

**Grades 6 -12**

**Returning Student  
(English)**

# WELCOME TO BANNING UNIFIED SCHOOL DISTRICT!



Centralized Registration  
161 W. Williams Street  
(951) 922-2702  
Hours: 7:30 a.m. - 4:00 p.m.



## **Checklist for Grades 6 – 12 Returning Student Packet:**

Please bring the items listed below to enroll your child.

**Documents verifying your residence address** (*provide ONE from the list below*):

- Current electric, water, or gas bills
  - Car Registration
  - County Documents
  - Lease/rental agreement from landlord
  - Escrow papers with closing date within the past/future 30 days
- \*All documentation must be dated within 30 days*

**Current Immunization Record**

- TDAP (1 dose) \*7<sup>th</sup> grade only

**Copy of IEP** (Special Education students only)

**Most Current Court Documents** (*only if it applies*)

**Completed BUSD Registration Packet**

**Copy of most recent grades/transcripts**

**Parent/Guardian Photo ID** (*provide ONE from the list below*):

- Current Driver's License/State Identification Card
- Current Passport
- Bank Identification Card with Photo
- Foster/Group Home/Agency Identification Card



Office use only:  
State ID#



Office use only:  
Date Entered:

## EMERGENCY CONTACT / ENROLLMENT FORM

PLEASE NOTIFY CENTRALIZED REGISTRATION OF ANY CHANGES

ID # \_\_\_\_\_ School Year 20\_\_\_\_ - 20\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT INFORMATION

Student's Last Name	First Name	MI	Male ___ Female ___
Home Address		City	State Zip Code
Mailing Address (if different)		City	State Zip Code
Birth Date		Age	

Student Lives With: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Foster Family \_\_\_  
 Group Home \_\_\_ Legal Guardian (with court papers) \_\_\_ Informal Guardian (without court papers) \_\_\_  
 Is the person checked above the legal guardian? Yes \_\_\_ No \_\_\_ If no then please complete a "Caregiver's Affidavit".

### FAMILY INFORMATION

### Phone Numbers

Parent/Guardian: Mother ___ Stepmother ___ Foster ___ Guardian ___	Cell ( )
Name: _____	Home ( )
Employer: _____ Position: _____	Work ( )
Email _____ Military: Yes ___ No ___	
<b>Mother's Education Level:</b> Not a High School Graduate ___ HS Graduate/GED ___ Some College ___ College Graduate ___ Masters/Graduate School ___	
Mother's Primary Language: English ___ Spanish ___ Other _____	

Parent/Guardian: Father ___ Stepfather ___ Foster ___ Guardian ___	Cell ( )
Name: _____	Home ( )
Employer: _____ Position: _____	Work ( )
Email _____ Military: Yes ___ No ___	
<b>Father's Education Level:</b> Not a High School Graduate ___ HS Graduate/GED ___ Some College ___ College Graduate ___ Masters/Graduate School ___	
Father's Primary Language: English ___ Spanish ___ Other _____	

**Family Residence:** House/Apartment/Mobile Home \_\_\_ Living w/another family/relative \_\_\_ Hotel/Motel \_\_\_  
 Car/Van/Street \_\_\_ Shelter/Transitional Housing \_\_\_ Campsite/Park \_\_\_ Other \_\_\_\_\_

**Home School Communication:** Check the language in which you would like to receive school notifications. English \_\_\_  
 Spanish \_\_\_\_\_

Print Parent/Guardian Name	Parent/Guardian Signature	Date
----------------------------	---------------------------	------

**OTHER CHILDREN IN THIS DISTRICT**

Name:	School:	Name:	School:

<b>Ethnic Origin</b>	<b>Race is separate from the previous question asking about Ethnic Origin. Please mark one or more boxes below to indicate this child's race.</b>
Is this child Hispanic or Latino? Yes, _____ No, _____	Asian: Chinese ___ Japanese ___ Korean ___ Vietnamese ___ Asian Indian ___ Laotian ___ Cambodian ___ Filipino ___ Hmong ___ Other Asian _____ <span style="float:right">Native Hawaiian or Other</span> Pacific Islander: Hawaiian ___ Guamanian ___ Samoan ___ Other ___ <span style="float:right">American Indian or Alaskan</span> Native ___ Black or African American ___ White ___

**Students Educational History**

		Previously enrolled in Banning Unified? Yes ___ No ___
Has this child ever been retained? Yes ___ No ___ If Yes, which grade? _____	Has this child ever been accelerated to another grade? Yes ___ No ___ If yes, which grade? _____	
Has this child ever been suspended? Yes ___ No ___	Is child currently enrolled in a Special Education Program? Yes ___ No ___ If Yes, which programs? RSP ___ SDC ___ Speech & Language _____	
Is this child currently under an expulsion order or going through the expulsion process? Yes ___ No ___ If Yes, which District? _____		
What educational services has this child received? Please check all that apply. English Language Development ___ GATE ___ Indian Education ___ 504 Plan ___ Migrant Education ___		

**Emergency Release Information**

IN THE EVENT OF ILLNESS OR AN EMERGENCY AT SCHOOL, WHEN I CANNOT BE REACHED, I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE, THESE INDIVIDUALS MUST COME TO THE SCHOOL OFFICE AND PRESENT A CURRENT PHOTO IDENTIFICATION CARD TO PICK UP MY CHILD

FULL NAME	RELATION TO CHILD	CELL/WORK PHONE	HOME PHONE
		( )	( )
		( )	( )
		( )	( )

I authorize emergency diagnosis and treatment by a licensed physician/hospital/paramedics and will assume financial responsibility for care if my medical doctor or I am not available: Yes \_\_\_ No \_\_\_

Medical Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**MEDICATIONS** your child is taking: \_\_\_\_\_

**Health Problems/Allergies:** \_\_\_\_\_

I understand that Banning Unified School District DOES NOT provide medical insurance covering students for accidents or school related injuries. However, they can refer me to student insurance for voluntary purchase.

I am taking student insurance as offered \_\_\_\_\_ I am NOT taking student insurance as offered \_\_\_\_\_

		/ /
Print Parent/Guardian Name	Parent/Guardian Signature	Date





U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



## REQUEST FOR RECORDS

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Previous School:** \_\_\_\_\_

**Address of Previous School:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_


**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Banning High School**  
 100 W. Westward Ave.  
 Banning, Ca. 92220  
 Ph. (951) 922-0285  
 Fax#: (951) 922-2137




**Nicolet Middle School**  
 101 E. Nicolet St.  
 Banning, Ca. 92220  
 Ph. (951) 922-0280  
 Fax#: (951) 922-2748



**New Horizons Cont. HS**  
 1151 W. Wilson St.  
 Banning, Ca. 92220  
 Ph. (951) 922-0250  
 Fax#: (951) 922-2750



**Banning Independent Study**  
 1151 W. Wilson St.  
 Banning, Ca. 92220  
 Ph. (951) 922-2778  
 Fax#: (951) 922-2723



- Is the student participating in any Special Education Program?  Yes  No
- Is the student under an Expulsion Order?  Yes  No
- Is the student currently in the Dual Immersion Program?  Yes  No

**Please Fax/Mail a copy of the following Documents:**  FAX  MAIL

- Proof of Students Birthdate  Immunizations  Dental  Physical  \*TDAP's stamp  CUM
- Transcript/Exit Grades/CAASPP scores  CELDT/English Prof Results  Current Court/Legal papers

The Federal Rights and Privacy Act of 1974, Sections 99.31 and 99.34, and California Law do not require the school forwarding pupil records to obtain permission to release records. The parent signature is provided below because your state or procedures may require parent authorization to release records for the student named above.

I authorize all of my child's records to be sent to the present school. Please send all pupil records, including grades, educational information, psychological, special education, health records, as well as developmental information for the student indicated above.  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with California Education Code 49068, the Banning Unified School District will inform the parent/guardian of their rights to inspect, review, receive a copy and challenge the content of the records for the above student.





## CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child(ren) **UNLESS** one of them has a signed court order that indicate otherwise. The school has no legal right to refuse biological parent's access to their children and/or school records.

If a parent has a signed, current court order limiting the other parent or any other person, the district **MUST OBTAIN THE ORIGINAL COURT ORDER**. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/Designee. In situations that become a disruption to the school, local law enforcement will be contacted, and an officer will be requested to intervene.

Parents are asked to make every attempt not to involve schools in custody matter. Please have current information on file for your children.

I have read and understand the above statement.

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

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

**This form shall remain in effect as long as my child (ren) attends Banning Unified School District. If any changes occur, I will inform my child (ren)'s school office and the District office to update records with new court orders.**

Banning Unified School District does not discriminate in any employment practice, educational program or educational activity on the basis and/or association with a person or group with one or more of these actual or perceived characteristics of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, marital status, medical condition, national origin, political affiliation, pregnancy, and related condition, race, religion, retaliation, sex (including sexual harassment), sexual orientation, or any other basis prohibited by California State and federal nondiscrimination laws respectively. In addition, the district provides equal access to the Boys & Girls Club and other designated youth groups.

