



NEW STUDENTS TO PUSD  
Documents Needed for Registration

- ✓ One proof of residence in the form of a current utility bill (electric, gas, and/or water, cell phone bill, or cable bill) in the parent's 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 a property tax bill in parent's or guardian's name.
- ✓ Child's original birth certificate
- ✓ Child's immunization records and TB test results
- ✓ IEP (Individualized Education Program) if applicable
- ✓ Transcript for middle or high school students



NUEVOS ESTUDANTES PARA PUSD  
Documentos Requeridos para la Inscripcion

- ✓ Una pruebas de domicilio
- ✓ Prueba de domicilio, por ejemplo: el recibio mas reciente de servicios publicos
- ✓ Una segunda prueba de domicilio, por ejemplo: el contrato de arrendamiento y copia del recibo del pago mas reciente.
- ✓ Certificado de nacimiento del alumno.
- ✓ Comprobante de vacunas y resultados de las prueba de Tuberculosis.
- ✓ IEP si es aplicable (Programa educativo individualizado)
- ✓ Boleto de calificaciones se necesita para los alumnos de secundaria y preparatoria.



# 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?**  **Hispanic or Latino**  
 (check one) *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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Enrolling School:</b> _____	<b>Today's Date:</b> _____	<b>Enrollment Date:</b> _____
<b>Verification of Legal Name and Birth date by:</b>		<b>Medical:</b>	<b>Student's Perm. ID #:</b> _____
<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Hospital Cert	<input type="checkbox"/> Passport/Visa	<b>Form Processed By:</b> _____
<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

\_\_\_\_\_  
Last Name, First Name, Middle Name      Relationship      Birthdate      Current School      Grade

\_\_\_\_\_  
Last Name, First Name, Middle Name      Relationship      Birthdate      Current School      Grade

\_\_\_\_\_  
Last Name, First Name, Middle Name      Relationship      Birthdate      Current School      Grade

**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 48915.1(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)

\_\_\_\_\_  
Name of Last School      School District      City      State / Country      Grade(s)

\_\_\_\_\_  
Name of Last School      School District      City      State / Country      Grade(s)

**SCHOOL AND SPECIALIZED EDUCATION PROGRAMS**

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

- 504 Plan
- Alternative/Bilingual Program (waiver)
- English Language Development
- Gifted and Talented Education (GATE)
- Special Education/IEP, please specify: \_\_\_\_\_
- Speech/Language Services (IEP)
- Title I
- Other, please specify: \_\_\_\_\_
- 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 7<sup>th</sup> grade entry</i>	2nd _____
	<i>1 dose grades 1-6, 8-12 given after first birthday</i>	
Hepatitis B	<i>Kindergarten and 7<sup>th</sup> 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

CIS

**DISTRITO ESCOLAR UNIFICADO DE PASADENA  
HISTORIA DE SALUD y DE VACUNACION para los grades 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,	1a	_____
	Sarampión Alemán)	2a	_____
	<i>2 dosis para Kinder y 7º grado</i>		
	<i>1 dosis para 1°-6°, 8°-12º grados</i>		
<i>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 I DO NOT allow release of student directory information to the following: <ul style="list-style-type: none"> <li>• News Media</li> <li>• Colleges</li> <li>• Non Profit Organizations (PTA, Boosters)</li> <li>• Prospective Employers</li> </ul>	<input type="checkbox"/> Directory Release: Military I DO NOT allow release of student directory information to military recruiters.	<input type="checkbox"/> News Media Access I DO NOT allow my student to be photographed, filmed or interviewed by members of the news media, organizations or agencies.	<input type="checkbox"/> PUSD Media Access 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.	<input type="checkbox"/> Electronic Report Card I WISH to receive a paper copy of my student's report card or progress report.	<input type="checkbox"/> Cal-Grant I DO NOT allow my student's GPA to be sent to the California Student Aid Commission.  <small>**Cal Grant may not be able to determine student's eligibility for making appropriate financial aid awards for college.**</small>
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### 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

- Sí, 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<sup>o</sup>)**

Sí, 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<sup>o</sup>)

- 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

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

### TODOS LOS ESTUDIANTES: (Marque solo aquellos si está optando por no participar)

<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
NO autorizo la divulgación de la información del directorio del estudiante a lo siguiente: <ul style="list-style-type: none"> <li>• Medios de noticias</li> <li>• Colegios</li> <li>• Organizaciones sin fines de lucro (PTA, Boosters)</li> <li>• Empleadores potenciales</li> </ul>	NO PERMITO la divulgación de información de directorio de estudiantes a los reclutadores militares.	NO PERMITO que mi estudiante sea fotografiado, filmado o entrevistado por miembros de los medios de comunicación, organizaciones o agencias.	NO PERMITO que mi estudiante sea fotografiado, filmado o entrevistado por el PUSD. 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.	DESEO recibir una copia en papel de la boleta de calificaciones de mi hijo o informe de progreso.	NO AUTORIZO el envío del promedio de calificaciones de mi estudiante a la Comisión de Ayuda Estudiantil de California.  ** Es posible que Cal Grant no pueda determinar la elegibilidad del estudiante para otorgar los premios de ayuda financiera apropiados para la universidad. **

Solo Grados 11 y 12

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

UPON COMPLETION OF THIS FORM, PLEASE RETURN IT TO YOUR CHILD'S SCHOOL OFFICE

Date \_\_\_\_\_ ALL Selections are only valid for CURRENT school year