

REGISTRATION INFORMATION

Please bring the following documents when registering your child:

BIRTH CERTIFICATE
IMMUNIZATION RECORDS
COURT ORDERED LEGAL PAPERS
EMERGENCY PHONE NUMBER
PROOF OF RESIDENCY

- Ready Springs School
- Williams Ranch School
- Vantage Point Charter
- Kiddie Corral Preschool

PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

School Year: 2018-2019

Grade

ENROLLMENT FORM

Enrollment Page 1

FOR SCHOOL USE

Entrance Date (Mo/Day/Yr)

Student ID # Teacher

CSIS #

InterDistrict Transfer Y N

IntraDistrict Transfer Y N

Parent Rights
 Yes No

Special Ed Form
 Yes No

Address Verification Initials
 Yes No

Parent/Guardian ID

Birth Verification
 Birth Certificate
 Baptismal Record
 Passport
 Transfer

Ethnicity/Race - Blank
 ET RC

Immunizations
 Yes No

Oral Examination
 Yes No
(K entry)

Health Examination
 Yes No
(1st Grade entry)

Permission to Take Medication At School

Form on File: Yes No

Lunch Program
 Free Reduced

Cum Folder Requested (Date)

Cum Folder Received (Date)

Student's Legal Name - Last		First		Middle	
Nickname or Goes By Different Name: (Please List)		Student's Birth Place (City, State)		Date of Birth (month, day, year)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
Student's Residence Address		Apt. #	City	Zip	Home Telephone
Student's Mailing Address		Apt. #	City	Zip	Fax Number
e-mail address (Primary Contact, Not for Emergency Use)			Has Your Child Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Retained, What Grade Level?
Father's Name Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No (Address if different from above)	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Mother's Name Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No (Address if different from above)	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Legal Guardian Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No or Step Parent (Address if different)	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Transportation To/From School: Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Route: _____ AM _____ PM Walks <input type="checkbox"/> Bikes <input type="checkbox"/> Parent Transports <input type="checkbox"/> Other:	Legal Restrictions Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes, please provide a copy to the school office.		Has Student Been Expelled From Another School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		Student's Special Programs <input type="checkbox"/> Resource Specialist Program (IEP) <input type="checkbox"/> DIS (Speech, Hearing, Psych, etc.) (IEP) <input type="checkbox"/> Special Day Class (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP/NEP) <input type="checkbox"/> G.A.T.E. <input type="checkbox"/> Title I/Miller-Unruh <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____
Other Children in the Family					
Names (First, Last)		Age	Relationship to Student	School Attending	Lives With Student <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Attended Name		Grade	Month	Date	Year
Street		Phone #	Date of Arrival in the United States:		
City, State, Zip			Date of First School in United States:		
			Date of First School in California:		

Student Name: _____

Office Use: Copy of this page provided to School Nurse: _____

Enrollment Page 2

Emergency Numbers (use local number of people who can pick up your child and be responsible for them)

1.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
2.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
3.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>

Please List Medical Conditions the School Should Be Aware Of And Make Necessary Explanations.

Please List Any Medications Taken On A Regular Basis And An Explanation.

Do These Medications Need To Be Taken At School? Yes No
(If YES - requires a medication at school form – see the school office)

Administration of Medication at School Form on File? Yes No

Health Information (Please check if your child has had, or now has, any of the following medical conditions.)

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Eczema/Skin Trouble	<input type="checkbox"/> Physical Limitation
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Reyes Syndrome	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> History of Ear Problem	<input type="checkbox"/> Wears Contact Lenses
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problem	<input type="checkbox"/> Wears Glasses
<input type="checkbox"/> Measles (3-day)	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diagnosed ADD or ADHD	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Eye Injury
<input type="checkbox"/> Measles (10-day)	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Asthma	<input type="checkbox"/> History of Fractures	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Mumps	<input type="checkbox"/> Tonsils/Adenoids Removal	<input type="checkbox"/> Bladder Problems	<input type="checkbox"/> History of Hospitalization	<input type="checkbox"/> Frequent Nose Bleeds
<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Tuberculosis Contact	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> History of Surgery	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Color Vision Deficiency	<input type="checkbox"/> Known Hearing Loss	<input type="checkbox"/> Other: _____

Emergency Treatment Release

In case of accident or other emergency, **if a parent or guardian cannot be reached**, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand the Penn Valley Union Elementary School District does not provide medical or accident insurance for students for school-related injuries or treatment. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Any amendments or deletions on this authorization should be initiated by the parent/guardian. This authorization will remain in effect until revoked by the undersigned.

Physician _____ Phone # _____

Policy Number _____

Insurance ID _____

Insurance Company _____

I hereby certify that all information entered on both sides of this enrollment form is true and correct. I also understand and agree to the above Emergency Treatment Release.

Signature of Parent/Legal Guardian

Date

HOME LANGUAGE SURVEY

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. The information is essential in order for the school to provide adequate instructional programs and services. *Please indicate only one language (most frequently used) per line:*

1. Which language/dialect did your child learn when he/she first began to talk? _____
2. What language do you most frequently speak to your child? _____
3. Which language does your child most frequently use at home? _____
4. Name the language most often spoken by the adults at home? _____
5. Has your child ever been given the California English Language Development Test? Yes No I do not know

ETHNICITY

WHAT IS YOUR CHILD'S ETHNICITY?

- 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

MILITARY DUTY

Does your child have a parent on full-time active duty in the uniformed services of the U.S.?

- Yes (if Yes Branch _____ Rank _____)
- No

RACE SURVEY

WHAT IS YOUR CHILD'S RACE? 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. (*Please check up to five racial categories.*)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<i>(Person having origins in any of the original people of North and South America (including Central America))</i> | <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) | <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Samoan (303) | | |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Tahitian (304) | | |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Other Pacific Islander (399) | | |
| <input type="checkbox"/> Laotian (206) | | | |
| <input type="checkbox"/> Cambodian (207) | | | |
| <input type="checkbox"/> Hmong (208) | | | |
| <input type="checkbox"/> Other Asian (299) | | | |

Signature: _____

Date: _____



PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

14806 Pleasant Valley Rd., Penn Valley, CA 95946-9722

Phone (530) 432-7311 Fax (530) 432-7314

Torie F. England, Ed.D. - Superintendent

SPECIAL SERVICES SURVEY

Student Name: _____ Grade: _____

Date of Birth: ___/___/___ Previous School District: _____

1. Has your child ever been retained? If so what grade? _____ Yes No
2. Has your child ever received Resource Specialist Program Services (RSP) or any other academic Special Education Services? Yes No
3. Has your child ever received Speech Services? Yes No
4. Has your child ever received Title I Services? Yes No
5. Has your child ever received Bilingual Services?
Which Language? _____ Yes No
6. Has your child ever been in a Self-Contained Special Education Class or Learning Center? Yes No
7. Has your child been "GATE identified"? Yes No
8. Do you have a copy of your child's IEP? Yes No
9. Do you have other children who have received special services? Yes No
If yes, please explain what services.

<u>Child's Name</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Is there any special information you would like your child's teacher to know regarding your child's academic background or special needs?

Parent/Guardian Signature

Date

REQUEST FOR CUMULATIVE RECORDS

Mail records as indicated below to: (See check box)

Ready Springs School 10862 Spenceville Rd Penn Valley, CA 95946 (530) 432-1118 FAX (530) 432-9473 <div style="text-align: center;"><input type="checkbox"/></div>	Vantage Point Charter 10862 Spenceville Rd Penn Valley, CA 95946 (530) 432-5312 FAX (530) 432-8744 <div style="text-align: center;"><input type="checkbox"/></div>	Williams Ranch School 14804 Pleasant Valley Rd Penn Valley, CA 95946 (530) 432-7300 FAX (530) 432-7305 <div style="text-align: center;"><input type="checkbox"/></div>
--	---	---

Date: _____

To: (Name of School Last Attended): _____

Address: _____

City, State, Zip Code: _____

<u>Name of Student</u>	<u>Date of Birth</u>	<u>Grade</u>

The above-named student(s) is now enrolled at the school indicated above. Please mail the following information concerning this student. (Note: if the item(s) is not applicable for the student(s) please check box.)

Requested Items	Not Applicable
Cumulative File	Required
Immunizations/Health Records	Required
Special Ed Records – IEP <i>Please fax current IEP immediately to (530) 432-7314 Attn: Special Ed Dept. (Request for records will follow)</i>	
504, Title I, etc.	
Withdrawal Grades, if student left before the close of the semester (7-12 grade students only)	
Discipline Records, if student was expelled from your school	
On current SARB or attendance contract	

Notes: (Faxed documents requested, etc.) _____

Name and Title of Authorized School Personnel Requesting Records: _____

Signature of Authorized School Personnel Requesting Records: _____

The Federal Family Rights and Privacy Act of 1974 do NOT require the school forwarding student records to obtain parent permission to release the records.

In office use only (Penn Valley Union Elementary School District)
<input type="checkbox"/> Immunizations records scanned to Special Education Secretary
<input type="checkbox"/> Notified Special Education Department of new student with IEP
<input type="checkbox"/> Notified principal of 504 or Title 1 teacher of Title 1 Services

**PENN VALLEY UNION
ELEMENTARY SCHOOL DISTRICT**

Residency Verification

_____ Student Name

_____ Address

A current original statement of one of the following forms of residence verification must be provided (no other documents will be accepted):

- City Utility Bill (service address verified) PG&E Bill (service address verified) New Home Sales Agreement or Rental Agreement (with move in date) (must be followed up with a utility bill)
- Not a district resident (inter-district must be on file & include residence verification)

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 under the Federal No child Left Behind Act.

- 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 – family residence 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)(Educational 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 Title22, Div.6, Article 3. This is not the same as a Licensed Children's Home.

_____	_____
Parent/Guardian Signature	Date

PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT
School Calendar - 2018/2019

JULY				
M	T	W	TH	F
2	3	H	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

AUGUST				
M	T	W	TH	F
		1	2	3
6	7	8	9	PD
PD	PD	FD*	BtS	17
20	21	22*	23	24
27	28	29*	BtS	31

SEPTEMBER				
M	T	W	TH	F
H	4	5*	6	7
BtS	11	12*	13	14
PD	18	19*	20	21
24	25	26*	27	28

OCTOBER				
M	T	W	TH	F
1	2	3*	4	5
8	9	10*	11	12
15	16*	17*	18*	19*
B	B	B	B	B
29	30	31*		

Student Days Staff Days
 13 16

Student Days Staff Days
 18 19

Student Days Staff Days
 18 18

NOVEMBER				
M	T	W	TH	F
			1	2
5	6	7*	8	ET
H	13	14*	15	16
19	20	B	B	B
26	27	28*	29	30

DECEMBER				
M	T	W	TH	F
3	4	5*	6	7
10	11	12*	13	14
17	18	19*	20	21*
B	B	B	B	B
B				

JANUARY				
M	T	W	TH	F
	B	B	B	B
7	8	9*	10	11
14	15	16*	17	18
H	22	23*	24	25
PD	29	30*	31	

FEBRUARY				
M	T	W	TH	F
				1
4	5	6*	7	8
11	12	13*	14	H
H	19	20*	21	ET
25	26	27*	28	

Student Days Staff Days
 15 15

Student Days Staff Days
 17 18

Student Days Staff Days
 18 18

MARCH				
M	T	W	TH	F
				1
PD	5	6*	7	8
11	12*	13*	14	15
18	19	20*	21	22
25	26	27*	28	29

APRIL				
M	T	W	TH	F
1	2	3*	4	5
8	9	10*	11	12
B	B	B	B	B
PD	23	24*	25	26
29	30			

MAY				
M	T	W	TH	F
		1*	2	3
6	7	8*	9	10
13	14	15*	16	17
20	21	22*	23	24
H	28	29*	30	31

JUNE				
M	T	W	TH	F
3	4	5*	6*	LD*
SD	SD	12	13	14
17	18	19	20	21
24	25	26	27	28

Student Days Staff Days
 16 17

Student Days Staff Days
 22 22

Student Days Staff Days
 5 5

School Breaks & Holidays	
September 3, 2018	Labor Day
October 22-26, 2018	Fall Break
November 12, 2018	Veterans Day
November 21-23, 2018	Thanksgiving Break
Dec 24, 2018 - Jan 4, 2019	Winter Break
January 21, 2019	M.L. King Day
February 15, 2019	Lincoln's Day
February 18, 2019	Washington's Day
April 15-19, 2019	Spring Break
May 27, 2019	Memorial Day

Other Dates	
August 15, 2018	First Day of School (Minimum Day)
August 16, 2018	RS Back to School Night
August 30, 2018	WRS Back to School Night
September 10, 2018	VP Back to School Night
October 16-19, 2018	Parent Conferences
March 12-13, 2019	Parent Conferences
April - May 2019	Tentative State Testing
June 5, 2019	RS Promotion
June 7, 2019	VP Promotion
June 7, 2019	Last Day of School
June 10-11, 2019	Snow Day Makeup **

Key To Symbols	
B	School Break
H	Holiday
*	Minimum Day
PD	Professional Development (No School)
BtS	Back to School Night
SD	Snow Day Makeup
FD	First Day of School
LD	Last Day of School/End of Trimester
ET	End of Trimester

Instructional Days 180
 Teacher Contract Days 187

***Snow Day Makeup is only used if school is closed due to snow or other school closure requirements.*