agrícolas?		
¿Viajaron sus hijos con usted o con algún miembro adulto de su familia cuando usted o ellos desempeñaron los trabajos mencionados arriba?		
¿Anteriormente, han participado sus hijos en el Programa Migrante?		
Tiene un hijo(a) de edad 18-22 que no obtuvo su diploma de High School o GED?		

