



**LUCERNE VALLEY UNIFIED SCHOOL DISTRICT
STUDENT DATA UPDATE FORM**

For school use only:	
School Site:	Date Received
Date Entered:	Entered by:

IN ORDER TO INSURE THAT ALL INFORMATION REGARDING YOUR CHILD IS CORRECT, PLEASE COMPLETE THIS FORM ALONG WITH THE ATTACHED “STUDENT EMERGENCY CARD/AUTHORIZATION TO TREAT”, AND RETURN THEM TO THE SCHOOL AS SOON AS POSSIBLE. YOU MAY INDICATE BELOW IF THERE HAS BEEN NO CHANGE ON THIS FORM, HOWEVER, THE ATTACHED “STUDENT EMERGENCY CARD/AUTHORIZATION TO TREAT” MUST BE COMPLETED FOR THE CURRENT SCHOOL YEAR. THIS INFORMATION IS VITAL TO YOUR STUDENT’S SAFETY IN THE EVENT OF AN EMERGENCY.

<input type="checkbox"/> No Change - Information from the previous school-year is still current. Ningún Cambio - la información de los últimos años, la escuela sigue siendo actual. (Please sign and date on the back/ Por favor, firma y fecha en la parte posterior)					
Legal Last Name of Student Apellido Legal del Estudiante	Legal First Name Primer Nombre Legal	Legal Middle Name Segundo Nombre Legal	Gender (Sexo) <input type="checkbox"/> Male <input type="checkbox"/> Female Hombre Mujer	Birthdate Fecha de nacimiento	Current Grade Grado Actual
Student is living with: El estudiante vive con	<input type="checkbox"/> Father Padre	<input type="checkbox"/> Step Father Padrastra	<input type="checkbox"/> Guardian Tutor	<input type="checkbox"/> Caregiver Cuidador	<input type="checkbox"/> Mother Madre <input type="checkbox"/> Stepmother Madrstra <input type="checkbox"/> Guardian Tutora <input type="checkbox"/> Caregiver Cuidadora
Name (Nombre)					
Address (Domicilio)					
Mailing Address (if different) Domicillio Postal (si es diferente)					
Home Phone (Telefono del Hogar)					
Cell Phone (Telefono Celular)					
Employer (Empleador)					
Work Phone (Telefono Laboral)					
Email Address (Direccion de Email)					
Date of Birth Fecha de nacimiento					

The following information will be used to determine if your child qualifies for additional assistance under the "No Child Left Behind Act of 2001"
La siguiente información se utilizará para determinar si su niño califica para obtener ayuda adicional bajo "No Child Left Behind Act de 2001"

Where is your child/family currently living? (Check one box only)
 Donde está actualmente viviendo el niño y la familia? (Marque una casilla solamente)

- In a single family residence /En una única residencia familia
- With more than one family in a house or apartment due to economic hardship
 Con más de una familia en una casa o apartamento debido a dificultades económicas
- In a shelter of transitional housing program/ En un refugio de programa de vivienda de transición
- In a motel, car or campsite/ En un motel, el coche o el Camping
- In a foster care placement or group home/ En una colocación de hogares de guarda o grupo Inicio

Current Court papers (Custody, Restraining Orders, etc) must be on file in the school office. Does this apply to your student? Yes (si) No

Papeles del Juzgado Actual (Custodai, Ordenes de Restricion, etc) se deberan archivar en la oficina escolar.

Other Children in the family (Otros niños/as en la familia)

Legal Full Name Nombre Legal Completo	Birthdate Fecha de Nacimiento	Relationship to Student Relacion con el Estudiante	Living at Home? Vive en el Hogar	School Attending Escuela donde Asiste
1.				
2.				
3.				
4.				
5.				

Parent/Guardian Signature: _____
 Firma del Padre/Tutor

Date: _____
 Fecha