

2019-2020 Jacoby Creek School District New Student Registration Form

District _____ Interdistrict Transfer _____ Employee in District _____ Sibling at District _____

Grade _____ Lottery Number _____ OR Waitlist Number _____ Signed IDT received _____ Date: _____

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.

- | | | |
|--|---|--|
| <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"/> 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"/> 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"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302) | <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) or ELPAC (English Lang. Proficiency)?

- 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 both parents.

- Father:** Not a high school graduate High School Graduate Some College or AA Degree College Graduate Graduate Degree or Higher
- Mother:** Not a high school graduate High School Graduate Some College or AA Degree College Graduate Graduate Degree or Higher

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

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

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

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

- Yes No

If yes, name of school _____ Location _____ Date _____

HAS YOUR CHILD EVER ATTENDED SCHOOL AT JACOBY CREEK? Yes No

If yes, Name of last teacher and grade attended: _____

HAVE SIBLINGS ATTENDING SCHOOL AT JACOBY CREEK? Yes No

If yes, name and grades attended : _____

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
PLEASE LIST LOCAL CONTACTS

STUDENT'S DOCTOR: _____ 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: _____

Grade: _____ Teacher: _____ Birth date: _____

Dear parents:

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

	Yes	No
1. My child has an IEP plan or 504 plan: _____		
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 (if you have joint legal custody, both parents must sign)

Date

JACOBY CREEK SCHOOL DISTRICT

CONSENT TO TREAT

Student's Name: _____

Family physician name: _____ Phone # _____

Health Insurance/MEDI-CAL per Education Code 32220-32224: _____

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Yes No

In the event of a life-threatening allergic reaction, I authorize trained school personnel to give emergency treatment (adrenalin via Epi-Pen) to my child. Yes No

Parent/Guardian Signatures: 1) _____ Date _____

Both parents must sign if you have joint legal custody

2) _____ Date _____

Note to parents/guardians in accordance with Education Code Section 49423:

1. Check here if there are ***no*** special problems that the school staff should be aware of and no medications required at school.

2. Medications (both prescription and non-prescription) to be administered at school require ***both*** the physician's signature and parent/guardian signature authorizing designated school personnel to dispense such medication. ***Please obtain a CONSENT TO ADMINISTER MEDICATION AT SCHOOL form from the School Secretary if your child is required to take medication during the regular school day.***

3. All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff. ***Medication must be brought to school in the original container with printed instructions on the label.***

Is your child taking any long-term medications? If yes, please specify: _____

If your child has a special health problem and/or physical handicap, please describe:

PROOF OF RESIDENCE FOR ENROLLMENT

To be completed by families living within JCS District boundaries

I am the parent or legal guardian of:

_____ and I wish to enroll said child(ren) in the Jacoby Creek School District. I understand that California law provides for children whose parents or legal guardian lives or resides in the District to enroll directly without being a part of the lottery. I reside at the following street address that I believe to be in the Jacoby Creek School District.

Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Property Address: _____

Rent _____ Own _____

Landlord's Name, Address, and Phone Number: _____

I understand that District officials require proof that I am the parent or legal guardian of the child(ren) identified on this form, and that I also must show proof that I reside at the address given on this form.

Proof of Residency

Prior to admission in district schools, students shall provide proof of residency. The Superintendent or designee shall verify each student's district residency status upon enrollment and retain a copy of the document or written statement offered as verification in the student's mandatory permanent record.

Evidence of residency may be established by documentation showing the name and address of the parent/guardian within the district, including, but not limited to, **at least three of the following original documents:**

1. Property tax payment receipts
2. Rent payment receipts
3. Utility service payment receipts mailed to you at that address
4. Pay stub mailed to you at that address
5. Voter registration.
6. Correspondence from a government agency.
7. If the student is residing in the home of a caregiving adult within district boundaries, an affidavit executed by the caregiving adult in accordance with Family Code [6552](#)

The Superintendent or designee shall make a reasonable effort to secure evidence that a homeless or foster youth resides within the district, including, but not limited to, a utility bill, letter from a homeless shelter, hotel/motel receipt, or affidavit from the student's parent/guardian or other qualified adult relative.

However, a homeless or foster youth shall not be required to provide proof of residency as a condition of enrollment in district schools.

Failure to Verify Residency

When the Superintendent or designee reasonably believes that a student's parent/guardian has provided false or unreliable evidence of residency, he/she may make reasonable efforts to determine that the student meets district residency requirements.

If the Superintendent or designee, upon investigation, determines that a student's enrollment or attempted enrollment is based on false or unreliable evidence of residency, he/she shall deny or revoke the student's enrollment. Before any such denial or revocation is final, the parent/guardian shall be sent written notice of the facts leading to the decision. This notice also shall inform the parent/guardian that he/she may provide new material evidence of residency, in writing, to the Superintendent or designee within 10 school days. The Superintendent or designee shall review any new evidence and make a final decision within 10 school days.

DECLARATION

I declare under penalty of perjury that my child(ren) sleep at least three school nights per week in the home of the person named above and that the information provided by me, or others, is true and complete to the best of my knowledge, and that this declaration was executed on

_____ (date) at _____, CA.

I will immediately notify the school if I or my student moves from this address.

Printed Name: _____

Signature: _____

Address and Proof of Residency Verified by: _____ Date: _____

EXCHANGE OF INFORMATION CONSENT

To be completed if applicable to student

Name of Student: _____

Birth date: _____

School: _____

Grade: _____

Attention Medical Provider:

I hereby give consent to release or exchange medical information concerning my child with staff members on a need to know basis only of the Jacoby Creek School District (including the School Nurse, Principal, Teacher, Counselor, Speech Therapist or School Secretary). A copy of this form is valid as the original and remains valid unless revoked by the parent/guardian in writing.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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

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#
- STAR Testing Student Record
- **IEP (if applicable)**
- **Copy of lunch application (if free or reduced eligible)**

Parent/Guardian Signature

Date