

Jacoby Creek School District New Student Registration Form

***FOR OFFICE USE ONLY**

District _____ Interdistrict District Transfer _____ Employed in District _____ Sibling at District _____ Entering Date _____ Today's Date _____

Grade _____ SSID Number _____ Lottery # _____

PLEASE PRINT ALL OF THE INFORMATION BELOW

FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MIDDLE NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BOY GIRL ENTERING GRADE _____ BIRTHDATE _____
Month Day Year

NAME STUDENT GOES BY: _____

PARENT/GUARDIAN #1

ADULT INFORMATION

PARENT/GUARDIAN #2

	(Relationship)	
	(Parent/Guardian Name)	
	(Mailing Address)	
	(Residence Address)	
	(City/State/Zip)	
	(Employer)	
	(Home Phone)	
	(Work Phone)	
	(Cell Phone)	
	(e-mail)	

STUDENT'S BIRTHPLACE (City, State & Country) _____

DATE FIRST ATTENDED SCHOOL IN THE U.S. (Month/Year) _____ IN CALIFORNIA (Month/Year) _____

NAME OF LAST SCHOOL ATTENDED _____ GRADE _____

CITY _____ STATE _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

- Hispanic or 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 one or more regardless of ethnicity)

These selections are determined by the Federal government. Please check at least one and up to five boxes to indicate what you consider your race to be.

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native (100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small> <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) | <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) | <ul style="list-style-type: none"> <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) |
|--|--|--|

HOME LANGUAGE SURVEY

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently use at home? _____

What language do you use most frequently to speak to your child? _____

Name the language most often spoken by the adults at home: _____

Has your child ever been given the CELDT (California English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

RESIDENCE-where is your child/family currently living? (Federally mandated by NCLB) – **Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship, loss or other reasons)
- In temporary foster family home
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (please specify) _____

PARENT EDUCATION: Check the response that describes the education level of the both parents.

Mother:

Graduate Degree or Higher Not a high school graduate Some College or AA Degree

High School Graduate College Graduate

Father:

Graduate Degree or Higher Not a high school graduate Some College or AA Degree

High School Graduate College Graduate

PARENT/GUARDIAN FULL TIME NATIONAL GUARD DUTY OR ACTIVE DUTY OF U.S. ARMED FORCES

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) – **Check all that apply**

- Mother Father Both Parents
- Step Mother Step Father Legal Guardian
- Foster Home Relative _____

Is/Are the above (checked) person(s) the student's LEGAL guardian(s)? Yes No

If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one:

- Joint Custody Sole Custody Guardian

*If both parents do not have custody, you must provide the school with custody papers. **Unless the school has a copy of the custody papers on file, they MUST release the student to either parent.***

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to the other parent, please include his/her name, address and phone number:

Full Name: _____ Phone _____

Mailing Address: _____ City _____ State _____ Zip _____

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

- Special Day Class (SDC) Resource (RSP) Speech/Language 504 Accommodation Plan
- Gifted (GATE) Remedial Math Remedial Reading Counseling
- English Language Development

HAS YOUR CHILD BEEN EXPELLED OR IN THE PROCESS OF BEING EXPELLED FROM ANY SCHOOL?

- Yes No

If yes, name of school _____ Location _____ Date _____

HAVE SIBLINGS ATTENDING SCHOOL AT JACOBY CREEK? Yes No

If yes, name and grades attending : _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian (if you have joint legal custody, both parents must sign)

Date

**Jacoby Creek School District New Student Registration Form
Emergency Information**

Student's Doctor: _____ Doctor's Phone _____

In the event of illness or emergency and parent/guardian cannot be reached, the following list of people are authorized to release my child from school:

CONTACT #1:

NAME: _____ RELATION TO STUDENT: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CONTACT #2:

NAME: _____ RELATION TO STUDENT: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CONTACT #3:

NAME: _____ RELATION TO STUDENT: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CONTACT #4:

NAME: _____ RELATION TO STUDENT: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian (if you have joint legal custody, both parents must sign)

Date

STUDENT HEALTH INVENTORY

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following:

STUDENT NAME _____ Sex: M F Date of Birth _____

Today's date _____ School _____ Grade _____

Doctor/Clinic name _____ Dentist's name _____

DOES YOUR CHILD HAVE:

Severe Allergies No___ Yes___ Specify: Environmental _____

Foods _____

Medications _____

Epi-pen prescribed? No___ Yes___

Insect/Bee sting Allergy No___ Yes___ Specify _____ Mild___ Severe___

Epi-pen prescribed? No___ Yes___

Asthma No___ Yes___ Specify _____ Mild___ Moderate___ Severe___

Uses Inhaler? No___ Yes___ How often? _____

Asthma Medication taken at home? _____

Behavioral Issues No___ Yes___ Specify _____

Blood Disorder No___ Yes___ Specify _____

Depression No___ Yes___ Specify _____

Diabetes No___ Yes___ Takes Insulin? No___ Yes___

Digestive Issues No___ Yes___ Specify _____

Ear Problems No___ Yes___ Specify _____

Headaches/Migraines No___ Yes___ Specify _____

Heart condition No___ Yes___ Specify _____

Kidney/Bladder problem No___ Yes___ Specify _____

Orthopedic Problems No___ Yes___ Specify _____

Seizure disorder/Epilepsy No___ Yes___ Specify _____ Date of last seizure? _____

OTHER PROBLEMS No___ Yes___ Specify _____

HAS YOUR CHILD EVER HAD:

Serious Illness No___ Yes___ Specify Type & date _____

Serious Injury No___ Yes___ Specify Type & date _____

Surgery No___ Yes___ Specify Type & date _____

DOES YOUR CHILD HAVE:

Trouble Seeing No___ Yes___ Does your child wear Glasses: No___ Yes___ Contacts? No___ Yes___

Trouble Hearing No___ Yes___ Does your child wear Hearing Aids? No___ Yes___

Trouble with Speech No___ Yes___ Specify _____

Does your child have a condition which prevents participation in regular PE (running, push-ups, contact sports) or playground activity?

No___ Yes___ Specify _____

Any other medical or physical restrictions?

No___ Yes___ Specify _____

DOES YOUR CHILD:

Take Daily Medication: No___ Yes___ Specify _____

Will your child need to take medication at School: No___ Yes___ Specify _____

School District regulations require DOCTOR and PARENT permission to take medication at school. Forms available in the front office.

Parent Signature _____ Date _____ Phone _____

JACOBY CREEK SCHOOL DISTRICT

Student's Name: _____

Dear parents:

In order that we may better serve your child, please answer the following:

	Yes	No
1. My child was enrolled in a special program. Name of program:		
2. My child is currently seeing a speech therapist.		
My child was seeing a speech therapist, but is no longer receiving those services.		
3. My child has had behavior problems at school.		
4. My child needs to wear glasses at school.		
5. My child has a hearing problem.		
6. My child takes medication. <i>If medication is to be taken at school, a Consent to Administer Medication at School form must be completed, signed, and on file</i>		
7. My child was in a Gifted and Talented Education (GATE) program.		
8. My child was in a choral program.		
9. My child was in an instrumental music program.		
10. My child was qualified for free or reduced-price meals at his/her previous school.		
11. Can your child be released to either parent? <i>Unless the school has a copy of the custody papers on file, they MUST release the student to either parent.</i>		
12. My child has health problems that the school staff needs to be aware of. Describe:		

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(if you have joint legal custody, both parents must sign)



1617 Old Arcata Road
Bayside, CA 95524
(707) 822-4896
Timothy Parisi Superintendent
Principal Melanie Nannizzi

To: _____ School District

The following student(s) have enrolled in Jacoby Creek School, Jacoby Creek Elementary School District, on _____. **Please forward all student records to the address listed above at your earliest convenience.**

<u>Name</u>	<u>Birth date</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to expedite student enrollment, please fax the following records:

- Grades/Transcripts
- Immunization records
- SSID#
- Standardized Testing Student Record
- IEP (if applicable)**
- Copy of lunch application (if free or reduced eligible)**

Parent/Guardian Signature

Date