## UNIFIEDSCHOOLDISTRICT

## Procedures for Student Registration

Please provide the following documents to register your student in a Lincoln Unified school:
O Completed and signed Student Information Sheet

O Student's birth certificate, passport, or Parent Affidavit of Student Age (signed under penalty of perjury)

O Student's complete and up-to-date immunization record

O Parent/Guardian's photo ID

O Proof of residence within Lincoln Unified boundaries in parent/guardian's name
Original statements required; accepted documentation includes:

- Two bills dated within 30 days, or
- Rental agreement dated within 30 days or rental agreement and one piece of current mail dated within 30 days (Lincoln USD staff may ask for additional documentation or call to confirm residency), or
- Two pieces of correspondence from a government agency dated within 30 days

O Student's previous school records. Students must bring an unofficial transcript and withdrawal release from their previous school. Lincoln High School will request official records from the previous school AFTER enrollment. The unofficial record is necessary for scheduling classes. Incoming $9^{\text {th }}$ graders should provide their final $8^{\text {th }}$ grade report card.

O Students who receive Special Education services must bring a copy of their current IEP (Individualized Education Program).

When proof of residence is in another person's name, they must be available in person to provide the following:

1. Any of the above options for proof of residence
2. Photo ID
3. Signature for a Residence Verification Letter, that is provided at time of registration, which includes the following information:

- Address
- Name of the individuals now claiming residence at that address
- Acknowledgement that Lincoln Unified School District staff may conduct periodic homevisits
- Acknowledgement that the Residence Verification Letter is signed under penalty of perjury Letter must be signed in front of a Lincoln USD employee (who will sign as a witness)

Parent/Guardian: Please be aware that you will be required to provide one of the listed options for proof of residence in your name within 45 days of signing a Residence Verification Letter. In addition, please be advised Lincoln Unified School District representatives may do a home visit to verify residence.

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EMERGENCY INFORMATION (other than parent/guardian)
Emergency Contact Name $\qquad$ Relationship $\qquad$
Home Phone ( )
Work Phone ( )
Cell Phone ( )
Emergency Contact Name $\qquad$ Relationship $\qquad$
Home Phone ( ) Work Phone ( ) $\qquad$ Cell Phone ( ) $\qquad$
Emergency Contact Name $\qquad$ Relationship $\qquad$
Home Phone ( )
Work Phone ( )
Cell Phone ( )

STUDENT'S MEDICAL INFORMATION
Describe any physical, health, or medical information we should be aware of including medications required during school:

NOTE: Lincoln Unified School District does not carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian. You may purchase student accident insurance if you wish. Applications are available in the school office.

## MEDI-CAL ELIGIBILITY

If my child is or may become eligible for public benefits (Medi-Cal); I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits for applicable services.

Has your child been served in a special program? If so, please specify: $\square$ Special EducationGATETitle I What Service:Special Day ClassResource Specialist ProgramBehavior Support PlanLanguage, Speech \& Hearing

Does your child have an $\square$ IEP or $\square 504$ Plan?

## RACE/ETHNICITY INFORMATION

(Providing this information is voluntary and will only be used for reporting student statistics to the California Department of Education as required.)

Is your child Hispanic or Latino? (Choose only one response.)
No, not Hispanic or Latino
Yes, Hispanic or Latino
Please continue to answer by marking one or more of the following boxes to indicate your child's race.
Black/African American
$\bigcirc$
American Indian/Alaskan Native
$\bigcirc$ White
Asian/Asian American
Pacific Islander


## Student's Birthplace

| City | State | Country |
| :---: | :---: | :---: |

Date student first enrolled in a USA school (if previously attended out-of-state or was born in another country) $\qquad$ Has your child previously attended school in California? Yes $\square$ No $\square$ Date first enrolled in CA schools $/$ $\qquad$ Is either parent/guardian currently an active member of any branch of the US Armed Forces? Yes $\square$ No $\square$ $\square$

## CORRESPONDENCE LANGUAGE PREFERECE

What language would you like us to use when speaking with you? $\qquad$ . . . when writing to you? $\qquad$

Previous School Attended $\qquad$ Name of School School District Phone Date Last Attended

Has your child previously attended a Lincoln Unified School? Yes $\square$ No $\square$ If so, list name of school(s) and year(s) attended:
$\qquad$ Date $\qquad$
$\qquad$ race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates.

## LINCOLN UNIFIED SCHOOL DISTRICT <br> LINCOLN HIGH SCHOOL

Student's Name: $\qquad$

Student's Date of Birth: $\qquad$ Last School Attended:
(if 8th grade: High School assigned to)
Please check whether or not you give permission for your child to be interviewed/photographed by the media (newspaper, radio, or TV).
$\square$ Yes, I give my permission
$\square \quad$ No, I do NOT give permission
Please check whether or not you give permission to share your child's information with the military.

$\square$Yes, I give my permission
$\square \quad$ No, I do NOT give permission
California Education Code 49079 requires that teacher(s) be informed of each student who has violated a school's discipline code within the previous three (3) years. This requirement includes information the school receives from law enforcement agencies.

Pursuant to the California Education Code, please answer the following questions and provide appropriate information.
Has this student been SUSPENDED from school in the past three (3) years?
(Removed from school for one to five days)
YES $\square$
REASON(S) FOR SUSPENSION(S):
NO $\square$

Has this student been RECOMMENDED FOR EXPULSION in the past three (3) years?
YES $\square$ REASON(S) FOR RECOMMENDATION(S):
NO $\square$
Has this student been EXPELLED from school?
(Removed from school for one or two semesters)
YES
DATE AND REASON(S) FOR EXPULSION(S):
NO

Is this student currently on Juvenile probation for violation(s) of the California Penal Code?


Parent/Guardian Signature: $\qquad$ Date: $\qquad$
HOME LANGUAGE SURVEY
Name of Student:
Age of Student:
Directions to Parents and Guardians:
 correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk?
2. Which language does your child most frequently speak at home?
3. Which language do you (the parents or guardians) most frequently use when speaking with your child?
4. Which language is most often spoken by adults in the home?
Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.
Signature of Parent or Guardian
California Department of Education Form HLS, Revised December 2016 SF:es 02/15/2019

## Lincoln Unified School District Housing Questionnaire

| Student Last Name | First | Middle |
| :--- | :--- | :--- |
|  |  |  |

## Name of School:

$\qquad$
The information provided below will help the District 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?

$\square$Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer

$\square$
Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason

$\square$Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)

$\square$Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
$\square$ Living in a single-home residence that is permanent
I am a student under the age of 18 and living apart from parent(s) or guardian.

$\square$
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 |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

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.

Please list all children currently living with you.

| Name | Gender | Birthdate | Grade | School |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you have any questions about these rights, please contact the District's Homeless Liaison:

Suzanne Fagundes, Director of Child Welfare and Enrollment (209) 953-8989
sfagundes@lusd.net

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- 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.
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Please list all children currently living with you.

| Name | Gender | Birthdate | Grade | School |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
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## Lincoln High School 2023-24 Course Offering Sheet



Student name:
Last
First

## $12^{\text {th }}$ Grade Course Selection Sheet 2023-2024

Schedule Preference - NOT GUARANTEED

Parent Phone Number: $\qquad$

Student Phone Number: $\qquad$
Student/Parent Email: $\qquad$

All students are entitled to a 7-period day, however, they may opt for 6 periods as long as they are currently on track for graduation.
I am on track for graduation and wish to select a 6-period day. Check one:
 1-6 (8:30-2:42) Under Other Elective, enter 8550 ( $\mathrm{No} 7^{\text {th }}$ ). $\square 2$ 2-7 (9:27-3:39) Under Other Elective, enter 8545 (No $1^{\text {st }}$ ).

Instructions:

1. Using the 2022-2023 course catalog, select what classes you wish to take for $12^{\text {th }}$ grade.
2. Fill in each row on the primary choice columns.
3. For each elective you select as a primary choice, you need to include an alternative selection.
4. Students intending to meet NCAA eligibility standards please initial here. $\qquad$ /

| SUBJECT (graduation requirements) | PRIMARY CHOICES |  | ALTERNATIVES (where applicable) |  |
| :---: | :---: | :---: | :---: | :---: |
|  | course \# | course name | course \# | course name |
| English (4 years required) | 1038 | World Literature |  |  |
| Math (2 years required) |  |  |  |  |
| Physical Education (2 years required) |  |  |  |  |
| Science (1 year of Biology/1 year of Physical Science required) |  |  |  |  |
| Social Science (3 years required) | 1540/1546 | Amer Gov't/Econ |  |  |
| Visual/Performing Arts, World Language, Career \& Technical Education or other elective (1 year required) |  |  |  |  |
| Other Elective |  |  |  |  |

$\qquad$ Parent Signature $\qquad$


[^0]:    **Please contact the Registrar, 209.953.8915 if you have additional questions

