

**Antelope Elementary School District**

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www.antelopeschools.org

☐ Antelope ☐ Berrendos
☐ Manton ☐ Plum Valley
☐ LAVA

Student Enrollment Packet (Grades TK through 8)

Registration Guidelines

Registration must begin with your school of residence (if you wish to transfer to another school or district, the process will start at your school of residence).

Required Documents for all registrations:

- **Original Proof of Birth**
 - ➔ Certified Birth Certificate (government issued)
- **Photo ID of Parent/Guardian** – state or government issued driver's license or photo ID only
- **Address Verification**
 - ➔ *Current PG&E, Water/Garbage or Cable Bill* dated within the past month (service address will be verified).
 - ➔ *Payroll Stubs / Checks* – must be dated within the last month
 - ➔ *Management Company Rental/Lease Agreement* – **Must include** Parent's name, address, and manager's /owner's name and phone number (this will be verified by a phone call from the school).
 - ➔ *Property Tax Bill* that shows parent's name and property address indicating home owner's exemption.
 - ➔ *Multiple Families living together* (2 or more families living together in the same house) – A written note **AND** address verification documents from the person the family is living with.

- **Current Immunization Record** - Required immunizations are as follows:

➔ Polio	4 doses at any age, but 3 doses meet requirements if one dose was given on or after the 4 th birthday.
➔ DTP/TDaP/DT/Td	5 doses at any age, but 4 doses meet requirements if one dose was given on or after the 4 th birthday. Proof of TDaP booster on or after the 7 th birthday is required for all students entering 7 th grade.
➔ MMR	2 doses, given on or after the 1 st birthday.
➔ Hepatitis B	3 doses.
➔ Varicella	1 dose or documentation from a physician that the child has had the disease.

Documents requested for Grades 1 through 8 (New Enrollees Only)

- ➔ Copy of the most recent report card and standardized test scores
- ➔ Check-out sheet from previous school (if applicable)
- ➔ Copy of IEP (if applicable)

Transitional Kindergarten (TK) & Kindergarten Registration Age Information

Kindergarten students must be **5 years old on or before September 1** each year to be eligible for fall enrollment in regular Kindergarten.

Transitional Kindergarten (TK) students will have his or her **fifth birthday between September 2 and December 2** to be eligible for fall enrollment in Transitional Kindergarten school.

Expanded Transitional Kindergarten (ETK) students **may** be eligible if the student's **fifth birthday falls after December 2**. For more information regarding ETK please contact the school for Antelope Elementary School District ETK requirements.

Joint Physical Custody

Students whose parents have joint **physical** custody may continue their enrollment in Antelope Elementary School District Requirements if at least one of their parents can meet the residency requirements of the District.

New Student Registration

PLEASE PRINT LEGIBLY

Student Name <u>As it appears on child's birth certificate</u>		Last	First	Middle
Other Names Student goes by (If applicable)		Last	First	Middle
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (mm/dd/yyyy)		Age Today:
Birthplace:	City	State	Country	
Has this child ever attended Antelope Elementary School District in the past?			<input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", list Grades here: _____	
Has this child ever attended a Preschool?			<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Preschool: _____	
Last School Attended:	Name of School		Address	Phone #

Special Education Programs

Was this child previously in a Special Education Program? ☐ No ☐ Yes – If yes, please check appropriate box(es) below:
☐ Resource Specialist Program (RSP) ☐ Special Day Class (SDC) ☐ Speech ☐ Other _____

Does this child have a current / active IEP? ☐ Yes ☐ No

Was this child exited from a Special Education Program? ☐ No ☐ Yes Date exited: _____

Was this child previously in any of the following Specialized Programs? ☐ EL ☐ Other _____

FAMILY	Parent/Guardian			
Parent/Guardian	Relationship to Student (Circle one) Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver			
Name			Is this student living with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address			Is this person the LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address <i>If Different</i>			If NO , then please complete a Caregiver Affidavit .	
Primary Phone		Secondary Phone	If there is a LEGAL Custody Agreement regarding this student, please check one:	
Email Address			<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody	
Employer		Work Phone	<input type="checkbox"/> Guardianship	

FAMILY	Parent/Guardian			
Parent/Guardian	Relationship to Student (Circle one) Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver			
Name			Is this student living with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address			Is this person the LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address <i>If Different</i>			If NO , then please complete a Caregiver Affidavit .	
Primary Phone		Secondary Phone	If there is a LEGAL Custody Agreement regarding this student, please check one:	
Email Address			<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody	
Employer		Work Phone	<input type="checkbox"/> Guardianship	

Signature of Parent/Guardian	Today's Date
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Address Verification

A current original statement of one of the following forms of address/residence verification must be provided:

- ☐ PG&E Bill (service address verified) ☐ Water/Garbage Bill (service address verified) ☐ Cable Bill (service address verified)
- ☐ Property Tax Bill (must include Parent's name and property address and indicate home owner's exemption)
- ☐ Rental/Lease Agreement (must include Parent's name, address, manager's/owner's name & phone number and move in date, if applicable)
(verified by phone call to apartment manager)
- ☐ Not a district resident (Inter-District Transfer Request must be on file)

Please check one (1) box below **IF** this describes where this student is currently living. This information will be used to determine whether your child qualifies for any additional assistance from federal funding.

- ☐ Temporarily Doubled Up – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.
- ☐ Hotels/Motels – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
- ☐ Temporary Shelters – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.
- ☐ Temporarily Unsheltered – A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters, but is not adequate housing.

FOSTER CARE

- ☐ Foster Family Home or Kinship Placement – A family resident that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes "Small Family Homes" as described in Health and Safety Code Section 1502 (c)(6) (Education Code Section 56155.5[b]), or an "Approved Home" of a relative. An "Approved Home" means the home of a relative or nonrelative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title 22, Div. 6, Article 3. This is not the same as a Licensed Children's Home.
- ☐ Unaccompanied Youth Indicator – a student who is not in the direct care of their parent or guardian.
- ☐ Runaway Youth Indicator – A student who is less than **18** years of age who has left home without parental/caregiver permission and stays away for one or more nights.

Parent/Guardian Signature

Date

Home Language Survey

Student Name _____

California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for your school to provide meaningful instruction. Information listed here will affect your child's language academic program and services. (Ed Code 52164)

Student

Name

Legal Last Name

First Name

Middle Name

Other Names Student Goes By

Date of Birth

Age Today

Grade Today

☐ M ☐ F

Gender

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

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

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

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

❖ If a language other than English is indicated on Lines 1 – 4 above, please check the following:

In the non-English language, does your child:

Understand? ☐ Yes ☐ No Speak? ☐ Yes ☐ No Read? ☐ Yes ☐ No Write? ☐ Yes ☐ No

Did your child attend school in another country? ☐ Yes ☐ No If yes: _____

Name of 1st Country

Year(s) of Attendance

Grade Completed

Name of 2nd Country

Year(s) of Attendance

Grade Completed

What date did your child begin attending school in the United States? _____

mm/dd/yyyy

What date did your child begin attending school in California? _____

mm/dd/yyyy

List all previously attended schools (public or private) as best you can:

Name of School

Address of School

Phone # of School

Dates of Attendance

Name of School

Address of School

Phone # of School

Dates of Attendance

Name of School

Address of School

Phone # of School

Dates of Attendance

Name of School

Address of School

Phone # of School

Dates of Attendance

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

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Phone Number

Demographic Information

Student Name

FEDERAL NATIONALITY SURVEY - RACE AND ETHNICITY DATA REPORTING STANDARDS

So that the school may produce accurate federal reports required by law, please complete the two part question below:

PART A - Is this student Hispanic or Latino? ☐ Yes ☐ No

(Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

PART B - No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be:

<input type="checkbox"/> American Indian or Alaska Native (100) A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment	<input type="checkbox"/> Black or African American (600) A person having origins in any of the black racial groups of Africa	<input type="checkbox"/> White (700) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<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) <input type="checkbox"/> Samoa (303)
<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Island (399) <input type="checkbox"/> Filipino/Filipino American (400)		

SIBLINGS

So that the school may produce an accurate family record, please write the name, age, grade and school of **all siblings** to this student.

Sibling Name (as it appears on their Birth Certificate)	Age	Grade	School Sibling Attends
1.			
2.			
3.			
4.			

EDUCATION LEVEL

Please indicate the education level of:

Mother	Father	Guardian (if applicable)
<input type="checkbox"/> Not a high school graduate (14)	<input type="checkbox"/> Not a high school graduate (14)	<input type="checkbox"/> Not a high school graduate (14)
<input type="checkbox"/> High school graduate (13)	<input type="checkbox"/> High school graduate (13)	<input type="checkbox"/> High school graduate (13)
<input type="checkbox"/> Some college (includes AA degree) (12)	<input type="checkbox"/> Some college (included AA degree) (12)	<input type="checkbox"/> Some college (included AA degree) (12)
<input type="checkbox"/> College graduate (BS/BA degrees) (11)	<input type="checkbox"/> College graduate (BS/BA degrees) (11)	<input type="checkbox"/> College graduate (BS/BA degrees) (11)
<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)	<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)	<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)
<input type="checkbox"/> Declined to state or unknown	<input type="checkbox"/> Declined to state or unknown	<input type="checkbox"/> Declined to state or unknown

MILITARY

Are any of your child's parents/legal guardians on Active Military duty or full-time National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes	If you marked "Yes", which parent(s) / guardian(s)?	What branch of service are they currently in? _____ Start date: _____ End Date: _____ (if known)
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Parent/Guardian Signature

Date

Emergency Contacts

Student Name

It is mandated, **in case a parent or legal guardian cannot be reached during the school day**, to give the names of two (2) relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the school day. **All attempts will be made to reach parents first.** If they are not reachable, the school will attempt to reach the emergency contacts below:

Adults <u>OTHER</u> than Parents/Legal Guardians	1st Emergency Contact Info	2nd Emergency Contact Info
Emergency Contact Name		
Contact Telephone (XXX-XXX-XXXX)		
Relationship to Child (i.e., Grandparent, Neighbor, Sitter)		
Cell Phone (XXX-XXX-XXXX)		
What is the correspondence language for this Emergency Contact?	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish

Please make sure you have completed, signed and dated each page of this registration packet, then return all pages to the secretary.

Signature of person completing this packet

Date

FOR OFFICE USE ONLY

Hand Outs to New Students	Filings	Other Requirements Needed	Date Received
<input type="checkbox"/> Academic Calendar	<input type="checkbox"/> E-mail Teacher	<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> School Handbook	<input type="checkbox"/> Cumulative File Request	<input type="checkbox"/> Proof of Residence	
<input type="checkbox"/> E-mail Agreement	<input type="checkbox"/> E-mail Tech	<input type="checkbox"/> Immunization Record	
<input type="checkbox"/> Lunch Application	<input type="checkbox"/> Enter in Aeries	<input type="checkbox"/> Inter-District Transfer	
<input type="checkbox"/> Meal Accommodations	<input type="checkbox"/> E-mail Bus Driver/Cafeteria	<input type="checkbox"/> Custody Papers	
<input type="checkbox"/> Medication Letter	<input type="checkbox"/> E-mail if EL or Special Education	<input type="checkbox"/> Other	
<input type="checkbox"/> Parents Rights Newsprint	<input type="checkbox"/> File Emergency & Photo Card	<input type="checkbox"/> Other	
<input type="checkbox"/> Emergency/Consent to Photo			
<input type="checkbox"/> Insurance Letter	<input type="checkbox"/> E-mail for program access		

Health History Information

The following information is necessary for your student's health records.

All information is confidential

Student Name _____

A note from the School Nurse:

Please take the time to completely fill out this health history form. The school nurse needs to know your student's health history as well as any medical conditions that may impact your student's ability to learn and be safe at school.

If your student needs to take **ANY** medications at school, prescription or over-the-counter, a Parent/Physician Release For Medication in School form must accompany the medication and be kept on file in the school office. You may obtain this form from your child's school. Students may not have medications of **ANY KIND** in their possession on school grounds.

Your child will need proof of the required immunizations for school entry. More information can be found at <http://www.shotsforschool.org>.

The State of California requires that all students have a CHDP physical examination by your doctor and oral health examination by a dentist.

Health History

Student Name: _____ Date of Birth: _____

Teacher: _____ School: _____ Grade: _____

Condition	No	Yes	Comments
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Other Allergies (Seasonal, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury / Concussions	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problems / Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Spina Bifida / Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Problems / Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Other Health Conditions	<input type="checkbox"/>	<input type="checkbox"/>	

Describe any other important health-related information about your child (for example: feeding tube, wheelchair, walker, crutches, oxygen support etc.): _____

List all prescription medications: _____

Parent/Guardian Signature

Date

