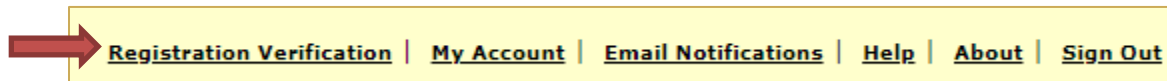


Registration Verification

How to register your RETURNING High School student:

- Login using your Q ParentConnection pin and password:
 1. If you do not remember your Q ParentConnection pin and password, please [click here](#) to reset your password.
 2. If you do not currently have a Q ParentConnection account, please go to the Office at your child's school. You may also download the form from the district website or [click here](#) and return the completed form to your child's school.
- Click on the Registration Verification link in the upper right hand side.



Each step below will need to be confirmed or authorized to complete the Registration Verification process.

- Click on the first Edit button to edit **Contact Information**

+ Contact: Parent Name	Registration Verification Incomplete	Edit
+ Demographics	Not Confirmed	
+ Student: Student Name, Grade 10 at Warren HS Training 2018-2019	Registration Verification Incomplete	Edit
+ Demographics	Not Confirmed	
+ Emergency Contacts	Not Confirmed	
+ Active Military/Full-Time National Guard Duty	Not Confirmed	
+ Residency Questionnaire	Not Confirmed	
+ Student Directory Information	Not Confirmed	
+ Important Information	Not Confirmed	

Contact Demographics:

- Review the information, make any necessary changes, add a check mark to confirmation box and submit in top left corner to save.

Return Reset **Submit** Updates Pending Registration Verification for Contact Parent Name

Demographics

Please update any incorrect phone numbers listed.

Click the Add Phone link to add additional phone numbers where you may be contacted by your child's school or the school district.

Nombre: Parent Name

Title First Name Middle Name Last Name Suffix

Contact Email Address:

Employer:

Occupation:

Preferred Language for Communications:

Telephone Numbers: [Add Phone](#)

I authorize school site or district staff to contact me at the phone numbers listed.

NOTE: After adding check mark to box, click **Submit** in top left corner.

- Click on the next Edit button to edit **Student information**, if you have multiple high school students, it will be necessary to complete the steps for each.

✦ Contact: Parent Name	Registration Verification Incomplete	Edit
✦ Demographics	Not Confirmed	
✦ Student: Student Name, Grade 10 at Warren HS Training 2018-2019	Registration Verification Incomplete	Edit
✦ Demographics	Not Confirmed	
✦ Emergency Contacts	Not Confirmed	
✦ Active Military/Full-Time National Guard Duty	Not Confirmed	
✦ Residency Questionnaire	Not Confirmed	
✦ Student Directory Information	Not Confirmed	
✦ Important Information	Not Confirmed	

Student Demographics:

- Review the information, make any necessary changes, add a check mark to confirmation box and submit in top left corner to save.

Return Reset **Submit** Updates Pending Registration Verification for Student Student Name

Demographics	The Primary Phone Number is the number called by the automated system.
Emergency Contacts	The school or district sends communications via phone, email and text message (by text only if box is checked to accept text messages). You must provide a primary phone number for such communications.
Notification and Authorization	Name: Student Name Birth Date: 09/01/2003
Active Military/Full-Time National Guard Duty	Preferred Language for Communications: English
Residency Questionnaire	Primary Phone Number: 562-555-1212 Cellular <input checked="" type="checkbox"/> (Accepts Text Msg)
Student Directory Information	Additional Phone Numbers: Add Additional Phone
Medical	Student DUSD Email Address: 737774@student.dusd.net
Important Information	If you would like to receive communications by text message, be sure to include a phone number where text messages can be received. By checking the "Accepts Text Msg" box above, you authorize text messages to be received at the phone number listed.

The phone numbers listed are able to receive automated phone calls.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Emergency Contacts:

- Click the Add Emergency Contact link to add emergency contact names and phone numbers.

Return Reset Submit Registration Verification for Student Student Name

Demographics	<p>List three relatives, friends, neighbors or sitters over the age of 18, who can come for the student if school staff is unable to locate a parent/guardian during school hours. You are also authorizing these people to pick up your student in case of a disaster such as an earthquake.</p> <p>If you have other high school students for whom you would like to apply the same emergency contacts, add a check mark in the box below the last person you listed and click submit. This will add the emergency contacts to all of your available students.</p> <p>Add Emergency Contact</p> <p><input type="checkbox"/> I authorize my student's school to contact and/or release my student to the individuals listed as Emergency Contacts.</p> <p>NOTE: After adding check mark to box, click Submit in top left corner.</p>
Emergency Contacts	
Notification and Authorization	
Active Military/Full-Time National Guard Duty	
Residency Questionnaire	
Student Directory Information	
Medical	
Important Information	

- Click the Add Emergency Contact link for each additional Contacts being added. Please add three or more contacts. Add a check mark to confirmation box and submit in top left corner to save.

Return Reset **Submit** Updates Pending Registration Verification for Student Student Name

#	*First Name	*Last Name	Phone Number	Extension	Type	Txt Msg	Relationship
1	Rose	Name	562-555-1212		Cellular	<input type="checkbox"/>	Aunt
2			562-555-3333		Residence	<input type="checkbox"/>	
3						<input type="checkbox"/>	
Note: <input type="text"/>							
2	John	Doe	562-555-1200		Residence	<input type="checkbox"/>	Uncle
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
Note: <input type="text"/>							
3	Jane	Doe	562-555-2233		Cellular	<input type="checkbox"/>	Aunt
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
Note: <input type="text"/>							

Add Emergency Contact

I authorize my student's school to contact and/or release my student to the individuals listed as Emergency Contacts.

NOTE: After adding check mark to box, click **Submit** in top left corner.

- **NOTE:** If you have multiple high school students, you may apply the Emergency Contacts added to one of your students to all of your other available high school students. A check box will appear after the last Emergency Contact added, add a check mark to the box and click submit.

Return Reset **Submit** Updates Pending Registration Verification for Student Student Re Enrollment

1	John	Doe	562-555-3322		Cellular	<input type="checkbox"/>	Friend/Neighbor
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
Note: <input type="text"/>							
2	Jane	Doe	562-555-3323		Cellular	<input type="checkbox"/>	Friend/Neighbor
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
Note: <input type="text"/>							

Add Emergency Contact

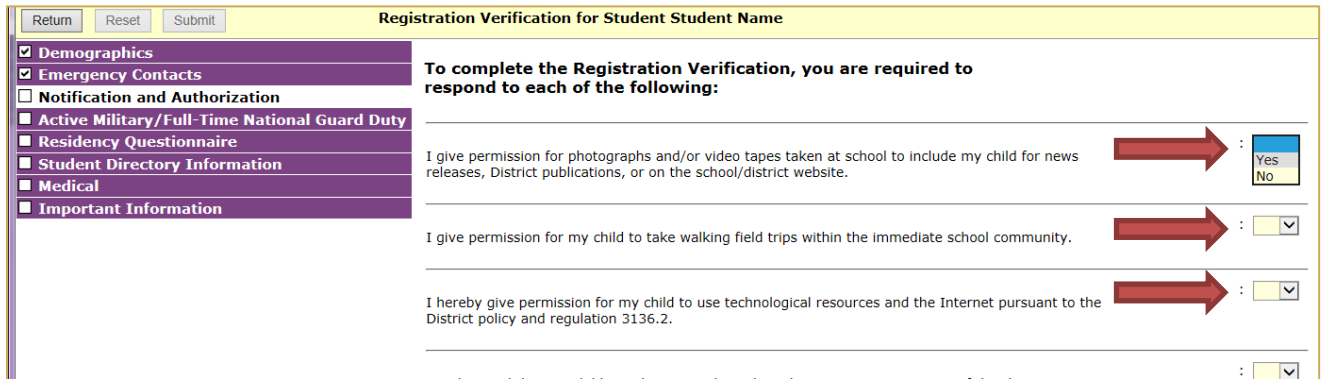
Add check mark to box to copy and replace emergency contacts, listed above, for other available students upon submit.

I authorize my student's school to contact and/or release my student to the individuals listed as Emergency Contacts.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Notification and Authorization:

- Read and respond to all listed items.



Registration Verification for Student Student Name

Demographics
 Emergency Contacts
 Notification and Authorization
 Active Military/Full-Time National Guard Duty
 Residency Questionnaire
 Student Directory Information
 Medical
 Important Information

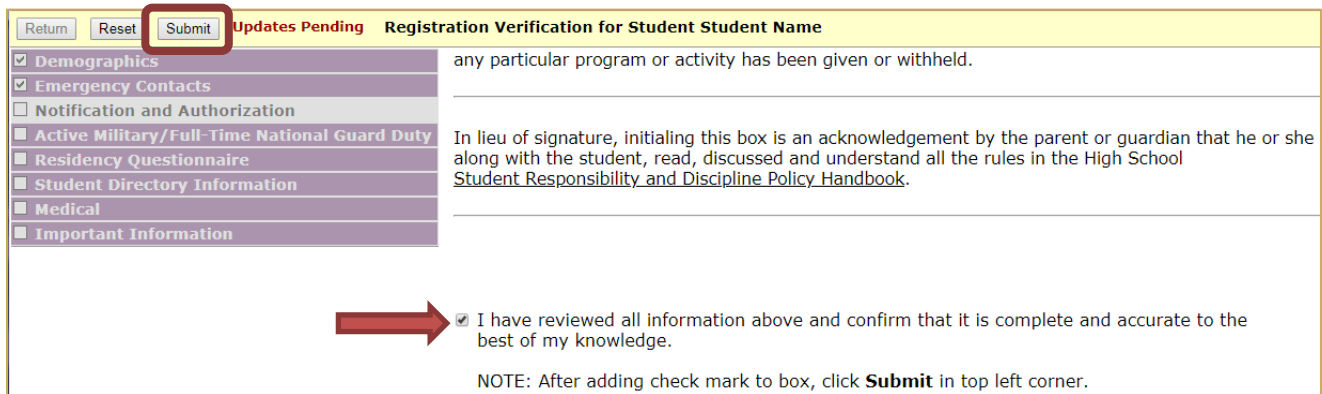
To complete the Registration Verification, you are required to respond to each of the following:

I give permission for photographs and/or video tapes taken at school to include my child for news releases, District publications, or on the school/district website. : Yes No

I give permission for my child to take walking field trips within the immediate school community. :

I hereby give permission for my child to use technological resources and the Internet pursuant to the District policy and regulation 3136.2. :

- Scroll to respond to all items, add a check mark to confirmation box and submit in top left corner to save.



Registration Verification for Student Student Name

Return Reset **Submit** **Updates Pending**

Demographics
 Emergency Contacts
 Notification and Authorization
 Active Military/Full-Time National Guard Duty
 Residency Questionnaire
 Student Directory Information
 Medical
 Important Information

any particular program or activity has been given or withheld.

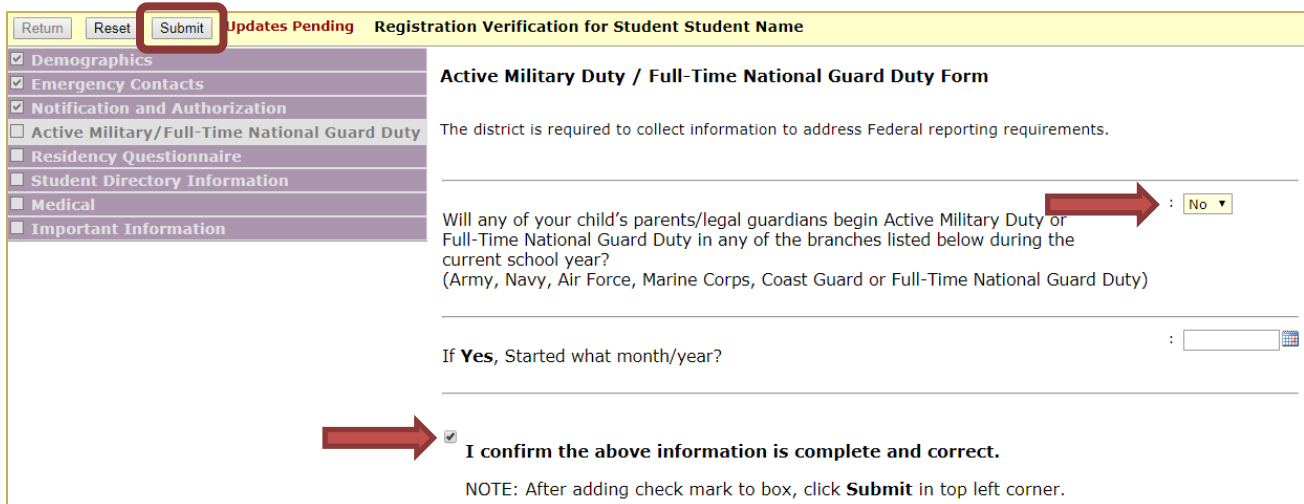
In lieu of signature, initialing this box is an acknowledgement by the parent or guardian that he or she along with the student, read, discussed and understand all the rules in the High School [Student Responsibility and Discipline Policy Handbook](#).

I have reviewed all information above and confirm that it is complete and accurate to the best of my knowledge.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Notification and Authorization:

- Read and respond, add check a mark to confirmation box and submit in top left corner to save.



Registration Verification for Student Student Name

Return Reset **Submit** **Updates Pending**

Demographics
 Emergency Contacts
 Notification and Authorization
 Active Military/Full-Time National Guard Duty
 Residency Questionnaire
 Student Directory Information
 Medical
 Important Information

Active Military Duty / Full-Time National Guard Duty Form

The district is required to collect information to address Federal reporting requirements.

Will any of your child's parents/legal guardians begin Active Military Duty or Full-Time National Guard Duty in any of the branches listed below during the current school year? (Army, Navy, Air Force, Marine Corps, Coast Guard or Full-Time National Guard Duty) : No

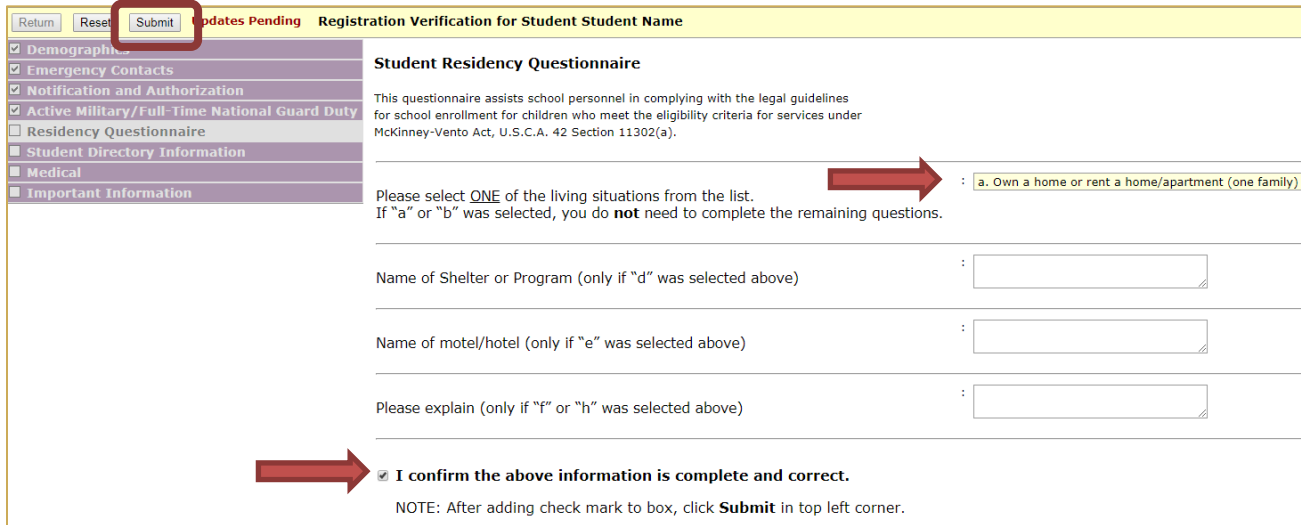
If **Yes**, Started what month/year? :

I confirm the above information is complete and correct.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Residency Questionnaire:

- Read and respond, add a check mark to confirmation box and submit in top left corner to save.



Return Reset **Submit** Updates Pending Registration Verification for Student Student Name

Demographics
 Emergency Contacts
 Notification and Authorization
 Active Military/Full-Time National Guard Duty
 Residency Questionnaire
 Student Directory Information
 Medical
 Important Information

Student Residency Questionnaire

This questionnaire assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligibility criteria for services under McKinney-Vento Act, U.S.C.A. 42 Section 11302(a).

Please select **ONE** of the living situations from the list. If "a" or "b" was selected, you do **not** need to complete the remaining questions.

a. Own a home or rent a home/apartment (one family)

Name of Shelter or Program (only if "d" was selected above) :

Name of motel/hotel (only if "e" was selected above) :

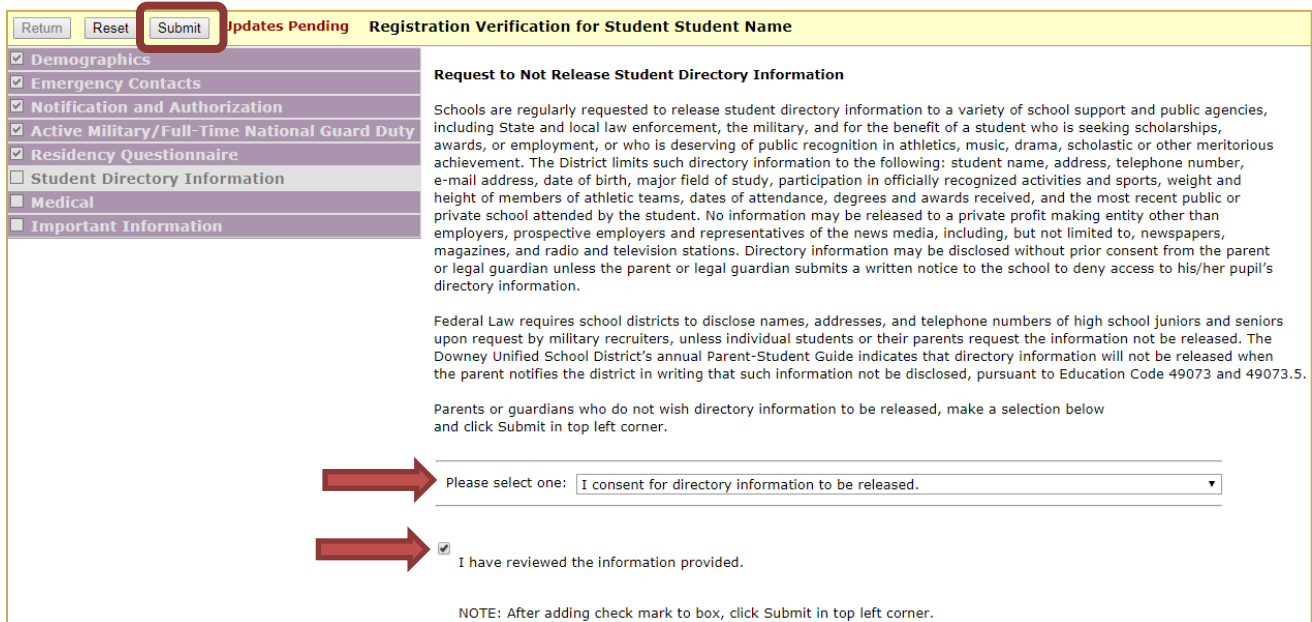
Please explain (only if "f" or "h" was selected above) :

I confirm the above information is complete and correct.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Student Directory Information:

- Read and respond, add a check mark to confirmation box and submit in top left corner to save.



Return Reset **Submit** Updates Pending Registration Verification for Student Student Name

Demographics
 Emergency Contacts
 Notification and Authorization
 Active Military/Full-Time National Guard Duty
 Residency Questionnaire
 Student Directory Information
 Medical
 Important Information

Request to Not Release Student Directory Information

Schools are regularly requested to release student directory information to a variety of school support and public agencies, including State and local law enforcement, the military, and for the benefit of a student who is seeking scholarships, awards, or employment, or who is deserving of public recognition in athletics, music, drama, scholastic or other meritorious achievement. The District limits such directory information to the following: student name, address, telephone number, e-mail address, date of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent public or private school attended by the student. No information may be released to a private profit making entity other than employers, prospective employers and representatives of the news media, including, but not limited to, newspapers, magazines, and radio and television stations. Directory information may be disclosed without prior consent from the parent or legal guardian unless the parent or legal guardian submits a written notice to the school to deny access to his/her pupil's directory information.

Federal Law requires school districts to disclose names, addresses, and telephone numbers of high school juniors and seniors upon request by military recruiters, unless individual students or their parents request the information not be released. The Downey Unified School District's annual Parent-Student Guide indicates that directory information will not be released when the parent notifies the district in writing that such information not be disclosed, pursuant to Education Code 49073 and 49073.5.

Parents or guardians who do not wish directory information to be released, make a selection below and click Submit in top left corner.

Please select one: ▼

I have reviewed the information provided.

NOTE: After adding check mark to box, click **Submit** in top left corner.

Medical Conditions:

- Complete information as it may apply to your student. Please read Health Care Plan and Medication requirements.

Return Reset Submit Registration Verification for Student Student Name

<input checked="" type="checkbox"/> Demographics	<p>Medical Conditions (Please Check all that apply)</p> <hr/> <p>ALLERGIES: <input type="checkbox"/></p> <p>List known allergies: <input style="width: 100%;" type="text"/></p> <p>Life threatening*: <input type="checkbox"/></p> <p>Medication needed at school**: <input type="checkbox"/></p> <p>Benadryl: <input type="checkbox"/></p> <p>Epi-Pen use: <input type="checkbox"/></p> <p>*A new health care plan must be on file yearly. Please contact school nurse for required care plan.</p> <p>**All medications (prescribed and over the counter) given during the school day MUST have a current Request for Assistance with Medication Form completed and signed by the physician and parent. It is recommended that a 3 day supply of medication in the event disaster be supplied to the school by the parent/guardian.</p> <hr/> <p>ASTHMA: <input type="checkbox"/></p> <p>Mild to Moderate (no medication): <input type="checkbox"/></p> <p>Severe – Medication needed at school*: <input type="checkbox"/></p> <p>*A new health care plan must be on file yearly. Please contact school nurse for required care plan.</p>
<input checked="" type="checkbox"/> Emergency Contacts	
<input checked="" type="checkbox"/> Notification and Authorization	
<input checked="" type="checkbox"/> Active Military/Full-Time National Guard Duty	
<input checked="" type="checkbox"/> Residency Questionnaire	
<input checked="" type="checkbox"/> Student Directory Information	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Important Information	

- Scroll to review all items, complete those that apply. Add a check mark to confirmation box and submit in top left corner to save.






Return Reset Submit Updates Pending Registration Verification for Student Student Name

<input checked="" type="checkbox"/> Demographics	<p style="text-align: center;">NO KNOWN HEALTH PROBLEMS: <input checked="" type="checkbox"/></p> <p style="text-align: center;">(I have not indicated any of the above conditions)</p> <hr/> <p>Hearing Problems: <input type="checkbox"/> Right: <input type="checkbox"/> Left: <input type="checkbox"/></p> <hr/> <p>Hearing Aid: <input type="checkbox"/> Right: <input type="checkbox"/> Left: <input type="checkbox"/></p> <hr/> <p>Vision Problems: <input type="checkbox"/></p> <p>Does your child have glasses or contact lenses: <input type="checkbox"/></p> <hr/> <p>Medical Insurance?: <input type="text" value="Private Insurance"/></p> <p>Name of Medical Insurance: <input type="text" value="Kaiser"/></p> <hr/> <p>In case of emergency or illness and the school is unable to reach a parent/guardian, the child will be transported to the nearest emergency facility for treatment.</p> <hr/> <p style="text-align: center;"> ➔ <input checked="" type="checkbox"/> I confirm the above information is complete and correct. </p> <p style="text-align: center;">NOTE: After adding check mark to box, click Submit in top left corner.</p>
<input checked="" type="checkbox"/> Emergency Contacts	
<input checked="" type="checkbox"/> Notification and Authorization	
<input checked="" type="checkbox"/> Active Military/Full-Time National Guard Duty	
<input checked="" type="checkbox"/> Residency Questionnaire	
<input checked="" type="checkbox"/> Student Directory Information	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Important Information	

Important Information:


- Click on each document or link to view other important notices from Downey Unified School District. Add a check mark to confirmation box and submit in top left corner to save.

Return	Reset	Submit	Updates Pending	Registration Verification for Student Student Name
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<input type="checkbox"/> Demographics <input type="checkbox"/> Emergency Contacts <input type="checkbox"/> Notification and Authorization <input type="checkbox"/> Active Military/Full-Time National Guard Duty <input type="checkbox"/> Residency Questionnaire <input type="checkbox"/> Student Directory Information <input type="checkbox"/> Medical <input type="checkbox"/> Important Information	<p>Please click on each link below to view other important notices from Downey Unified School District.</p> <hr/> <p>PTA HELPS Downey Council PTA H.E.L.P.S.  Health~Education~Local Pantry Service:</p> <hr/> <p>Medical Insurance Protection for Your Child Student Accident Insurance Notice:  Student Accident Insurance Brochure: </p> <hr/> <p>Online Student Athletic Clearance Online Athletic Clearance Guide:  Click link for online Athletic Clearance: https://www.athleticclearance</p> <hr/> <p>School Lunch Program Click link to visit the Nutrition Services website: http://www.dusd.net/nutrition Click link to visit the PayPAMS.com website.: http://www.dusd.net/nutrition Click link for Online School Lunch Application: https://www.schoollunchapp.com/host=downeyusd.schoollunch</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> I confirm that I have reviewed the notices listed above.</p> <p>NOTE: After adding check mark to box, click Submit in top left corner.</p>
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Registration Verification Complete:

- Once each area of Registration Verification has been reviewed, completed and shows as confirmed, the Registration Verification for your High School Student will be complete.

Back		Registration Verification Review
<ul style="list-style-type: none"> Contact: Parent Name Demographics Student: Student Name, Grade 10 at Warren HS Training 2018-2019 <ul style="list-style-type: none"> Demographics Emergency Contacts Active Military/Full-Time National Guard Duty Residency Questionnaire Student Directory Information Medical Important Information 	<p>Registration Verification Complete Edit</p> <p>Confirmed 5/3/2018 5:08:06 PM by Parent Name</p> <p>Registration Verification Complete Edit</p> <p>Confirmed 5/3/2018 2:16:27 PM by Parent Name</p> <p>Confirmed 5/3/2018 2:36:08 PM by Parent Name</p> <p>Confirmed 5/3/2018 4:54:14 PM by Parent Name</p> <p>Confirmed 5/3/2018 4:55:30 PM by Parent Name</p> <p>Confirmed 5/3/2018 4:57:45 PM by Parent Name</p> <p>Confirmed 5/3/2018 5:04:25 PM by Parent Name</p> <p>Confirmed 5/3/2018 5:07:55 PM by Parent Name</p>	