

<input type="checkbox"/> Ready Springs School <input type="checkbox"/> Williams Ranch School <input type="checkbox"/> Vantage Point Charter <input type="checkbox"/> Kiddie Corral Preschool	PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT ENROLLMENT FORM				Enrollment Page 1	School Year: 2020-2021	Grade	
FOR SCHOOL USE	Student's Legal Name - Last		First		Middle			
Nickname or Goes By Different Name: <i>(Please List)</i>		Student's Birth Place <i>(City, State)</i>		Date of Birth <i>(month, day, year)</i>		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary		
Entrance Date <i>(Mo/Day/Yr)</i>		Student's Residence Address		Apt. #	City		Zip	Home Telephone
Student ID #	Teacher	Student's Mailing Address		Apt. #	City		Zip	Fax Number
CSIS #		e-mail address <i>(Primary Contact, Not for Emergency Use)</i>		Has Your Child Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Retained, What Grade Level?		
InterDistrict Transfer Y N		Father's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing Address		Home #:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
IntraDistrict Transfer Y N						Work #:		
Special Ed Form <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing Address		Home #:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Address Verification <input type="checkbox"/> Yes <input type="checkbox"/> No						Work #:		
Parent/Guardian ID						Cell #:		
Birth Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Passport <input type="checkbox"/> Transfer		Legal Guardian <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No or Step Parent		Mailing Address		Home #:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
						Work #:		
Ethnicity/Race - Blank <input type="checkbox"/> ET <input type="checkbox"/> RC		Transportation To/From School: Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Route: _____ AM _____ PM Walks <input type="checkbox"/> Bikes <input type="checkbox"/> Parent Transports <input type="checkbox"/> Other:		Legal Restrictions Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes, please provide a copy to the school office.		Has Student Been Expelled From Another School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		Student's Special Programs <input type="checkbox"/> Resource Specialist Program (IEP) <input type="checkbox"/> DIS (Speech, Hearing, Psych, etc.) (IEP) <input type="checkbox"/> Special Day Class (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP/NEP) <input type="checkbox"/> G.A.T.E. <input type="checkbox"/> Title I/Miller-Unruh <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____
Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No Oral Examination <input type="checkbox"/> Yes <input type="checkbox"/> No (K entry)								
Health Examination <input type="checkbox"/> Yes <input type="checkbox"/> No (1 st Grade entry)								
Permission to Take Medication At School Form on File: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Children in the Family						
		Names <i>(First, Last)</i>		Age	Relationship to Student		School Attending	Lives With Student <input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
		Last School Attended <i>Name</i>		Grade	Month		Date	Year
		<i>Street</i>		Date of First School in <i>California</i> :				
		<i>City, State, Zip</i>		Phone #				

Student Name: _____

Office Use: Copy of this page provided to School Nurse: _____

Enrollment Page 2

Emergency Numbers (use local number of people who can pick up your child and be responsible for them)

1.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
2.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
3.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>

Please List Medical Conditions the School Should Be Aware Of And Make Necessary Explanations.

Please List Any Medications Taken On A Regular Basis And An Explanation.

Do These Medications Need To Be Taken At School? Yes No
 (If YES - requires a medication at school form – see the school office)

Administration of Medication at School Form on File? Yes No

Health Information (Please check if your child has had, or now has, any of the following medical conditions.)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Eczema/Skin Trouble | <input type="checkbox"/> Physical Limitation |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Reyes Syndrome | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> History of Ear Problem | <input type="checkbox"/> Wears Contact Lenses |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Wears Glasses |
| <input type="checkbox"/> Measles (3-day) | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diagnosed ADD or ADHD | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Measles (10-day) | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Asthma | <input type="checkbox"/> History of Fractures | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsils/Adenoids Removal | <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Frequent Nose Bleeds |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tuberculosis Contact | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> History of Surgery | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Color Vision Deficiency | <input type="checkbox"/> Known Hearing Loss | <input type="checkbox"/> Other: _____ |

Emergency Treatment Release

In case of accident or other emergency, if a parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand the Penn Valley Union Elementary School District does not provide medical or accident insurance for students for school-related injuries or treatment. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Any amendments or deletions on this authorization should be initiated by the parent/guardian. This authorization will remain in effect until revoked by the undersigned.

I hereby certify that all information entered on both sides of this enrollment form is true and correct. I also understand and agree to the above Emergency Treatment Release.

Signature of Parent/Legal Guardian

Date

Student's Name _____

Enrollment Page 3

School Year 2020-21

Grade _____

HOME LANGUAGE SURVEY

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. The information is essential in order for the school to provide adequate instructional programs and services. *Please indicate only one language (most frequently used) per line:*

1. Which language/dialect 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 (parents/guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____
5. Has your child ever been given the California English Language Development Test? Yes No I do not know

ETHNICITY

WHAT IS YOUR CHILD'S ETHNICITY?

- Hispanic/Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*)
- Not Hispanic or Latino

MILITARY DUTY

Does your child have a parent on full-time active duty in the uniformed services of the U.S.?

- Yes (if Yes Branch _____ Rank _____)
- No

RACE SURVEY

WHAT IS YOUR CHILD'S RACE? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be. (*Please check up to five racial categories.*)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<i>(Person having origins in any of the original people of North and South America (including Central America))</i> | <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700)
<i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) | |
| <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) | |
| <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Hmong (208) | | |
| <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Asian (299) | | |
| <input type="checkbox"/> Other Asian (299) | | | |

Signature: _____

Date: _____

McKinney-Vento Student Residency Form

The information you provide is **confidential**. A child cannot be removed from their family solely because the child's family is temporarily experiencing housing challenges. The student will not be discriminated against based upon the information provided.

Student: _____ Birthdate: _____

School: _____ Grade: _____ Previously in Foster Care? Yes No

Name of Parent/Legal Guardian Student Resides with: _____

Current Address: _____ Phone _____

Is this address permanent ___ or temporary ___ (Please indicate one)

Is this living arrangement due to a loss of housing? Yes No Due to a Natural Disaster? Yes No

Is either parent a Veteran? Yes No

I declare that my family meets one of the following conditions for the McKinney-Vento Assistance Act due to the lack of a fixed, regular, or adequate nighttime residence. The following identifies our current residency situation. (Check the Appropriate box.)

- Temporary Shelter**
 - Domestic violence shelter Emergency Shelter (e.g., HH)
 - Transitional housing program (e.g., Booth/Granite Wellness/Church) _____
- Hotel / Motel**
 - Motel Hotel
- Unsheltered**
 - Car Park Campground
- Temporarily Doubled Up**
 - Rented garage or trailer on private property
 - Live with a friend or relative because I cannot afford housing
 - Couch Surfing with parent/legal guardian
- Student lives with a non-parent/non-legal guardian or without an adult (Unaccompanied Minor)**
 - Couch Surfing without parent/legal guardian
- Live in a residence needing significant repairs or without electricity or running water**
- Other (please specify)** _____

Please list siblings living in the home

Sibling Name	Birth Date	School	Grade

Signature of Person Completing Form

Date

Printed Name of Person Completing Form

Relationship to Student

Would you like someone to follow up with you regarding available services in Nevada County? Yes ___ No ___

Please note that this form can be completed by a parent, a legal or non-legal guardian, the student, or any school staff member.

School / District Office and NCSOS Use Only

School Staff Contact (please print): _____

Entered information in CALPADS – information for student(s) at your site only. Date _____



SPECIAL SERVICES SURVEY

Student Name: _____ **Grade:** _____

Date of Birth: ___/___/___ **Previous School District:** _____

1. Has your child ever been retained? If so what grade? _____ Yes No
2. Has your child ever received Resource Specialist Program Services (RSP) or any other academic Special Education Services? Yes No
3. Has your child ever received Speech Services? Yes No
4. Has your child ever been in a Self-Contained Special Education Class or Learning Center? Yes No
5. Does your student have a current IEP (Individualized Education Plan) and do you have a copy? Yes No
6. Do you have other children who have received special services? Yes No

Child's Name Grade School

7. Has your child ever received Title 1 Services? Yes No
8. Has your child ever received Bilingual Services?
Which Language? _____ Yes No
If yes, please explain what services.

9. Is there any special information you would like your child's teacher to know regarding your child's academic background or special needs?

Parent/Guardian Signature

Date

Office Use Only: Scanned to Sp. Ed. Secretary if any answers are yes numbers 2 - 6 Initial _____ Date _____