



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)
 - 2 Doses Varicella (for Kindergarten thru 12th 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: 2020 / 2021

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

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

Primary Contact Phone: Phone Type: Cell Home Work Mother Father Guardian Other (This number will be used to contact you with important and/or urgent information and will be used by our automated phone service).

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 Work Phone Email Address Relationship to child

Lives with student? Guardian's First Name Last Name Home Phone Cell Phone Work Phone Email Address 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

WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Federally mandated: Please check one box.)

One family in the home - (Permanent Housing) Sharing housing with other families / individuals - (Temp Doubled-up) Foster Family (through agency) Kinship Placement (raised by family) Temporary Shelter Temporarily Unsheltered (car/campsite) Hotel / Motel

EMERGENCY CONTACTS

Lives with student? First Name Last Name Relationship to child Home Cell Work

Date: Signature of Parent/Guardian:

