



Current Pasadena Unified School District Students Documents Needed for Registration

- ❖ One proof of residence in the form of current utility bill (electric, gas, and/or water, cell phone bill, or cable bill) in the parent' or guardian name
- OR
- ❖ One proof of residence in the form of either a deed of trust, mortgage payment receipt, recent rent payment receipt (with a copy of a lease agreement), or property tax bill in parent's or guardian name.
- ❖ IEP (Individualized Education Program) if applicable
- ❖ Official transcript for middle or high school students

Revised 1/15/19



Estudiantes actuales del Distrito Escolar Unificado de Pasadena Documentos necesarios para el registro

- ❖ Una prueba de residencia en la forma de la factura actual de servicios públicos (electricidad, gas y / o agua, factura de teléfono celular o factura por cable) a nombre del padre o tutor
- o
- ❖ Una prueba de residencia en forma de escritura de fideicomiso, recibo de pago de hipoteca, recibo de pago del alquiler reciente (con una copia de un contrato de arrendamiento) o factura de impuestos a la propiedad en nombre de los padres o tutores.
- ❖ IEP (Programa de Educación Individualizada) si corresponde
- ❖ Transcripción oficial para estudiantes de secundaria o preparatoria

Revised 1/15/19



PASADENA UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please print clearly with black or blue ink.

Teacher's Name: _____
 Room #: _____ Date input: _____ Stu# _____

STUDENT DATA

Legal Last Name _____ Legal First Name _____ Middle Name _____ Suffix _____ /
 Male / Female

Current Grade _____ Birthdate (mm/dd/yyyy) _____ Current Age _____ AKA/Nickname _____

MAILING Address (Street and Apt. #) _____ City _____ State _____ Zip _____

RESIDENCE Address (Street and Apt. #) _____ City _____ State _____ Zip _____

Birth City _____ Birth State/Province _____ Birth Country _____ Home Phone Number _____

If born outside of the United States, when did your child first enter the United States? (mm/yyyy) _____

FAMILY INFORMATION

Student Lives With: Both Parents Mother only Father and Stepmother Foster Parents
 Legal Guardian(s) Father only Mother and Stepfather Other: _____

Mother / Legal Guardian Name: _____
 Last Name, First Name _____

Primary Phone Number _____
 This is my Cell Home Work Other

Secondary Phone Number _____
 This is my Cell Home Work Other

Father / Legal Guardian Name: _____
 Last Name, First Name _____

Primary Phone Number _____
 This is my Cell Home Work Other

Secondary Phone Number _____
 This is my Cell Home Work Other

Primary Contact (please check one only): Mother / Legal Guardian Father / Legal Guardian

Parent's Email Address (one only please): _____

Family Living In:

Permanent Housing Hotel/Motel Licensed Children's Institution
 Foster Family or Kinship Placement Temporarily Unsheltered Other: _____
 Temporary Shared Housing Temporary Shelter in Emergency or Foster Care

Have you or any members of your immediate family worked in agriculture, fishing, or food processing on a temporary basis in the last three years? Yes No

STATE MANDATED INFORMATION

What is your child's ETHNICITY? (check one) **Hispanic or 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

In addition, what is your child's RACE? Please check AT LEAST ONE and up to five racial categories. The first part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer by making a checkmark in one or more boxes next to what you consider your child's race(s) to be.

American Indian or Alaska Native Cambodian Hmong Native Hawaiian/Pacific Islander Vietnamese
 Armenian Chinese Japanese Other Asian White
 Asian Indian Filipino Korean Samoan
 Black or African American Guamanian Laotian Tahitian

Parent/Guardian Education Level (please check only the HIGHEST education level completed by either parent/guardian):

Graduate school/Post Graduate training Some college (includes AA degree) Not a high school graduate
 College graduate High school graduate

Did your child attend pre-school? Yes No If yes, which pre-school? _____

When did your child first enroll in a United States K-12 school? (mm/dd/yyyy) _____ Grade _____

When did your child first enroll in a California K-12 school? (mm/dd/yyyy) _____ Grade _____

FOR OFFICE USE ONLY	Enrolling School: _____	Today's Date: _____	Enrollment Date: _____
Verification of Legal Name and Birth date by:		Medical:	Student's Perm. ID #:
<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Hospital Cert	<input type="checkbox"/> Passport/Visa	Form Processed By: _____
<input type="checkbox"/> Baptism	<input type="checkbox"/> School Records	<input type="checkbox"/> Affidavit	
		Immunizations completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
		Verified by (name): _____	

PASADENA UNIFIED SCHOOL DISTRICT – STUDENT REGISTRATION FORM – PAGE 2

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ PERM.ID# _____

HOME LANGUAGE SURVEY

What was the first language your child learned? _____

What language does your child use most frequently at home? _____

What language do you use most frequently to speak to your child? _____

If possible, in what language would you prefer to receive school communications? _____

OTHER CHILDREN LIVING IN THE HOME

Last Name, First Name, Middle Name _____	Relationship _____	Birthdate _____	Current School _____	Grade _____
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Last Name, First Name, Middle Name _____	Relationship _____	Birthdate _____	Current School _____	Grade _____
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Last Name, First Name, Middle Name _____	Relationship _____	Birthdate _____	Current School _____	Grade _____
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Last Name, First Name, Middle Name _____	Relationship _____	Birthdate _____	Current School _____	Grade _____
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ACADEMIC HISTORY

Has your child ever attended a Pasadena Unified School (including Pre-K or summer school)? Yes No

My child [disclosure of information is REQUIRED by California Education Code 49915.1(b)]:

is not under an expulsion order or recommended for expulsion from another school district.

is currently under an expulsion order or has been recommended for expulsion from _____ School District.

PREVIOUS SCHOOLS ATTENDED - PLEASE INCLUDE ALL PREVIOUS SCHOOLS

Name of Last School _____	School District _____	City _____	State / Country _____	Grade(s) _____
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Name of Last School _____	School District _____	City _____	State / Country _____	Grade(s) _____
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Name of Last School _____	School District _____	City _____	State / Country _____	Grade(s) _____
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SCHOOL AND SPECIALIZED EDUCATION PROGRAMS

My child is receiving or has received services in (please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Alternative/Bilingual Program (waiver) | <input type="checkbox"/> Special Education/IEP, please specify: _____ | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> English Language Development | <input type="checkbox"/> Speech/Language Services (IEP) | <input type="checkbox"/> My child has never been enrolled in any of these programs. |

EMERGENCY INFORMATION

Doctor's Name / Address / Telephone: _____

Name of Other Relative: _____ Relationship to Child: _____ Telephone: _____

Other Emergency Contact: _____ Relationship to Child: _____ Telephone: _____

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION - FERPA PRIVACY AUTHORIZATION

I give consent for Pasadena Unified School District to submit information to the LEA billing option vendor, Paradigm, regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services. All information is kept confidential.

Parent/Guardian Initials _____

OTHER HEALTH COVERAGE INQUIRIES

Many private insurance companies do not pay for school health services, but school districts must attempt to bill for those services. If your child has private health insurance (not Medi-Cal) do you give permission to Pasadena Unified School District to bill that insurance? If no, please note that school health services will continue to be provided and parents will never be billed. If yes, please fill out the following: Yes No

Private Carrier: _____ Policy # _____ Group # _____ Phone# _____

Students will only be released to those named on this form. No treatment will be given other than in a serious emergency without contacting parent/guardian. My signature certifies that all information is accurate. In order to keep my child safe, I will report any changes of address, telephone, or emergency information to the school site within five days.

SIGNATURE OF PARENT/ LEGAL GUARDIAN _____ DATE _____

CIS

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH HISTORY and IMMUNIZATION RECORD for K-12**

To Parent/Guardian:

Please complete the HEALTH HISTORY and IMMUNIZATION RECORD at time of Registration. This information is required (by California Law) before enrollment.

Pupil _____
 Last name _____ First _____ Middle _____ Birthdate _____ Birthplace _____
 Address _____ Phone _____
 Number _____ Street _____ City _____ ZIP _____
 School _____ Grade _____ Male _____ Female _____

FAMILY INFORMATION

Father _____ lives in home Yes _____ No _____
 Last name _____ First _____ Middle _____ Occupation _____
 Mother _____ lives in home Yes _____ No _____
 Last name _____ First _____ Middle _____ Occupation _____
 Brothers (ages) _____ Sisters (ages) _____ Others _____

IMMUNIZATION RECORD		Date Given
DTP	Diphtheria	1st _____
	Tetanus	2nd _____
	Pertussis	3rd _____
	<i>after age 4 for Kdg</i>	4th _____
	<i>after age 6 for 1-12</i>	Booster _____
Td	Tetanus	1st _____
	Diphtheria	2nd _____
		3rd _____
	<i>after age 6</i>	Booster _____
IPV/OPV Polio		1st _____
		2nd _____
	<i>after age 4 for Kdg</i>	3rd _____
	<i>after age 6 for 1-12</i>	Booster _____
MMR (Measles, Mumps, Rubella)	<i>2 doses for Kindergarten</i>	1st _____
	<i>and 7th grade entry</i>	2nd _____
	<i>1 dose grades 1-6, 8-12 given after first birthday</i>	
Hepatitis B	<i>Kindergarten and 7th grade entry</i>	1st _____
		2nd _____
		3rd _____
Varicella	<i>1 dose for Kindergarten entry</i>	1st _____
Tb	PPD Mantoux Test	_____
	<i>registration for Kindergarten entry</i>	_____

MEDICAL HISTORY	No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
On Asthma Medication?	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Sore Throats	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>
Other Illnesses*	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization*	<input type="checkbox"/>	<input type="checkbox"/>
Surgeries/Fractures*	<input type="checkbox"/>	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Speech Defect	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>

*Explain _____

Please bring an official record of your child's immunizations when you register.

Do you have Health Insurance? Yes _____ No _____
 Do you have Medi-Cal? Yes _____ No _____

Parent/Guardian Signature _____

Date _____

Is your child taking prescription medicine for a chronic condition?
 Yes _____

Does anyone in the family have:
 Asthma _____ Seizures _____
 Heart Disease _____ Diabetes _____
 Sickle Cell Disease _____

CIS

**DISTRITO ESCOLAR UNIFICADO DE PASADENA
HISTORIA DE SALUD y DE VACUNACION para los grados K - 12**

Padre/Tutor:

Por favor complete la HISTORIA DE SALUD y REGISTRO DE VACUNACIÓN al tiempo de matricular a su niño/a. Esta información es requerida (por la Ley de California) antes de matricularse.

Alumno/a _____
 Apellido Nombre Segundo Nombre Fecha de Nacimiento Lugar de Nacimiento

Domicilio _____
 Número Calle Ciudad Zona Postal Teléfono

Escuela: _____ Grado _____ Masculino _____ Femenino _____

INFORMACIÓN DE LA FAMILIA

Padre _____ ¿Vive en casa? Sí _____ No _____
 Apellido Nombre Segundo Nombre Ocupación

Madre _____ ¿Vive en casa? Sí _____ No _____
 Apellido Nombre Segundo Nombre Ocupación

Hermanos (edades) _____ Hermanas (edades) _____ Otros _____

REGISTRO DE VACUNACIÓN		Fecha
DTP	Difteria	1a
	Tétano	2a
	Tos Ferina	3a
	<i>Para Kinder, después de 4 años de edad</i>	4a
<i>Para 1°-12°, después de 6 años de edad</i>		Refuerzo
Td	Tétano	1a
	Difteria	2a
		3a
	<i>después de 6 años de edad</i>	Refuerzo
IPV/OPV Polio		1a
		2a
	<i>Para Kinder, después de 4 años de edad</i>	3a
	<i>Para 1°-12°, después de 6 años de edad</i>	Refuerzo
MMR	(Sarampión, Paperas, Sarampión Alemán)	1a
		2a
	<i>2 dosis para Kinder y 7º grado 1 dosis para 1°-6°, 8°-12º grados después del primer cumpleaños</i>	
Hepatitis B	<i>para Kinder y 7º grado</i>	1a
		2a
		3a
Varicella	<i>1 dosis para Kinder</i>	1a
Tb	PPD Prueba Mantoux	
<i>de matricularse para Kinder</i>		

HISTORIA MÉDICA	No	Sí
Asma -	<input type="checkbox"/>	<input type="checkbox"/>
¿Toma medicina para asma?	<input type="checkbox"/>	<input type="checkbox"/>
Viruelas	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonía	<input type="checkbox"/>	<input type="checkbox"/>
Convulsiones	<input type="checkbox"/>	<input type="checkbox"/>
Enfermedad del Corazón	<input type="checkbox"/>	<input type="checkbox"/>
Fiebre Reumática	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Infección del Oído	<input type="checkbox"/>	<input type="checkbox"/>
Resfriados Frecuentes	<input type="checkbox"/>	<input type="checkbox"/>
Dolor de Garganta Frec.	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Enfermedad de los Riñones	<input type="checkbox"/>	<input type="checkbox"/>
Alergia	<input type="checkbox"/>	<input type="checkbox"/>
Célula Falsiforme	<input type="checkbox"/>	<input type="checkbox"/>
Otras Enfermedades*	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalización*	<input type="checkbox"/>	<input type="checkbox"/>
Operaciones/Fracturas*	<input type="checkbox"/>	<input type="checkbox"/>
Usa Lentes	<input type="checkbox"/>	<input type="checkbox"/>
Defecto del Habla	<input type="checkbox"/>	<input type="checkbox"/>
Sordera	<input type="checkbox"/>	<input type="checkbox"/>
*Explique _____		

Por favor presente un registro oficial de las vacunas de su niño cuando lo matricule.

¿Tiene seguro médico? Sí _____ No _____
 ¿Tiene Medi-Cal? Sí _____ No _____

Firma del Padre/Tutor: _____

Fecha _____

¿Está su niño tomando medicina prescrita por el médico para una enfermedad crónica?
 Sí _____ No _____ Si la respuesta es afirmativa, diga cual.

Tiene alguien en la familia:
 Asma _____ Convulsiones _____
 Célula Falsiforme _____ Diabetes _____
 Enfermedad del Corazón _____

Special Education Information Form/CIS Academy

Student's Name: _____ ID# _____

Date of Birth: _____ Grade _____

Parent/Guardian Name: _____

Address: _____

Has your child ever received Special Education services: Yes No (circle one)

If yes, what type of service? RSP/SAI Moderate/Severe

Which school district offered service? _____

Are you able to provide a copy of the current IEP? Yes No (circle one)

If you are a holder of the education rights and aren't the parent, please supply a copy of the court order giving you the education rights. Thank you.

.....
Nombre de estudiante: _____ Numero de ID _____

Fecha de nacimiento: _____ Grado _____

Nombre del padre or de la personal encargada: _____

Direccion: _____

Ha recibido alguna vez su estudiante sericios de educacion especial: Si No (seleccione una)

Si, que tipo de servicio? RSP/SAI Moderate/Severe

Cual distrito escolar ofrecio este servicio? _____

Puede proveer una copia corriente del programa de educación individualizada?

Yes No (seleccione una)

Si Usted es el encargado de los derechos educativos y no es el padre de familia, por favor proporcione una copia de la orden de corte dándole los derechos educativos. Gracias.



PASADENA UNIFIED SCHOOL DISTRICT

Universal Acknowledgement, Opt Out & Opt In Form

Student Name: (Last Name, First Name)

Student ID Number:

Grade:

School:

Parent/Guardian Name: (Last Name, First Name)

Parent/Guardian Phone:

Parent/Guardian Email:

After reviewing the Parent/Student Handbook, the parent/guardian/student must check each section, sign the last section, and return the completed form to the school office.

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW

I acknowledge that that I have read and understand the information in the annual Parent/Student Handbook and agree to abide by the policies of the Pasadena Unified School District. The Parent/Student Handbook includes notifications for the following:

- Annual Notifications
- Discipline
 - Attendance
 - Internet and Technology Use
 - Student Email
 - Pesticide Use
 - Electronic Report Cards
 - Student Information Release

MILITARY PARENT/GUARDIAN AFFILIATION

- Yes, at least one parent/guardian of this student is active in the United States Armed Forces
- No, this student does not have a parent/guardian who is active in the United States Armed Forces

ALL STUDENTS (only check those you are requesting to Opt-out of)

<input type="checkbox"/> Directory Release	<input type="checkbox"/> Directory Release: Military	<input type="checkbox"/> News Media Access	<input type="checkbox"/> PUSD Media Access	<input type="checkbox"/> Electronic Report Card	<input type="checkbox"/> Cal-Grant
I DO NOT allow release of student directory information to the following: <ul style="list-style-type: none"> • News Media • Colleges • Non Profit Organizations (PTA, Boosters) • Prospective Employers 	I DO NOT allow release of student directory information to military recruiters.	I DO NOT allow my student to be photographed, filmed or interviewed by members of the news media, organizations or agencies.	I DO NOT allow my student to be photographed, filmed or interviewed by PUSD. During the school year, PUSD may photograph and/or video record students. Photos may be used on school and district websites, brochures, social media, etc.	I WISH to receive a paper copy of my student's report card or progress report.	I DO NOT allow my student's GPA to be sent to the California Student Aid Commission.
					Cal Grant may not be able to determine student's eligibility for making appropriate financial aid awards for college.

STUDENT EMAIL ACCESS

- ELEMENTARY STUDENTS (TK - 5th)**
- Yes, As the parent or guardian of the student, I have read this agreement and I DO consent for my student to have a PUSD email account.
- SECONDARY STUDENTS (6th - 12th)**
- I DO NOT allow my student to have access to a PUSD email account
- **Student will not be able to access PUSD email which may limit his/her ability to communicate with peers/teacher in collaborative assignments. ****

REQUEST FOR PESTICIDE NOTIFICATION

- Yes, I would like to be notified every time a Pesticide application is to take place at the school

Parent/Guardian Signature *Students who are 18 years old must sign their own form

Date

UPON COMPLETION OF THIS FORM, PLEASE RETURN IT TO YOUR CHILD'S SCHOOL OFFICE
ALL Selections are only valid for CURRENT school year



DISTRITO ESCOLAR UNIFICADO DE PASADENA
Forma Universal de Reconocimiento, Exclusión y Suscripción

Nombre del estudiante: (Apellido, Nombre)

Número de identificación del estudiante:

Grado:

Escuela:

Nombre del padre / tutor: (apellido, nombre)

Teléfono padre / tutor:

Correo electrónico del padre / tutor:

Después de revisar el Manual para Padres / Estudiantes

el padre / tutor debe verificar cada sección, firmar la última sección y devolver el formulario completo a la oficina de la escuela.

RECONOCIMIENTO DE RECIBO Y REVISIÓN

Reconozco que he leído y entiendo la información en el Manual anual para padres / estudiantes y acepto cumplir con las políticas del Distrito Escolar Unificado de Pasadena.

El Manual para padres / estudiantes incluye notificaciones anuales como

Notificaciones anuales

- Disciplina
- Asistencia
- Uso del Internet y tecnología
- Correo electrónico del estudiante
- Uso de pesticidas
- Boletas de calificaciones electrónicas
- Divulgación de información del directorio del estudiante

AFILIACIÓN MILITAR DE PADRE / TUTOR

- Si, al menos uno de los padres/tutores de este estudiante está activo en las Fuerzas Armadas de los Estados Unidos
- No, este estudiante no tiene un padre / tutor que esté activo en las Fuerzas Armadas de los Estados Unidos

ACCESO DE LOS ESTUDIANTES A CORREO ELECTRÓNICO

ESTUDIANTES DE ESCUELA PRIMARIA (TK-5^o)

- Si, como padre o tutor del alumno, he leído este acuerdo y ACEPTO que mi hijo tenga una cuenta de correo electrónico del PUSD.

ESTUDIANTES DE ESCUELAS SECUNDARIAS (6 - 12^o)

- NO PERMITO que mi estudiante tenga acceso a una cuenta de correo electrónico del distrito
- ** El alumno no podrá acceder al correo electrónico de PUSD, que puede limitar su capacidad para comunicarse con compañeros / maestros en tareas colaborativas. **

SOLICITUD DE NOTIFICACIÓN DE PLAGUICIDAS

- Si, me gustaría recibir notificaciones cada vez que se realice una aplicación de plaguicidas en la escuela

TODOS LOS ESTUDIANTES (Mal que solo aquellos si está optando por no participar)

Solo Grados 11 y 12

<input type="checkbox"/> Divulgación de información de directorio	<input type="checkbox"/> Divulgación de información militar	<input type="checkbox"/> Acceso de los medios de comunicación	<input type="checkbox"/> Acceso de medios de comunicación del PUSD	<input type="checkbox"/> Boletas de calificaciones electrónicas	<input type="checkbox"/> Cal-Grant
<p>NO autorizo la divulgación de la información del directorio del estudiante a lo siguiente:</p> <ul style="list-style-type: none"> • Medios de noticias • Colegios • Organizaciones sin fines de lucro (PTA, Boosters) • Empleadores potenciales 	<p>NO PERMITO la divulgación de información de directorio de estudiantes a los reclutadores militares.</p>	<p>NO PERMITO que mi estudiante sea fotografiado, filmado o entrevistado por miembros de los medios de comunicación, organizaciones o agencias.</p>	<p>NO PERMITO que mi estudiante sea fotografiado, filmado o entrevistado por el PUSD.</p> <p>Durante el año escolar, PUSD puede fotografiar y / o grabar videos a los estudiantes. Las fotos se pueden usar en sitios web de escuelas y distritos, folletos, redes sociales, etc.</p>	<p>DESEO recibir una copia en papel de la boleta de calificaciones de mi hijo o informe de progreso.</p>	<p>NO AUTORIZO el envío del promedio de calificaciones de mi estudiante a la Comisión de Ayuda Estudiantil de California.</p> <p>** Es posible que Cal Grant no pueda determinar la elegibilidad del estudiante para otorgar los premios de ayuda financiera apropiados para la universidad. **</p>

Parent/Guardian Signature *Students who are 18 years old must sign their own form

Date

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