

MARYSVILLE JOINT UNIFIED SCHOOL DISTRICT

(Please Print)

REGISTRATION FORM

Pupil's Name _____ Last _____ First _____ Middle _____ Girl _____ School _____ Student ID # _____
 Boy _____

Social Security # _____

Pupil's Home/Mailing Address _____ Phone # _____

Birthdate _____ Place of Birth _____

Name & Address of School Last Attended _____

Father _____ Employer _____ Employer Phone _____

Mother _____ Employer _____ Employer Phone _____

Have you ever been enrolled in:

MJUSD ? Y/N Year? _____ School _____ A Calif. Public School? Y/N

Pupil Living with: Parent Guardian Stepfather Stepmother Other _____

GIVEN NAMES OF OTHER CHILDREN LIVING IN HOME

BIRTHDATES

GIVEN NAMES OF OTHER CHILDREN LIVING IN HOME

BIRTHDATES

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Date _____ Signature **X** _____

(FOR OFFICE USE ONLY) ENTERING SYMBOL														
					E ₁	E ₂	E ₃	E ₄	R					
School	Date	Teacher	Gr.	Rm.	School	Date	Teacher	Gr.	Rm.	School	Date	Teacher	Gr.	Rm.

CURRENTLY ENROLLED (FILE COPY)

08-0375

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent(s) or legal guardians of _____, a minor, hereby authorize the faculty members of Marysville Joint Unified School District supervising the activity concerned, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable, when the parent cannot be reached. Authorization is also given to personnel authorized by the Marysville Joint Unified School District to transport my son/daughter to a medical treatment center. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until the end of the current school year; unless sooner revoked in writing and delivered to said agent.

 Signature of Parent/Legal Guardian _____ Date _____

Student's Doctor: _____ Doctor's Telephone Number: _____

Student's Dentist: _____ Dentist's Telephone Number: _____

Medical Insurance Plan: _____ Group Number: _____

NOTE: The Marysville Joint Unified School District offers student insurance through Meyers-Stevens Company at a minimal cost to you. If interested the forms can be obtained from the school.