



## Pomona Unified School District Student Enrollment Verification Form

The pre-filled information on this form reflects the responses you submitted on a previous enrollment form. Please review and make corrections, sign the form (even if no corrections are needed), and return to your child's school. If additional space is needed, use the designated bottom section to continue writing additional information. Please print legibly using a black or blue pen.

### STUDENT INFORMATION HOMEROOM / TEACHER: «advisor»

Last Name (Legal Name Only)	First	Middle	Suffix (Jr, III)	Grade	Gender	StudentID#
Birth Date	Household Address			City, State	Zip Code	
Home Phone	Mailing Address (If different from household)			City, State	Zip Code	

Student residential status (check one):

<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Foster Family or Kinship Placement	<input type="checkbox"/> Residential School / Dorm
<input type="checkbox"/> Temporary Residence – sheltered*	<input type="checkbox"/> Temporary Residence – hotel/motel*	<input type="checkbox"/> Group Home / LCI
<input type="checkbox"/> Temporary Residence –unsheltered*	<input type="checkbox"/> Temporary Residence – shared housing* (living with someone else)	<input type="checkbox"/> Other _____

\*Temporary Residence due to financial hardship

### SIBLINGS

Only if applicable complete and include siblings who are currently in Grades PK – 12 in PomonaUSD.

Sibling 1 Full Name:	ID#:	Grade:	School:
Sibling 2 Full Name:	ID#:	Grade:	School:
Sibling 3 Full Name:	ID#:	Grade:	School:
Sibling 4 Full Name:	ID#:	Grade:	School:

### CONTACT INFORMATION

Parent/Legal Guardian to be Called	Relationship to Student	Primary Language	Home Phone	Cell Phone	Work Phone
Call Order?	Lives w/ Student?	If answered No to previous question, Home Address		Email Address	Education

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Emergency Contacts <small>(Other than parents/guardians)</small>	1 <sup>st</sup> to Contact	2 <sup>nd</sup> to Contact	3 <sup>rd</sup> to Contact
Relationship			
Home Phone			
Cell Phone			
Work Phone			
Address			

Before & After School Care Provider or Transport	Relationship	Home Phone	Cell Phone	Work Phone
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Special Custody Issues

### MEDICAL INFORMATION

Special medical conditions:  Allergies  Asthma  Diabetes  Hearing  Orthopedic  Seizures  Vision  Other:

Taking Medication?	Physician's Name	Physician's Phone #
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### ADDITIONAL NOTES FROM PARENT:

### PARENT / GUARDIAN SIGNATURE

I have reviewed this document and have verified the accuracy of information to the best of my knowledge. I understand that any incorrect or invalidated information could compromise the enrollment of my child. I further acknowledge and accept that it is my responsibility to notify the school promptly regarding any changes in information, especially address and contact information. I, as undersigned, declare under penalty of perjury that I am the parent or legal guardian of the above named student.

**Check one:**  Yes, changes were made  No changes were made

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Parent / Guardian signature (required)

Date