



## **Pre-Registration**

**Please be prepared to provide information from the following documents along with your completed registration packet:**

### ***Requirements for school entry; grades TK-6***

- **The following immunizations are required:**
  - 5 Doses DPT/DtaP/DT/Td
  - 4 Doses Polio
  - 3 Doses Hepatitis B
  - 2 Doses MMR (both must be given on or after 1st birthday)
  - 1 Dose Varicella (for Kindergarten thru 2nd grade)
  
- **Birth Date Verification via one of the following methods (per Ed Code 48002):**
  - Birth Certificate
  - Statement by Local Registrar / County Recorder
  - Baptism Certificate
  - Passport
  - Affidavit
  
- **Proof of Residence (Utility Bill)**
  
- **Parent/Guardian Photo ID**
  
- **Copy of IEP/504 if applicable**

- HOME LANGUAGE SURVEY EXPLANATION

California Education Code Section 52164.1 requires that parents must complete a Home Language Survey when registering children for school.

**Please answer these questions accurately as they CANNOT BE CHANGED at a later time.**

The survey asks:

1. What language did your child learn when he/she first began to talk?\*
2. What language does your child most frequently speak at home?\*
3. What language do you (the parent or guardian) most frequently use when speaking with your child?\*
4. What language is most often spoken by the adults at home?

***\*If you answer any other language than English on the first three questions, your child will be required by State and Federal law (Title III of the Every Student Succeeds Act [ESSA]) to take the English Language Proficiency Assessment for California (ELPAC).*** This will test your child in reading, writing, listening and speaking in academic and social English.

Based on these results your child will either be labeled as:

**English Learner (EL)**

OR

**Fluent English Proficient (FEP)**

Students who are labeled as English Learner (EL) will be required to participate in an English Language Development Program and test every year (K-12) until they are identified as proficient in English.



Enrollment Form

SCHOOL YEAR: 2018 / 2019

Student's LEGAL Name: (From Birth Certificate)

Last Name First Name Middle Name Suffix

Previously / Also Known As (not nickname): Female Male Grade:

Date of Birth: Birthplace: City State Country

Home Address City State Zip

Mailing Address (IF DIFFERENT) City State Zip

Primary Contact Phone: Phone Type: Cell Home Work Mother Father Guardian Other

What services is this student currently receiving? (Please check all boxes that apply) Resource (RSP) Special Day Class (SDC) Speech / Language Adaptive PE IEP (provide a copy) 504 Accommodation Plan (provide a copy) Gifted (GATE) Interventions None

Office Use Only: School Student ID DOB/Grade Verified Start Date Teacher Inter-District Transfer from

PARENTS/GUARDIANS Student Lives with: Father Mother Step-Father Step-Mother Guardian Foster/Group Home Other (Specify)

Note: Only by court order can a non-custodial parent be prevented access to a student's records or be prevented from picking up the student. Is there a restraining order in effect? Yes No (If yes, you MUST provide a copy of the order to the school office.)

Lives with student? Primary Guardian's First Name Last Name Home Phone Cell Phone Yes, I would like to receive text message updates from VESD Work Phone Email Address Relationship to child

Lives with student? Guardian's First Name Last Name Home Phone Cell Phone Yes, I would like to receive text message updates from VESD Work Phone Email Address Cell Receives Text Messages? Relationship to child

Are any of the student's guardians Active Duty/Full time in the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard)? Yes No

PARENT EDUCATION LEVEL - Check the response that describes the highest education level between parents/guardians: REQUIRED FIELD Not a high school graduate High school graduate Some college (includes AA degree) College graduate Graduate school/post graduate training

EMERGENCY CONTACTS

Lives with student? First Name Last Name Relationship to child Contact #

WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Federally mandated by NCLB: Please check one box.) One family in the home - (Permanent Housing) Temporary Shelter Sharing housing with other families / individuals - (Temp Doubled-up) Temporarily Unsheltered (car/campsite) Foster Family or Kinship Placement Hotel / Motel

Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Please answer BOTH questions, one is for Ethnicity, the other for Race.

REQUIRED FIELDS

WHAT IS YOUR CHILD'S ETHNICITY? Mark the ethnicity with which the student most closely identifies (please select one):

- 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

WHAT IS YOUR CHILD'S RACE? (Select up to five categories) 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.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian: Chinese  | <input type="checkbox"/> Asian: Vietnamese           | <input type="checkbox"/> Pacific Islander: Tahitian |
| * Mexican, Mexican-American, Chicano                       | <input type="checkbox"/> Asian: Filipino | <input type="checkbox"/> Asian: Other                | <input type="checkbox"/> Pacific Islander: Other    |
| * Central American   | <input type="checkbox"/> Asian: Hmong    | <input type="checkbox"/> Black or African-American   | <input type="checkbox"/> White                      |
| * South American   | <input type="checkbox"/> Asian: Japanese | <input type="checkbox"/> Pacific Islander: Guamanian | * European  |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Asian: Korean   | <input type="checkbox"/> Pacific Islander: Hawaiian  | * North African                                     |
| <input type="checkbox"/> Asian: Cambodian                  | <input type="checkbox"/> Asian: Laotian  | <input type="checkbox"/> Pacific Islander: Samoan    | * Middle Eastern                                    |

**HOME LANGUAGE SURVEY**

REQUIRED FIELDS

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. 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 this legal requirement. 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.

- Which language did your child learn when he/she first began to talk? \_\_\_\_\_
- Which language does your child most frequently speak at home? \_\_\_\_\_
- Which language do you (the parent or guardians) most frequently use when speaking with your child? \_\_\_\_\_
- Which language is most often spoken by adults in the home? \_\_\_\_\_

**SCHOOL INFORMATION**

Has this student ever attended a school in the State of California?  No  Yes School / City \_\_\_\_\_

Has this student ever been retained?  No  Yes, Grade \_\_\_\_\_ School / City \_\_\_\_\_

Has student been or is in the process of being expelled?  Yes  No Grade \_\_\_\_\_ School / City \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Grade Enrolled \_\_\_\_\_  
Name of School City/State Phone No.

When did your child first enroll in a U.S. school, excluding preschool? Date: \_\_\_\_\_ Grade: \_\_\_\_\_

When did your child first enroll in a California school, excluding preschool? Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Relationship	Lives at Home	School Attending	Grade/Age
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

**HEALTH CONDITIONS / MEDICATIONS**

Does the student have any allergies?  Yes  No If yes, specify: \_\_\_\_\_

Does this student have a health condition?  Yes  No If yes, specify: \_\_\_\_\_

Does this student take any medications?  Yes  No If yes, specify: \_\_\_\_\_

Note: A medication consent form must be picked up from the office and completed EACH YEAR if medication is needed at school.

**EMERGENCY MEDICAL AUTHORIZATION**

In case of an emergency and I cannot be reached, I give my consent to have such attention given my child as may be thought necessary by a nurse, physician, paramedic, or hospital in charge.

Initials \_\_\_\_\_

I understand that Victor Elementary School District does not provide accident or medical insurance for students for school-related injuries but does offer students accident insurance for voluntary purchase. I have received the information and application for this program if requested.

Initials \_\_\_\_\_

How will your student regularly go home (this may only be permanently changed in writing):

- Parent Pick/UP
- Walker
- Bike Rider
- Bus Route/Stop \_\_\_\_\_

I/We have reviewed this document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declared under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorization.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_