



EARLY KINDER 2015-2016

ENROLLMENT INFORMATION

Please be advised that for the safety and security of all children only parents or legal guardians may enroll a child into our district. ***The person who enrolls a child will be required to present photo identification.***

The following documents are required to complete enrollment for students NEW to the district. Please bring the documents along with this completed packet to enroll your child at the Enrollment Center:

1. CURRENT mortgage / property tax bill **or** rental / lease agreement
2. CURRENT utility bill (SMUD, PG&E, or WATER) with correct name and address
3. Proof of birth – original COUNTY ISSUED birth certificate or passport for each child that will be enrolled
4. Immunization record for each child

In addition:

1. CURRENT report card, withdrawal grades or transcripts (Grades 7-12)
2. Individualized Education Plan (IEP) if your child is receiving Special Education services
3. Guardianship / Custody papers (if applicable)

There are no exceptions to the documentation required. If you have any questions please contact the Enrollment Center at (916) 643-2400.

WE DO NOT FAX OR PHONE PREVIOUS SCHOOLS, LANDLORDS, OR UTILITY COMPANIES FOR MISSING DOCUMENTS. Parents/guardians are responsible for providing **ALL** required documentation.

IF YOU HAVE MOVED

If you have moved within the school district boundaries and your child does **NOT** need to change schools you will need the following:

- Photo identification of the parent/guardian
- Verification of the new address (lease agreement, utility bill)
- You may provide this information directly at the school site if you prefer

If you have moved within the school district boundaries and your child **DOES** need to change schools you will need the following:

- Photo identification of the parent/guardian
- Verification of the new address (lease agreement, utility bill)
- Registration form for each child
- Emergency card for each child
- Students entering grades 10-12 need to check-out of the previous high school and bring a withdrawal report along with registration documents before the transfer can be processed

Hours of Service:

Monday, Tuesday, Wednesday : 8:00 a.m. – 4:00 p.m. (please arrive by 3:15 p.m.)

Thursday: 11:00 a.m. – 7:00 p.m. (please arrive by 6:15 p.m.)

Friday: 8:00 a.m. – 12:00 p.m. (please arrive by 11:15 a.m.)

5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400



Early Kinder Parent/Guardian Agreement Form

I, _____ parent/guardian(s) of

_____, fully understand that

the Early Kinder Program is not a substitution for the regular kindergarten program.

Therefore, I understand that upon completion of the Early Kinder Program in June,

2016, my child(ren) _____, will be

placed in a kindergarten program for the 2016/2017 school year.

Print Parent/Guardian Name(s)

Parent/Guardian – Signature

Date

C. Buckmaster

Administrator – Signature

1-20-15

Date



EARLY KINDER 2015-2016

STUDENT REGISTRATION FORM

For Office Use Only
Student ID #

PLEASE COMPLETE THE INFORMATION ON BOTH SIDES OF THIS FORM

Please print clearly

Student Legal Last Name		Legal First Name			Legal Middle Name		Other Names / Nickname		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:	Month	Day	Year	Verification: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____			
Birthplace		City:		State:		Country:			
Parent/Guardian Last Name		First Name			Contact Phone				
					Home:				
					Cell:				
Relationship:		Employer:			Work:				
Parent/Guardian Last Name		First Name			Contact Phone				
					Home:				
					Cell:				
Relationship:		Employer:			Work:				
RESIDENCE ADDRESS (house # & street name)		Apt/Unit #		City		State		Zip Code	
Mailing Address (IF DIFFERENT)		Apt/Unit #		City		State		Zip Code	
E-MAIL ADDRESS:									
Parent/Guardianship Information (with whom the student lives) – check all that apply									
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home									
<input type="checkbox"/> Other: _____									
Is there a legal custody agreement regarding this student? Please check one: <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian									
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, what kind? _____									
HAS YOUR CHILD EVER BEEN EXPELLED?		<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, name of school and district: _____							
RESIDENCE – Where is your child/family currently living? – Please check one:									
<input type="checkbox"/> Permanent Residence (house, apartment, condo, mobile home)									
<input type="checkbox"/> Temporarily Doubled-Up (sharing housing with other families or individuals due to economic hardship or loss)									
<input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Foster Family Home or Kinship Placement									
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Licensed Children's Institution									
<input type="checkbox"/> Temporarily Unsheltered (car/campsite) <input type="checkbox"/> Residential School/Dormitory									
<input type="checkbox"/> Other (please specify) _____									
Date student first attended school in California? (Kindergarten)				Month: _____		Day: _____		Year: _____	
Date student first attended school in the United States?				Month: _____		Day: _____		Year: _____	
IS YOUR CHILD Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No									
WHAT IS YOUR CHILD'S RACE? (check all that apply)									
<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Guamanian			<input type="checkbox"/> Other Asian			
<input type="checkbox"/> African American or Black			<input type="checkbox"/> Hawaiian			<input type="checkbox"/> Other Pacific Islander			
<input type="checkbox"/> Asian Indian			<input type="checkbox"/> Hmong			<input type="checkbox"/> Samoan			
<input type="checkbox"/> Cambodian			<input type="checkbox"/> Japanese			<input type="checkbox"/> Tahitian			
<input type="checkbox"/> Chinese			<input type="checkbox"/> Korean			<input type="checkbox"/> Vietnamese			
<input type="checkbox"/> Filipino/Filipino American			<input type="checkbox"/> Laotian			<input type="checkbox"/> White			

→ PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM →

STUDENT REGISTRATION FORM

Student Legal Last Name	First Name	Middle Name	Other Names / Nickname

PARENT EDUCATION – Check the box that best describes the highest education level of either parent/guardian.

- | | |
|--|---|
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Not a High School Graduate |
| <input type="checkbox"/> Graduate Degree or Higher | <input type="checkbox"/> Some College (includes AA degrees) |
| <input type="checkbox"/> High School Graduate | |

PRIMARY LANGUAGE (Indicate one language as listed on the *Home Language Survey*) _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Check all boxes that apply)

- Special Education: ☐ IEP ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech & Language ☐ None
- Other:
- | | | |
|---|---|--|
| <input type="checkbox"/> 504 | <input type="checkbox"/> Gifted (GATE) | <input type="checkbox"/> Math Intervention |
| <input type="checkbox"/> Reading Intervention | <input type="checkbox"/> After School Program | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> SARB / SART | <input type="checkbox"/> Student Study Team | <input type="checkbox"/> English Learner Support |
| <input type="checkbox"/> Behavior Support/Improvement | | |

STUDENT MOST RECENT SCHOOL(S) ATTENDED

School	City / State	Grade Level	Dates (Entry/Exit)

The information provided above is accurate to the best of my knowledge.

Signature of Person Registering Student	Relation to Student	Date

For District Use Only

Proof of Residence	Proof of Immunization	Date/Time Registered	Enrollment Date	Grade	District Official Signature
Type:	Type:	Date:			
Verified:	Verified:	Time:			

TYPE OF REGISTRATION

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Program Improvement | <input type="checkbox"/> Intra-district Transfer | <input type="checkbox"/> Inter-district Transfer |
| <input type="checkbox"/> Charter School | <input type="checkbox"/> Over Enrollment – Neighborhood School: _____ | | Receiving School: _____ | |
| <input type="checkbox"/> SHPD | <input type="checkbox"/> Foster Youth | <input type="checkbox"/> In-Transition | <input type="checkbox"/> Special Education – Placement: | |

SSID (if available from previous school)

COMMENTS:



Please print all information

ENROLLMENT CENTER
EARLY KINDER 2015-2016
Information Request

Neighborhood/Requested School

Primary Language

Student Legal Name (last, first)

Birth Date

Gender: M F

Parent Name

Home Phone

Cell Phone

Street Address

Work Phone

City, State, Zip

GENERAL INFORMATION

1. I would like to request that my child be placed in the ☐ AM class ☐ PM class ☐ No Preference
2. How will your child get to school?
☐ I will transport to and from school ☐ My child will need to ride the SCUSD bus (bussing not available at all sites)
3. Will your child be attending daycare?
☐ No ☐ Private Daycare ☐ Child Development Site: _____
4. Does your child have any allergies or medical needs? ☐ No ☐ Yes
If yes, please describe: _____
5. Names and grade level of siblings (brothers/sisters) attending the requested school:

6. Has your child been receiving Special Education services? ☐ No ☐ Yes
If yes, please tell us what services your child has received:
☐ Special Day Class (SDC) Preschool ☐ Speech Therapy ☐ Adaptive P.E.
☐ Other, please describe: _____

KINDERGARTEN READINESS

7. Has your child attended preschool? ☐ No ☐ Yes If yes, how long? _____
8. Please check what your child is able to do:

<input type="checkbox"/> Write his/her name	<input type="checkbox"/> Recognize letters in the alphabet (out of order)	<input type="checkbox"/> Count from 1 to 10
<input type="checkbox"/> Listen to a story	<input type="checkbox"/> Hop on one foot	<input type="checkbox"/> Hop on both feet
<input type="checkbox"/> Read a simple story	<input type="checkbox"/> Identify primary colors	<input type="checkbox"/> Skip
<input type="checkbox"/> Rhyme	<input type="checkbox"/> Recognize common shapes	<input type="checkbox"/> Tie shoes
<input type="checkbox"/> Say the alphabet		

Is there any other information you would like us to know about your child? _____

Are you interested in being a volunteer helper at the school site? ☐ Yes ☐ No

I understand that I have completed this form for informational purposes and I still need to complete enrollment. I also understand this does not guarantee placement in the school or program which I have requested.

Parent Signature: _____

Date: _____



EARLY KINDER 2015-2016

Date:	_____
Student ID:	_____
Date of Birth:	_____
Last School Attended:	_____

Home Language Survey

English, Spanish, Hmong (Leng/Der)

School/ Escuela
Tsev kawm ntawv/Tsev kawm ntawv

Name of student/ Nombre del estudiante
Npe miv-nyuas kawm ntawv/ Menyuam kawm ntawv npe

Grade/Grado
Qeb/ Qib

1. Which language did your child learn when he or she first began to talk? _____

¿Qué idioma aprendió su hijo/a cuándo empezó a hablar?

Yaam lug twg yog yaam kws koj tug mivnyuas kawm thaud nwg pib xyum has lug?

Thaum koj tus menyuam pib hais lus ntawd nws hais lus ab tsi?

2. Which language does your child most frequently use at home? _____

¿Qué idioma usa su hijo/a en la casa?

Koj tug mivnyuas has (siv) yaam lug twg heev tshaaj nyob tom tsev?

Nyob hauv tsev, feem ntau koj tus menyuam hais lus ab tsi?

3. Which language do you use most frequently to speak to your child? _____

¿Qué idioma usa usted regularmente con su hijo/a?

Koj has yaam lug twg heev tshaaj rua koj tug mivnyuas?

Feem ntau koj hais hom lus dab tsi rau koj tus menyuam?

4. Which language is most often spoken by adults in the home? _____

¿Qué idioma usan los adultos más a menudo en casa?

Yaam lug twg yog yaam kws cov tuab-neeg laug has heev tshaaj nyob huy koj tsev?

Nyob hauv tsev, feem ntau cov neeg laus hauv tsev hais lus ab tsi?

If your child was not born in the United States, please answer the following questions.

Si su hijo/a no nació en los Estados Unidos, por favor conteste las siguientes preguntas.

Yog has tas koj tug mivnyuas tsi yug nyob tebchaws Asmesliskas nuav, thov teb cov lug-nug nraag qaab nuav.

Yog koj tus menyuam tsis yug nyob teb chaws Asmesliskas no, thov teb cov lus hauv qab no.

1. Where was your child born? _____

¿Dónde nació su hijo/a?

Koj tug mivnyuas yug nyob rua qhov twg?

Koj tus menyuam yug nyob qhov twg?

2. What was his/her entry date to the first school in the US? _____

¿Cuál fue su fecha de entrada a la primera escuela en los Estados Unidos?

Nub kws nwg tuaj kawm ntawv rua thawj lub tsev kawm-ntawv huv Asmesliskas yog nub twg?

Hnub twg yog hnub nws nkag kawm ntaw rau thawj lub tsev kawm-ntawv huv Asmesliskas no?

Parent Signature/Firma del Padre

Nam-txiv suam npe/ Niam Txiv Kes Npe

Date/Fecha

Nub-tim/ Hnub tim

- ♦ If the answers to all the questions are English, enter "Eng" in the native language code in the box below. Fill in the ZANGLE the same way.
- ♦ If the answers to questions 1, 2, or 3 are a language other than English, enter the appropriate native language code in the box below. Fill in the ZANGLE the same way.
- ♦ If the answer to question 4 is the only response indicating a language other than English, enter "Eng" in the native language box below. Fill in the ZANGLE the same way.

Home Language Code: _____

Chinese, Vietnamese, and Russian Translations on the back.



Date:	_____
Student ID:	_____
Date of Birth:	_____
Last School Attended:	_____

Home Language Survey

Chinese, Vietnamese, Russian

Chinese/母語調查

學校名稱: _____ 學生姓名: _____ 第 _____ 年級

1. 當你的子女初學講話時他/她學的什麼語言? _____
2. 現在你的子女在家中談話時最常用的什麼語言? _____
3. 你在家中最常用的什麼語言? _____
4. 你家中的成年人大多數用什麼語言談話? _____

如果你的子女不是在美國出生, 請填寫下列問題。

1. 你的子女在什麼國家出生? _____
2. 你的子女在美國第一次入讀學校的入學日期是 _____

家長簽名: _____ 日期: _____

Vietnamese/ Tiếng Việt

Trường _____ Tên học-sinh _____ Lớp _____

1. Con của Quý Vị học ngôn ngữ nào lúc em bắt đầu biết nói? _____
2. Con của Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? _____
3. Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? _____
4. Trong gia đình, người lớn nói ngôn ngữ nào thường xuyên nhất? _____

Nếu con của Quý Vị không sanh ra tại Hoa Kỳ, xin trả lời những câu hỏi sau đây.

1. Con của Quý Vị sanh ở đâu? _____
2. Ngày vào học trường đầu tiên ở Hoa Kỳ là ngày nào? _____

Chữ ký của phụ-huynh

Ngày

Russian/Русский язык

Название школы _____ Имя и фамилия ученика _____ Класс _____

1. На каком языке ваш ребёнок начал говорить с рождения? _____
2. На каком языке ваш ребёнок чаще всего говорит дома? _____
3. На каком языке вы чаще всего говорите дома? _____
4. На каком языке взрослые чаще всего говорят дома? _____

Если ваш ребёнок родился за пределами Америки, пожалуйста, ответьте на следующие вопросы.

1. Где ваш ребёнок родился? _____
2. Укажите число, когда ваш ребёнок начал посещать школу в Америке первый раз? _____

Подпись родителей

Число

Student's Last Name (Legal) _____ First Name _____ Middle _____			<u>School Year</u> _____		<div style="text-align: right; font-size: small;">Office Use Only</div> Teacher/Cnslr. _____ Grade _____ Room _____ Bus _____ CONCAP [] Hm. Sch. _____ Sp. Ed. [] RSP [] Eth. Cd []
Street Address _____ Apt # _____ Zip Code _____			<u>School</u> _____		
Home Phone (1) _____ Home Phone (2) _____			<u>Date of Birth</u> _____		
LANGUAGE SPOKEN AT HOME: _____			Last School of Attendance _____ City _____		
Parent/Guardian 1 Name _____			Name & Address of Employment _____		Work Phone: _____
Address _____					Cell Phone: _____
Relationship _____ Driver's Lic. # _____			E-mail address _____		Pager: _____
Parent/Guardian 2 Name _____			Name & Address of Employment _____		Work Phone: _____
Address _____					Cell Phone: _____
Relationship _____ Driver's Lic. # _____			E-mail address _____		Pager: _____
Day Care Provider: _____ Phone #1: _____ Phone #2: _____					
List names of other children attending this school: _____			School is authorized to share my phone number with the PTA: Yes _____ No _____		Check here if student will be riding the bus: Yes _____ Bus Number: _____
Parent/Guardian with whom the child lives _____ Phone _____ If the parents are divorced or separated, to whom has physical custody been given? (attach verification) _____					

Please Read:

The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency information. The school shall be notified, in writing, of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

I have read this and understand my responsibility. _____ Parent / Guardian Signature

Note: The adults listed below are authorized to pick up and care for the above-named student. The student may be released to others with written or verbal authorization.

Name 1: _____
Phone: _____ **Relationship** _____
Name 3: _____
Phone: _____ **Relationship** _____
Name 5: _____
Phone: _____ **Relationship** _____
Name 7: _____
Phone: _____ **Relationship** _____

Name 2: _____
Phone: _____ **Relationship** _____
Name 4: _____
Phone: _____ **Relationship** _____
Name 6: _____
Phone: _____ **Relationship** _____
Name 8: _____
Phone: _____ **Relationship** _____

Special Instructions / comments / (Include instructions for pickup of student):

General Health Information

☐ CHECK HERE IF THERE ARE NO HEALTH PROBLEMS.

Does student wear glasses or contact lenses?

☐ Yes ☐ No

Does student wear hearing aids or is the student diagnosed with hearing loss?

☐ Yes ☐ No

PLEASE CHECK ALL THAT APPLIES TO YOUR CHILD:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Frequent nosebleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Severe Allergy |
| | | | <input type="checkbox"/> Epi-pen |

Other: _____

LIST ALL MEDICATION, WITH DOSE, TAKEN BY YOUR CHILD

AT HOME _____

AT SCHOOL _____

Does student have condition that limits participation in: classroom ☐ physical education ☐

Explain: _____

(NOTE: The physician must provide a note explaining the limitation and reason for the student's limited participation in physical education and the note must be updated every school year)

SPECIAL INSTRUCTIONS/COMMENTS: List any special health needs or medical problems, including specific allergic reactions (food, bee sting, etc.), if student has an active emergency care plan, medical 504 Plan, Diabetic Medical Management Plan, etc.

Please Read:

- * California Education Code 49408 states that school districts may require that emergency information be kept current.
- ** The parent or legal guardian of a public school pupil on a continuing medication regimen shall inform the school nurse or other designated certificated employee of the medication being taken.
- *** California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parent and physician.

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility/Phone _____

Does this student have Health Insurance? ☐ Yes or No ☐ Does this student have Dental Insurance? ☐ Yes or No ☐

Name of Insurance Coverage or Health Plan Provider: _____ Student's Medical Record Number _____

If not, I give permission to SCUSD to share this information to help apply for health insurance for my child. ☐ Yes ☐ No

I certify that the information is true and correct.

Parent/Guardian Signature _____ Date _____