



## **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.

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  
 Mo / Day / Year

Home Address City State Zip

Mailing Address (IF DIFFERENT) City State Zip

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

<b>Office Use Only:</b>	
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  Some college (includes AA degree)  Graduate school/post graduate training  
 High school graduate  College graduate

**WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Federally mandated: 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 (through agency)  Hotel / Motel  
 Kinship Placement (raised by family)

**EMERGENCY CONTACTS**

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

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

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

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

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

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

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

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

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 \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

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\_\_\_\_\_ Initials

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\_\_\_\_\_ 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 \_\_\_\_\_

Please Initial Yes or No to Each Item Below:

**These documents are posted on the VESD website [www.vesd.net/for\\_parents/important\\_forms\\_\\_disclosures\\_or available for review in the school office](http://www.vesd.net/for_parents/important_forms__disclosures_or_available_for_review_in_the_school_office):**

Yes \_\_\_ No \_\_\_ **Annual Parent's Rights Notification** – I acknowledge that I have reviewed the Annual Parent's Rights Notification online or reviewed the copy provided by the school. I understand that my signature does not indicate consent for my child(ren) to participate in any particular program.

Yes \_\_\_ No \_\_\_ **Cell Phone/Electronic Device Policy** – I acknowledge that I have received and reviewed this policy online or reviewed the copy provided by the school with my child. I agree to the terms outlined. I understand that the school is not responsible for any lost, stolen or damaged cell phones or electronic devices.

Yes \_\_\_ No \_\_\_ **Internet Safety Policy** – I acknowledge that I have reviewed the internet safety policy online or reviewed the copy provided by the school with my child.

Yes \_\_\_ No \_\_\_ **Pesticide Information Letter** – I acknowledge that I have reviewed the pesticide information letter online or reviewed the copy provided by the school.

Yes \_\_\_ No \_\_\_ **SARB Letter** – I acknowledge that I have reviewed the SARB (attendance review board) letter or reviewed the copy provided by the school.

Yes \_\_\_ No \_\_\_ **Volunteer Letter** – I acknowledge that I have reviewed the letter sent home in the parent packet, online or reviewed the copy provided by the school.

**Consent items:**

Yes \_\_\_ No \_\_\_ **Consent to Photograph**– I give my consent to the Victor Elementary School District to take, or authorize others to take still pictures, motion pictures, or videotapes of and to record my child. I understand these pictures may be used for educational, public interest, or informational purposes through media of radio, TV, magazine, internet and/or newspaper.

Yes \_\_\_ No \_\_\_ **Consent to Access the Internet** – I give my consent for my student access the internet for educational purposes while attending this school. My child understands that it is their responsibility to comply with the Internet Safety Policy listed above.

Yes \_\_\_ No \_\_\_ **Library Books/Materials Check Out** – I give my permission for my child to check out and bring home library materials. I understand that my student and I will be responsible for materials checked out in his/her name. I also understand I will be required to pay for lost or damaged materials.

Yes \_\_\_ No \_\_\_ **Report Cards** – I give my permission for my child's teacher to send the report card home with my child. Otherwise, I will need to personally pick the report card up at the school site.

**School site discipline plans are sent out individually at each school site and are posted on the school's website:**

Yes \_\_\_ No \_\_\_ **School Site Discipline Plan** – Each school site in VESD has a specific behavior plan. I acknowledge that I have received and reviewed the behavior plan online or from my school site with my child.

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.

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Print): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*In an effort to consolidating resources, we are committed to displaying our documents online. If you would like a paper copy of the documents listed above, they can be obtained at our school site upon request.

Office Use Only – Form has been updated in Illuminate – copy kept at site & original sent to Business Office – Initials & Date \_\_\_\_\_