



Go to www.lincolnhigh.org to schedule an appointment. Dates & times are available Monday – Thursday 8AM – 12PM. Please contact Breanna Wilson, Registrar, at 209-953-8915 for questions.

Procedures for Student Registration

Please provide the following documents to register your student in a Lincoln Unified school:

1. Completed and signed Student Information Sheet
2. Student's birth certificate, passport, or Parent Affidavit of Student Age (signed under penalty of perjury)
3. Student's complete and up-to-date immunization record
4. Parent/Guardian's photo ID
5. Proof of residence within Lincoln Unified boundaries in parent/guardian's name
Original statements required; accepted documentation includes:
 - *Two bills dated within 30 days, or*
 - *Rental agreement dated within 30 days or rental agreement and one piece of current mail dated within 30 days (Lincoln USD staff may ask for additional documentation or call to confirm residency), or*
 - *Two pieces of correspondence from a government agency dated within 30 days*
6. Student's previous school records. *Students must bring an unofficial transcript and withdrawal release from their previous school. Lincoln High School will request official records from the previous school AFTER enrollment. The unofficial record is necessary for scheduling classes. Incoming 9th graders should provide their final 8th grade report card.*
7. Students who receive Special Education services must bring a copy of their current IEP (Individualized Education Program).

When proof of residence is in another person's name, they must be available in person to provide the following:

1. Any of the above options for proof of residence
2. Photo ID
3. Signature for a Residence Verification Letter, that is provided at time of registration, which includes the following information:
 - Address
 - Name of the individuals now claiming residence at that address
 - Acknowledgement that Lincoln Unified School District staff may conduct periodic home visits
 - Acknowledgement that the Residence Verification Letter is signed under penalty of perjury
Letter must be signed in front of a Lincoln USD employee (who will sign as a witness)

Parent/Guardian: Please be aware that you will be required to provide one of the listed options for proof of residence in your name within 45 days of signing a Residence Verification Letter. In addition, please be advised Lincoln Unified School District representatives may do a home visit to verify residence.

• FOR OFFICE USE •

ID# _____ Grade ____ Area ____ Trans/Gr ____ WD ____ Photo ID ____ Res Verif ____ Birth Verif ____ Immun ____ Spec Svcs _____
Reg Date/Initial ____ / ____ Counselor _____

Lincoln High School • Lincoln Unified School District • 6844 Alexandria Pl • Stockton, CA 95207

STUDENT INFORMATION SHEET for GRADES 9-12

Student's Legal Name _____ Birth Date ____ / ____ / ____ Grade _____
As identified on birth certificate Last First Middle Suffix (Jr., Sr., III) Month Day Year 2019/20

Home Address _____ Apt _____ City _____ Zip _____

Home Phone () _____ Male _____ Female _____ Nonbinary _____ Student's Email _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

Father's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

Guardian's Name _____ Student Resides With: Yes No

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home Address _____ Email _____

EMERGENCY INFORMATION (other than parent/guardian)

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Emergency Contact Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

STUDENT'S MEDICAL INFORMATION

Describe any physical, health, or medical information we should be aware of including medications required during school:

Doctor's Name _____ Phone () _____ Hospital Preference _____

NOTE: Lincoln Unified School District *does not* carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian. You may purchase student accident insurance if you wish. Applications are available in the school office.

Parent education level (parent with highest education level)

not a high school graduate high school grad some college college grad post grad/grad school

Has your child been served in a special program? If so, please specify:

Special Day Class Resource Specialist Program 504 Plan Behavior Support Plan Language, Speech & Hearing GATE Title I

Race/Ethnicity Information

(Providing this information is voluntary and will only be used for reporting student statistics to the California Department of Education as required.)

Is your child Hispanic or Latino? (Choose only one response.) No, not Hispanic or Latino Yes, Hispanic or Latino

Please continue to answer by marking one or more of the following boxes to indicate your child's race.

- Black/African American American Indian/Alaskan Native White
 Asian/Asian American } *Circle one:* Chinese Japanese Filipino Korean Vietnamese Asian Indian Laotian Cambodian
 Pacific Islander } Hawaiian Samoan Guamanian Tahitian Other Asian Other Pacific Islander

Student's Birthplace _____
City State Country

Date student first enrolled in a USA school (if previously attended out-of-state or was born in another country) _____
Month Day Year

Has your child previously attended school in California? Yes No Date first enrolled in CA schools _____

Is either parent/guardian currently an active member of any branch of the US Armed Forces? Yes No

Correspondence Language Preference

What language would you like us to use when *speaking* with you? _____ . . . when *writing* to you? _____

Previous School Attended _____
Name of School School District Phone Date Last Attended

Has your child previously attended a Lincoln Unified School? Yes No If so, list name of school(s) and year(s) attended:

Has your child been recommended for expulsion or expelled from a school district? Yes No

Did your child attend a preschool program before entering kindergarten?
 Yes, Lincoln USD preschool Yes, other preschool No, did not attend preschool



Parent/Guardian Signature _____ Date _____/_____/_____

It is the policy of the Lincoln Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates.

LINCOLN UNIFIED SCHOOL DISTRICT
LINCOLN HIGH SCHOOL

Student's Name: _____

Student's Date of Birth: _____ **Last School Attended:** _____
(if 8th grade: High School assigned to)

Please check whether or not you give permission for your child to be interviewed/photographed by the media (newspaper, radio, or TV).

- Yes**, I give my permission
- No**, I do NOT give permission

Please check whether or not you give permission to share your child's information with the military.

- Yes**, I give my permission
- No**, I do NOT give permission

California Education Code 49079 requires that teacher(s) be informed of each student who has violated a school's discipline code within the previous three (3) years. This requirement includes information the school receives from law enforcement agencies.

Pursuant to the California Education Code, please answer the following questions and provide appropriate information.

Has this student been **SUSPENDED** from school in the past three (3) years?
(Removed from school for one to five days)

YES REASON(S) FOR SUSPENSION(S): _____
NO _____

Has this student been **RECOMMENDED FOR EXPULSION** in the past three (3) years?

YES REASON(S) FOR RECOMMENDATION(S): _____
NO _____

Has this student been **EXPELLED** from school?
(Removed from school for one or two semesters)

YES DATE AND REASON(S) FOR EXPULSION(S): _____
NO _____

Is this student currently on Juvenile probation for violation(s) of the California Penal Code?

YES DATE AND REASON(S) FOR PROBATION: _____
NO _____

Parent/Guardian Signature: _____ Date: _____

HOME LANGUAGE SURVEY

Name of Student: _____
Last First Middle
Age of Student: _____ Grade: _____ [Office Staff – Stu ID: _____]

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian Date

Lincoln High School
Course Selection Instruction Sheet
Registration 2019-20

Students and Parent(s)/Guardian(s) ~ Please Read

Registration Materials

Students can access the **2019-20 Course Catalog** online at www.lincolnstudentportal.com.

Registration materials include: a Course Selection Sheet, a transcript and this Instruction Sheet. All of these materials should be taken home, read, shared, and discussed with your parent(s) or guardian(s). In order to be able to register, you *must* have a **completed** and **signed** Course Selection Sheet.

Things "TO DO" Before Your Registration Appointment

- **Review** your progress to date and graduation requirements.
- **Read** the online Course Catalog to get information about courses you may select and general information about Lincoln High School. Choose only those courses listed as available to students in your grade level. Check to see if there are prerequisites or if permission to enroll is required. Obtain department or instructor's permission by having appropriate persons sign your Course Selection Sheet if needed.
- **Discuss** possible course selections and alternates with your parent(s) or guardian(s) and teachers.
- **Select** courses which address specific graduation requirements and personal goals. Students are expected to enroll in six full credit courses, 10 credits each, or in courses for which the total credit will be 60.
- **Select alternates to elective(s) and required classes with more than one option.** It is important that alternate courses be selected which address graduation requirements and personal goals. Students who fail to list alternates will be assigned to available classes.
- **Obtain signatures and complete all information.** Please be sure that your parent(s) or guardian(s) sign the Course Selection Sheet to acknowledge having seen and agreeing with your selections. You must sign the selection sheet, too. You will not be registered without complete information.
- **Online Course Selection.** Students will be entering course selections online through the Aeries Student Portal on **Tuesday, February 26th** during the "A" portion of the Double 3rd Period schedule. Instructions will be included on the portal.
- The next day (**Wednesday, February 27**), students are to turn in their folders which will include a student transcript and a **completed** and **signed** Course Selection Sheet to their English teacher.
- Teachers will return folders to each student prior to their registration appointment with their counselor. Students will be **scheduled** to meet with their counselor during English classes between **Thursday, February 28 and Friday, April 5th**.

Students and Parent(s)/Guardian(s) ~ Please Read

Student Name (print in pencil: last name first) _____ Student ID# _____
 Home phone# _____
 Student's Cell phone# _____

12th Grade Course Selection Sheet 2019-20

DIRECTIONS: 1. Carefully review the online course catalog with your parent(s)/guardian(s). Pay close attention to graduation requirements and those courses you will need for your future plans.

- 2. When choosing your courses make sure you are reviewing your transcript and four year plan.
- 3. **Check the prerequisites for each course you have chosen.** (grades and/or teacher signatures)
- 4. Choose your courses and alternates carefully. You are not guaranteed your first choice of elective.
- 5. Once students are placed in selected courses, changes will not be made. **Parent/Guardian Initials** _____ **Student Initials** _____
- 6. **Students signing up for AP or Honors classes:** Signing below indicates that we have carefully considered the level of rigor of Advanced Placement and Honors classes, and understand that they will not be dropped. **AP Acknowledgement Form must be signed by parent and student and returned with registration materials.** _____
 Student Signature _____ Parent/Guardian Signature _____ Date _____

- 7. Students intending to meet NCAA eligibility standards required to play sports at a 4-year university, please initial here.
 Parent/Guardian Initials _____ Student Initials _____
- 8. Have your parent/guardian sign this form.

SCHEDULE PREFERENCE IS NOT GUARANTEED. I prefer a 1st-6th schedule I prefer a 2nd-7th period schedule I request 7 classes, *if available*
 (7:20 a.m.-2:00 p.m.), *if available* (8:20 a.m.-3:00 p.m.), *if available* *If not available*, the class I would like to drop is:

SUBJECT (graduation requirements)	PRIMARY CHOICES		ALTERNATES (where appropriate)	
	Course number	Course name	Course number	Course name
English (4 years required)				
Math (2 years required)				
Physical Education (2 years required)				
Science (1 year of Biology/ 1 year of Physical Science required)				
Social Science (4 years required)				
Career & Technical Education or Visual/Performing Arts or World Language (1 year required)				
Other Elective				

Student signature _____ Parent/Guardian signature _____ Counselor's initials: _____ Date: _____