

O.E./S.C. _____ Sch/Res _____
Caregiver _____ CAHSEE _____

Antelope Valley Union High School District
SRIC (Student Registration or Information Change)
QUARTZ HILL HIGH SCHOOL

Student # _____
SSID# _____

STUDENT NAME _____
Last First Middle

Is this the same name by which you were enrolled at your previous school? ☐ YES ☐ NO

If not, other name(s): _____

Birth Date (Proof may be required.): ____/____/____ Age ____ Place of Birth: City _____ State _____

HOME PHONE (____) _____ GRADE ☐9 ☐10 ☐11 ☐12 GENDER ☐F ☐M

HOME ADDRESS _____ City _____ Zip _____

MAILING ADDRESS _____ City _____ Zip _____

PARENT/GUARDIAN NAMES AT THIS ADDRESS: ☐M/M ☐Mr. ☐Ms. _____

E-MAIL ADDRESS _____ FOSTER HOME? ☐YES ☐NO HOMELESS? ☐YES ☐NO

PREVIOUS ADDRESS _____

It is required that **ALL PUPILS ATTEND THE SCHOOL IN THE AREA OF RESIDENCY OF THEIR PARENTS** with some exceptions. Proof of residency, such as two utility bills will be required for address verification. Further investigation may be required if residing with family members or doubled-up.

STUDENT IS LIVING WITH:

- ☐Mother & Father ☐Mother & Stepfather ☐Legal Guardian (Court documents required.)
☐Mother only ☐Father & Stepmother ☐Foster home (Proof of license/placement required.)
☐Father only ☐Relative ☐Group home (Proof of license/placement required.)
☐Caregiver (Caregiver's Affidavit required.)

☐None of the above (explain) _____

Father/Guardian Name _____ Daytime Phone (____) _____

Mother/Guardian Name _____ Daytime Phone (____) _____

Stepparent Name _____ Daytime Phone (____) _____

LAST SCHOOL ATTENDED _____
Name Address City State

HAVE YOU WITHDRAWN STUDENT FROM THE PREVIOUS HIGH SCHOOL? ☐YES (Withdrawal date: ____/____/____) ☐NO

Reason for withdrawal _____

NAME OF MIDDLE/JUNIOR HIGH SCHOOL _____
Name Address City State

CIRCLE ANY HIGH SCHOOLS THE STUDENT HAS ATTENDED WITHIN THE AVUHS:

AVHS DWHS EHS HHS KHS LNHS LHS PHS PXHS QHHS RRPHS SOAR

■IF THE STUDENT IS CURRENTLY OR HAS EVER BEEN IN ANY SPECIAL PROGRAMS, PLEASE INDICATE BELOW:

☐Special Education (Last IEP Date _____) ☐504 Plan ☐Adaptive P.E. ☐English Learner

☐Adult Education ☐GATE (Gifted And Talented Education) ☐Independent Study ☐Opportunity

☐Continuation School ☐Court School ☐Juvenile Hall/Camp (Last Date of Release _____)

■HAS THE STUDENT EVER BEEN REFERRED TO THE STUDENT STUDY TEAM?

☐YES (School Year: _____) ☐NO

■HAS THE STUDENT EVER BEEN REFERRED TO SARF (STUDENT ATTENDANCE REVIEW BOARD)?

☐YES (School Year: _____) ☐NO

■HAS THE STUDENT BEEN SUSPENDED FROM SCHOOL DURING THE LAST THREE YEARS?

☐YES (School Year: _____) ☐NO

■IS THE STUDENT CURRENTLY ON PROBATION?

☐YES (School Year: _____) ☐NO

■HAS THE STUDENT EVER BEEN EXPELLED FROM SCHOOL, OR IS THERE AN EXPULSION HEARING PENDING?

☐YES (School Year: _____) ☐NO

■HAS THE STUDENT EVER BEEN CONVICTED OF A FELONY? (This would include having a petition sustained, pleading no contest, or a guilty plea.) ☐YES (Year: _____) ☐NO

WHICH LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE FIRST BEGAN TO TALK? _____

EDUCATION LEVEL OF PARENTS

Father / Mother:

- ☐ / ☐ Not High School Graduate (14)
☐ / ☐ High School Graduate (13)
☐ / ☐ Some College (incl. AA) (12)
☐ / ☐ College Graduate (11)
☐ / ☐ Graduate School/
Post-Graduate Training (10)

Parent/Guardian, please complete:

ETHNIC/RACE IDENTIFICATION

Is this student Hispanic or Latino?

☐ Yes, Hispanic or Latino (500)

Please continue to answer the following
by marking one or more boxes to indicate
student's race:

☐American Indian/Alaska Native (100)
Asian:

- ☐Chinese (201)
☐Japanese (202)
☐Korean (203)
☐Vietnamese (204)
☐Asian Indian (205)
☐Laotian (206)
☐Cambodian (207)
☐Hmong (208)
☐Filipino (400)
☐Other Asian (299)

Pacific Islander:

- ☐Native Hawaiian (301)
☐Guamanian (302)
☐Samoan (303)
☐Tahitian (304)
☐Other Pacific Islander (399)
☐Black or African American (600)
☐White (700)
☐Two or more races

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FALSE STATEMENTS MAY RESULT IN STUDENT'S WITHDRAWAL FROM QUARTZ HILL HIGH SCHOOL.

Parent/Guardian Signature _____ Date ____/____/____

Immunization Code _____ Health Code _____ Consent Release: Parent _____ Student _____ No Consent _____