

BELMONT-REDWOOD SHORES SCHOOL DISTRICT
Office of Student Services

NEW STUDENT ENROLLMENT CHECKLIST
2012-2013 School Year

Name of Student _____ Grade _____

Instructions: All items below are needed to complete enrollment. I have read this checklist and I understand that my child will not be counted as admitted to the school until all items are completed and immunizations are up to date according to state regulations.

Parent/Guardian Signature _____ Date _____

- 1. Student Enrollment Form
- 2. Informal Primary Language Survey Form – if applicable
- 3. Parent's/Guardian's Driver's License (or other personal identification, as needed)
- 4. Student's original birth certificate or passport
- 5. **Proof of Residency Documents:**
 - a. Current original utility documents **from two different sources**. Installation papers or bills are acceptable.
 - AND**
 - b. One of the following:
 - 1) Residents who are home owners:
Grant Deed or current property tax bill
 - 2) Residents who are renters:
Current rental or lease agreement
 - 3) Other living arrangements:
 - (a) Deed, property tax bill, current rental or lease agreement of person with whom you are living
 - AND**
 - (b) Notarized Verification of Residency Form
- 6. Physical (mandatory within 18 months prior to entering 1st grade)
- 7. Immunization record (polio, DTP, varicella, measles, mumps, rubella, & Hepatitis B is required. TDap, is required for 7th and 8th graders. TB is optional) See attached immunization flyer. Some admissions may be conditional.

For Office use only:

<u>Completed Enrollment Period:</u>	<input type="checkbox"/> First Period	February 15 th – February 29 th	School Assignment on or after April 1 st
	<input type="checkbox"/> Second Period	March 1 st – June 8 th	School Assignment on or after July 1 st
	<input type="checkbox"/> Third Period	June 11 th – August School	Assignment Prior to Start of School Year

All items have been received and enrollment was completed on _____
Date

Signature of Enroller _____

BELMONT-REDWOOD SHORES SCHOOL DISTRICT
STUDENT ENROLLMENT FORM
2012-2013 School Year

FOR OFFICE USE ONLY

Date _____ Grade: PS TK K 1 2 3 4 5 6 7 8
School Assignment: [] Central [] Cipriani [] Fox [] Nesbit [] Redwood Shores [] Sandpiper [] Ralston

- 1. Child's Last Name First Name Middle Sex (M/F) Birthdate: Month Day Year
2. Address Where Child Lives City/Zip Home Phone Number
3. Birthplace: City/State/Country Date Student First Enrolled in U.S. Public School
4. Name/Address of Last School Attended School Phone Number / FAX Number

5. *LANGUAGE SURVEY - Responses to the following questions are used to determine English Learner status.
This survey is required of all children enrolled in our District. It helps us receive funds that provide services to students who need extra help with English. PLEASE LIST ONE LANGUAGE PER QUESTION.

- A. What language did your child learn when he/she first began to talk?
B. What language does your child most frequently use at home?
C. What language do you use most frequently to speak to your child?
D. What language is most often spoken by the adults in your home?
E. Is your child currently in an ELL/Bilingual Program? [] Yes [] No

6. WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) [] Hispanic or Latino [] Not Hispanic or Latino

7. WHAT IS YOUR CHILD'S RACE? (Select one or more)

- [] American Indian or Alaskan Native [] Asian Indian [] Japanese [] Guamanian
[] Black or African American [] Cambodian [] Korean [] Hawaiian
[] White [] Chinese [] Laotian [] Samoan
[] Filipino [] Vietnamese [] Tabitian
[] Hmong [] Other Asian [] Other Pacific Islander

*Please complete Informal Primary Language Survey if applicable (Form 3)

8. PARENT INFORMATION

Indicate with whom the child lives: [] Parents (both) [] Mother [] Father [] Shared Custody
[] Other legal guardian; please state relationship _____

Table with 2 columns: PARENT/GUARDIAN and PARENT/GUARDIAN. Rows include: Relationship to Child, Name, Home Address, Home Phone, Pager/Cellular, Work Phone, E-mail address, Employed by, Occupation, Education level (with checkboxes for Not high school graduate, College graduate, High school graduate, Graduate School, Some college, Decline to answer/unknown).

10. Has your child ever been enrolled in one of these programs? ** Yes No

- RSP (Resource Specialist Program) Title I Speech & Language
- SDC (Special Day Class) GATE (Gifted & Talented) ELL (English Language Learner)

11. Does your child have a current IEP (Individualized Educational Program)? ** Yes No

****Note to School Administrative Assistant:** If any programs are checked on #10 or #11 above, send copy of Enrollment Form to District Office, Special Education Services Department.

12 **EMERGENCY HEALTH INFORMATION**

In case of emergency, I authorize the school to call or take my child to:

Physician Name	Phone Number	Hospital Preferred	Phone Number
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Insurance Company	Insurance ID number	Plan number
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Dentist Name	Phone Number
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Other emergency care contact:

If I cannot be reached, I authorize the school to call, release my child to, or take my child to:

Name	Relationship	Phone Number	Cell Phone Number
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Name	Relationship	Phone Number	Cell Phone Number
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I CONSENT FOR EMERGENCY TREATMENT if it is deemed necessary by the school authorities and after all efforts to reach the parent or designated adult have failed. Your son/daughter will be taken by ambulance at parent's expense to the nearest emergency facility.

I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.

Parent/Guardian Signature	Date
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MEDICAL CONDITIONS: (✓ all that apply)

- On Medication If so, name of medication: _____
- Allergies If so, allergic to what: _____
- Limited PE If so, limited to what: _____
- Heart Problems Seizure Disorders Asthma Diabetes Glasses/Contacts Hearing Problems

Explanations or comments about medical conditions the school should be aware of: _____

*****NOTE*****

If it is necessary for your child to take medication at school, you must obtain a Hold Harmless Form from the school office with the physician's written instruction and your written permission. All medication at school must be kept in the original pharmacy container in the school office. No medicine of any kind (prescriptions or non-prescription drugs including aspirin or aspirin substitutes) will be given at school unless the above conditions are met.

13 **OTHER CHILDREN IN HOUSEHOLD:**

Last Name	First Name	Sex M/F	School	Birthdate: Mo / Day / Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Parent/Guardian	Date
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Belmont-Redwood Shores Elementary School District
(Home Language other than English)

Informal Primary Language Survey

To be completed if the answer to Question #5 on the Student Enrollment Form is another language other than English. We would like to know more about your child's skills in your **HOME LANGUAGE**.

Student's name: _____ Grade: _____ Date: _____

Date student first enrolled in an U.S. public school: _____ Home Language: _____

Please circle or write in your answer.

Oral Language

- Is your son/daughter able to understand almost everything that is said in his/her home language? Yes No
- My child uses English most of the time and does not use our home language very often. Yes No
- Is your son/daughter able to speak your home language as well as most children of his/her age who speak this language? Yes No
- Does your son/daughter have difficulty understanding what you say in your home language? Yes No
- Do you have any problems understanding what your child says to you in your home language? Yes No
- What percentage of time do you speak your home language with your child? 25% 50% 75% 100%

Literacy (for grades 2 through 8)

- Does your son/daughter read in your home language as well as most children of his/her age who read in this language? Yes No
- Please describe your child's ability to read in your home language, when compared to children of his/her age:
_____ Does not read _____ Reads very little _____ Is a competent reader
- Does your son/daughter write in your home language as well as most children of his/her age who write in this language? Yes No
- Please describe your child's ability to write in your home language, when compared to children of his/her age:
_____ Does not write _____ Writes very little _____ Is a competent writer

School Experience

- Did your child have an opportunity to attend school in your home country? Yes No
- If yes, what grade level did he/she complete? _____
- How many total years has your child attended school? _____

If you have any questions about this form, please contact the principal at your child's school. Thank you for your cooperation.

PARENTS:

Children need more shots
before they can begin kindergarten.

They should have:

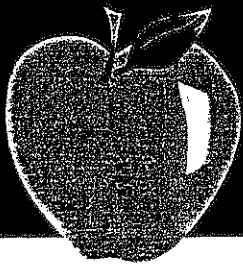
5 DTaP shots

4 Polio

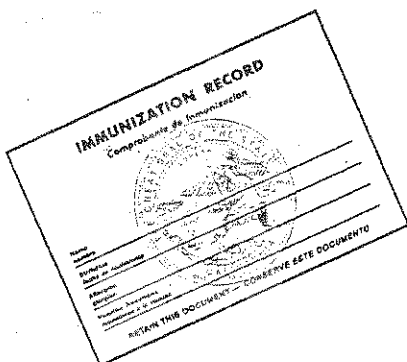
3 Hep B

2 MMR*

1 Chickenpox



*Both must be after 1st birthday.



See your child's doctor now to make
sure your child's immunization
record has dates for these shots. We
will need to see this Immunization
record to register your child.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ SCHOOL: _____

ZIP code: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 268).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTP/DTP/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido _____ Primer Nombre _____ Segunda Nombre _____ FECHA DE NACIMIENTO—Mes/Día/Año _____

DOMICILIO—Número y Calle _____ Ciudad _____ Zona Postal _____ Escuela _____

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA (mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Prímero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/d (difteria, tétano y [aceillar] pertusis [los ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELA (Viruelas locas)					
OTRA					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES
Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián _____ Fecha _____

Nombre, domicilio, y teléfono del examinador _____

Firma del examinador de salud _____ Fecha _____

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhs.ca.gov/chdp