

Signature of Parent/Guardian

Merced Union High School District Data Form

revised by V.F. 6/18/20

Date

COM COM SEC.							
School Use: AERIES#	Perm# G	Grad Yr:	Programs: □	EL 🗆 F	oreign Exchg	☐ Special Ed	
The Merced Union High Scho	ool District does not discriminate on t	he basis of race, c	color, sex, religion, no	ational origin,	citizenship status o	r immigration status	
STUDENT INFORMATION:							
Last Name - Legal	Legal First Name – Legal		Middle Name:		Suffix (Jr. II, III)		
Gender Grade:			Birth Date:				
Date first attended US school:			Date first attended CA school:				
Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)							
		☐ Not Hispanic o	or Latino				
WHAT IS YOUR CHILD'S RACE? (Please of answer the following by marking one or		-		ot race. No m	atter which ethnicit	y you selected above, please:	
□ American Indian or Alaska Native (Persons having origins in any of the original people of North, Central or South America, including Latin America) □ White (Persons having origins in any of the original people of Europe, North Africa, or the Middle East) □ Other Pacific Islander Asian Indian		merican	☐ Cambodiar☐ Hmong☐ Laotian☐ Chinese	n	☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean	□ Other Asian□ Samoan□ Tahitian□ Vietnamese	
Home Language: Correspondence Language:							
Check special services student has received: Special Ed ☐ Re (please check all boxes that apply)			☐ Special Day	(SDC)	☐ 504 Plan		
(F	Or Other:	Foster Youth	☐ Speech/Lang	guage	□ EL		
Parent on Active Military Duty? Nas student previously attended scho		No	Year:	School Name	e:		
INFORMATION AND RELEASE FOR PHOTO	D/WORK TO BE PUBLISHED						
Student's work, photo and/or first name r copying without the express written pern MUHSD web pages or pages created with related printed materials that may be pro copy student's likeness or how such perso I UNDERSTAND THAT GIVING OR DENYING A CONDITION OF ENROLLING MY CHILD IN	mission of MUHSD, the student and to n MUHSD resources. In addition, MUH ovided to District staff and/or to the stones ons may otherwise use the photograp G CONSENT ON THE MUHSD ENROLLI	the parent(s). No HSD may take pho staff of other scho ohs. MENT FORM FOR	student's full name, otographs of students ool districts. MUHSD RELEASE OF MY CHIL	, home address s, singly or in a D will not exerc LD'S PHOTO OF	is or telephone num a group, for use in a cise control over the R WORK TO BE PUB	nber will be published on the sudiovisual presentations and e persons who may view and LISHED IN ANY MEDIA IS NOT	
ABSENT SUCH A REVOCATION, THIS CONS							
I give consent and release for my child's pl	hoto or work to be published in any r	media. [□ Yes □ No	1			
Residence - where is your child/family cur housing programIn substandard housin Unaccompanied youth (not in the physi loss) In a single family permanent resid **Contact the Child and Youth Liaison at (2)	ng (without electricity, water, or gas) sical custody of parent or legal guardia idence (house/apartment, condo, mo	an)**Doubled- bbile home)					