

John W. North High School

Student Enrollment Check-List

Please provide the following documents with the Enrollment Packet:

- Picture ID of parent/guardian**
- Proof of Residency – 2 documents are required**

Documents shall be dated within the previous thirty (30) days of their presentation to school site staff. Each document must have the printed parent/guardian's name and address:

- Escrow Papers, with closing date not more than 30 days from the current date.
(**Note:** Schools may ask for the final closing docs after the 30-day date to assure residence)
- Lease/Rental agreement **with** receipt from property owner; Mortgage statement
- Utility service contracts, statements, or payment receipts (Gas, Electric, Water providers)
- Employer's verification of address (i.e. pay stub)
- Proof of insurance – car or home
- Electronic payment receipt of monthly payments or security deposit or cancelled checks
- Statement from medical providers (Example: Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation
- Mail from *state or federal* Government Agencies (i.e., Medi-Cal, Cal Works, food stamps, County DPSS, Medical, DMV registration, court ordered child support payments, Child support statements, voter registration, jury summons, housing authority document, taxes
- Court documents regarding foster care, guardianship, custody orders.

Documents NOT Accepted:

- Cable, Trash, Telephone/Cellphone, Bills; Credit card statements; Junk Mailers (Advertisements); Driver's License; Restraining Orders; Bank Statements

- Birth Certificate**
- Complete Immunizations Record**
- Previous School Records**
 - For incoming 9th graders: certificate of promotion from the middle school
 - Students from other high schools: unofficial transcripts showing credits/classes completed
 - Withdrawal form: including grades at the time of leaving
- A copy of the current IEP (Individual Education Plan) ***
Only if the student participates in a Special Education program
- Guardianship/Caretaker documentation** – a student who does not live with parents or foster/group home placement - student **must** meet with CWA Manager, before the student can be enrolled at John W. North High School:

Central Registration Center / Pupil Services
5700 Arlington Avenue
Riverside, CA

Please have all the above information ready at the time of registration, in order to meet with a counselor for classes.

John W. North High School
Attendance Office (951) 788-7311 ♦ FAX (951) 328-2582

Riverside Unified School District New Student Registration 2023-2024

1) STUDENT INFORMATION

Student Last Name	Student First Name	Middle Name
Legal Name, if different		Family Email Address
Current Street Address		City
Mailing Address, if different		Zip Code
Home phone ()	Parent/Guardian Cell ()	Parent/Guardian Cell ()
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

2) LAST SCHOOL ATTENDED

Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school? <input type="checkbox"/> No <input type="checkbox"/> Yes*		*School:	

3) FAMILY INFORMATION

Please include first and last name **Check if student lives with**

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to **you**:

Not a high school graduate College graduate High school graduate Graduate school/Post graduate training

Some college (2 or 4 yr College or University) Declines to state or unknown graduate

Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to **you**:

Not a high school graduate College graduate High school graduate Graduate school/Post graduate training

Some college (2 or 4 yr College or University) Declines to state or unknown graduate

Is Either Parent/Guardian on Active Duty in the Armed Forces? Yes No

(Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)

If Active, What Branch? Air Force Army Coast Guard Marines Navy

4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

5) HEALTH INFORMATION

Check all that apply:

- No known health problems
- Allergies (please explain)
- Attention Deficit/Hyperactivity
- Asthma (Inhaler dependent*)
- Diabetic (Insulin dependent*)
- Seizures/Epilepsy (Medication required*)
- Surgeries
- Serious Illness (please explain)
- Other Medical (please explain)
- Other Medications* (please explain)

Comments:

*** REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM**
**** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION**

6) SPECIAL PROGRAMS

- Yes, my child has a current Individualized Education Plan (IEP)
- Gifted and Talented Education (GATE)
- Behavior Plan/Behavior Contract
- Speech Therapy
- Student Study Team
- Other _____
- NONE
- Foster/Group Home
- Special Day Class (SDC)
- Homeless/McKinney-Vento
- 504 Accommodation Plan
- Resource Specialist Program (RSP)
- My child has been tested for special education

7) PAST BEHAVIOR HISTORY

SUSPENSION:

- My child has previously been suspended from a public/private school.*

EXPULSION:

- My child has been expelled from a public/private school or district. *
 - My child is currently being referred for expulsion from a public/private school or district. *
- * Parents are required by law to divulge this information (EC 48918)

8) STUDENT ETHNICITY

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

9) STUDENT RACE (select one or more)

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

***** PARENT/GUARDIAN SIGNATURE*****

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature

Date:

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, physical or mental disability, medical condition, gender, gender identity, gender expression, or genetic information, nationality, national origin, immigration status, race or ethnicity, ethnic group identification, religion, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact:**
Director of Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 2/23

OFFICE USE ONLY

GRADE: _____ Student ID: _____ REGISTRATION COMPLETE

DOCUMENTS VERIFIED: Birth Verification Transcripts Photo ID Emergency Card Student Housing Questionnaire
 Caregiver Immunization record Home Language Survey Proof of Address Physical
 Mandatory Parent Notification Receipt Proof #1 Date: _____ Custody documents
 Parent Handbook Proof #2 Date: _____ Health History Form Lunch Application

SCHOOL OF RESIDENCE:

2023-2024 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ **Gender: M / F / Nonbinary** **Grade:** _____ **Age:** _____ **Birthdate:** _____
Genero Grado Edad Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____ **Zip Code** _____ **Home Phone** _____
Domicilio Código Postal Teléfono

Parent/Guardian Name _____ **Work Phone** _____ **Cell** _____
Padre/Tutor Num. del Trabajo

Email Address _____ **Lives with student** _____ Yes _____ No
Correo Electrónico Vive con el estudiante

Parent/Guardian Name _____ **Work Phone** _____ **Cell** _____
Padre/Tutor Num. del Trabajo

Email Address _____ **Lives with student** _____ Yes _____ No
Correo Electrónico Vive con el estudiante

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication _____
Nombre del medicamento recetado

Physician's Name _____ **Phone** _____
Nombre del doctor Teléfono

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que si anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian.** If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor.** Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.**

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.

En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____ **Date** _____
Firma de Padre/ Fecha



Student Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? **Check all that apply.**

- Living in a single-home residence that is permanent
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel/hotel due to loss of housing, economic hardship, natural disaster, etc.
- I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

Phone number	Street Address	City	State	Zip Code

Please list all school aged children currently living with you:

Name	M/F/Nonbinary	Birthdate	Grade	School

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact the local homeless liaison, **Chris Sewell**, by phone at (951) 352-1200 or by email at csewell@riversideunified.org

FOR OFFICE USE ONLY

If student qualifies for homeless program scan and email this form to Michelle Paulos in Pupil Services: mpaulos@riversideunified.org

Name of school site personnel receiving this form: _____

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ Male Female Nonbinary

Birthdate _____ Age _____ Grade _____

My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? Yes No During school hours? Yes No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office. (One form for each medication).

Check the box and explain if your child has a history of or now has the following conditions or concerns.

Asthma

Seizures

Date of last seizure _____

Type _____

Currently takes medication for seizures

Allergies

Bees

Foods _____

Medication _____

Other _____

Lactose Intolerance

Physical Limitations _____

Special Equipment needed at home

Special Equipment needed at school

Heart/Cardiac Condition _____

Other Conditions _____

Diabetes Type I Type II

• Has your child been hospitalized for diabetes? Yes No

If yes, give date and explain hospital course: _____

• Can your child monitor his/her blood glucose level independently? Yes No

• Can your child tell if he/she is having symptoms of high or low blood glucose levels? Yes No

If yes, what are his/her symptoms? _____

• Has Glucagon ever been given to your child? Yes No Last given: _____

Is your child ***currently*** under a doctor's care for any of the above? Yes No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Original to Cum Sent to District Nurse Health Assistant Teacher

**Riverside Unified School District
Department of Research, Assessment, and Evaluation**

Home Language Survey

Assessment Center Use Only:	STU-ID: _____
School Year _____	School: _____
Appointment Date: _____	Time: _____
Distribution: Original = Cum Copy = Assessment Center (Fax 80881)	
Calif. Ed. Code §52164.1.a Required per NCLB & Title III Regulations	

Instructions for parents/guardians: The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

Student :	_____	_____	_____	_____	_____
	Last Name	First Name	Middle	Grade	Birthdate
Student's Address	_____	_____	_____	_____	_____
	Apt. #	City	State	Zip	Home Phone
1. _____	_____	_____	2. _____	_____	_____
Name of Previous School, District Attended	City	State	Name of Previous School, District Attended	City	State

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

- Which language did your child learn when he or she first began to speak?** _____
- Which language does your child use most frequently at home?** _____
- Which language do you use most frequently to speak to your child?** _____
- Name the language spoken most often by the adults at home?** _____

Would you like to have school correspondence sent home to you translated in English or another language? English Other Language

X _____ / _____
Signature of Parent/Guardian / Date

Write in the language

Printed name of Parent/Guardian

School Funding Form – Riverside Unified School District (School Year 2023-2024)

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a RUSD School		School Name	Birth Date (MM/DD/YY)	Student ID# Ex: 123456
First Name	Last Name			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PART II: Fill in the following for each source of Household Income

Household Income reported by Frequency:			
Total Household Size	Monthly Household Income Range	Monthly Household Income Range	Monthly Household Income Range
1	<input type="radio"/> \$0 - \$1,580	<input type="radio"/> \$1,581 - \$2,248	<input type="radio"/> \$2,249 - or more
2	<input type="radio"/> \$0 - \$2,137	<input type="radio"/> \$2,138 - \$3,041	<input type="radio"/> \$3,042 - or more
3	<input type="radio"/> \$0 - \$2,694	<input type="radio"/> \$2,695 - \$3,883	<input type="radio"/> \$3,884 - or more
4	<input type="radio"/> \$0 - \$3,250	<input type="radio"/> \$3,251 - \$4,625	<input type="radio"/> \$4,626 - or more
5	<input type="radio"/> \$0 - \$3,807	<input type="radio"/> \$3,808 - \$5,418	<input type="radio"/> \$5,419 - or more
6	<input type="radio"/> \$0 - \$4,364	<input type="radio"/> \$4,365 - \$6,210	<input type="radio"/> \$6,211 - or more
7	<input type="radio"/> \$0 - \$4,921	<input type="radio"/> \$4,922 - \$7,003	<input type="radio"/> \$7,004 - or more
8	<input type="radio"/> \$0 - \$5,478	<input type="radio"/> \$5,479 - \$7,795	<input type="radio"/> \$7,796 - or more

If more than 8 household members, please call Nutrition Services at 951-352-6740 for assistance.

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

**Signature of Adult Household Member
 Completing this Form**

Date

Printed Name of Adult Household Member

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources of income than columns provided, report all additional income in the appropriate column. Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2023-2024
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the *Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK* on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website:

<https://www.riversideunified.org/department/pupil-services/parent-handbook>

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur-of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- Yes, I give** permission for my student to be photographed or videotaped. (*as outlined above*)
 No, I do not give permission for my student to be photographed or videotaped. (*unless I have been reached to give special permission*)

Acceptable Use Agreement

- Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
 No, I do not agree to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
 No, I do not give permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2023-2024*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date

BOARD OF EDUCATION
Dr. Angelo Farooq , President
Mr. Dale Kinnear,
Vice President
Mr. Tom Hunt, Clerk
Mr. Brent Lee, Member
Dr. Noemi Hernandez-
Alexander, Member

Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT
5700 Arlington Avenue
Riverside, California 92504

(951) 352-1200
FAX: (951) 274-4202



PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 17, 2023.



Date: _____ Name of School: _____

Student Name: _____ Student ID#: _____

I hereby request my student’s ***directory information***, including name, address, and telephone number, ***NOT*** be released to the following entities:

Check one or more below that apply:

_____ Military (United States Army, Navy, Air Force, Marines) and military schools

_____ Colleges, universities, and educational institutions

_____ Potential employers

Print Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Student

Date