


## Hemet Unified School District

PermID # \_\_\_\_\_ School Year \_\_\_\_\_ School Name: \_\_\_\_\_

STUDENT INFORMATION				
Student's Legal Last Name	Legal First Name	Middle Name	Grade	
Mailing Address		City	Zip Code	
Residence Address		City	Zip Code	
Primary Phone Number	Date of Birth	Birthplace: City/State		Gender (M/F)
STUDENT LIVES WITH: (CHECK ONE)			Phone Number	
Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <b>NAME:</b>  Employer's Name: _____ City: _____			Cell:  Work:	
Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <b>NAME:</b>  Employer's Name: _____ City: _____			Cell:  Work:	
HOME/SCHOOL COMMUNICATION – Check the language in which you would like to receive school notifications		PARENT/GUARDIAN E-MAIL ADDRESS(S):		
<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH		Parent/Guardian:  Parent/Guardian:		
OTHER CHILDREN LIVING AT HOME				
Legal Name	Date of Birth	Grade	School	
EMERGENCY RELEASE/HEALTH INFORMATION				
Medical and Emergency Release Information. I authorize HUSD and hold them harmless in seeking emergency medical services when parent/guardian cannot be reached. Listed below are persons authorized to remove my child from school.				
Name	Relationship to Student	City	Daytime Phone	Cell/Pager
1.				
2.				
3.				
Health Problems and Medication Information (Please Describe)			<input type="checkbox"/> Physical Limitations/Disabilities <input type="checkbox"/> Needs medication during school <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure <input type="checkbox"/> Other: _____	
Doctor's Name		Address		Phone
My signature certifies that all information provided is accurate. I understand that any changes in address, telephone numbers, or emergency information must be reported to the school within 24 hours for the safety of my child.				
Parent/Guardian Signature  			Date	