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.

<u>Please answer these questions accurately as they <mark>CANNOT BE CHANGED</mark> at a later time.</u>

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 <u>will be required</u> 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) <u>will be required to participate in an English Language Development Program and test every year</u> (K-12) until they are identified as proficient in English.

Enrollment Form

Victor Elementary School District
LEARNING FOR ALL... WHATEVER IT TAKES!

Student's <u>LEGAL</u> Name:_____
(From Birth Certificate)   Last Name   First Name   Middle Name   Suffix

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

Date of Birth:_____/_____/_____   Birthplace: _____|_____|_____
             Mo / Day / Year   City   State   Country

_____
Home Address   City   State   Zip

_____
Mailing Address (IF DIFFERENT)   City   State   Zip

What services is this student <u>currently</u> receiving? *(Please check all boxes that apply)*	**Office Use Only:**
☐ Resource (RSP) ☐ Gifted (GATE) ☐ Special Day Class (SDC) ☐ Interventions ☐ Speech / Language ☐ Adaptive PE ☐ None ☐ IEP (provide a copy) ☐ 504 Accommodation Plan (provide a copy)	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 <u>highest</u> 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

Name _____   **Grade** _____   **Teacher** _____

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.

☐ American Indian or Alaskan Native	☐ Asian: Chinese	☐ Asian: Vietnamese	☐ Pacific Islander: Tahitian
* Mexican, Mexican-American, Chicano	☐ Asian: Filipino	☐ Asian: Other	☐ Pacific Islander: Other
* Central American	☐ Asian: Hmong	☐ Black or African-American	☐ White
* South American	☐ Asian: Japanese	☐ Pacific Islander: Guamanian	* European
☐ Asian Indian	☐ Asian: Korean	☐ Pacific Islander: Hawaiian	* North African
☐ Asian: Cambodian	☐ Asian: Laotian	☐ Pacific Islander: Samoan	* Middle Eastern

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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.

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 parent or guardians) most frequently use when speaking with your child?   _____
4. 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 ☐ No ☐	_____	_____
_____	_____	Yes ☐ No ☐	_____	_____
_____	_____	Yes ☐ No ☐	_____	_____

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:** _____