

**HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT
ENROLLMENT FORM K-8
TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Date: _____

Happy Valley Primary School ☐ Happy Valley Elementary School ☐ Happy Valley Community Day School ☐

Student's Legal Name _____ Date of Birth _____
(From Birth Certificate) Last Name First Name Middle Name Month/Day/Year

Custody Papers? Yes ☐ No ☐ (If yes please attach most current copy of custody papers) Male ☐
Grade for 2018/2019 _____ Female ☐
Non-binary ☐

| PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES | |
|--|--|
| Check one. Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Check one. Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Last </div> | Check one. Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Check one. Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Last </div> |
| Mailing Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City: Zip Code: </div> | Mailing Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City: Zip Code: </div> |
| Residence Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City: Zip Code: </div> | Residence Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City: Zip Code: </div> |
| Home Phone: _____ Cell Phone: _____ | Home Phone: _____ Cell Phone: _____ |
| E-Mail Address: _____ Work Phone: _____ | E-Mail Address: _____ Work Phone: _____ |
| Notification Phone Number: (Main number to be used for automated calls both informational and emergencies): _____ | |

Ethnicity Is this student Hispanic or Latino? (Select only one) ☐ No, Not Hispanic or Latino ☐ Yes, Hispanic or Latino

Race

| | | | |
|--|---|---|--|
| <input type="checkbox"/> 100 American Indian or Alaskan Native | <input type="checkbox"/> 205 Asian Indian | <input type="checkbox"/> 302 Guamanian | <input type="checkbox"/> 600 Black or African American |
| <input type="checkbox"/> 201 Chinese | <input type="checkbox"/> 206 Laotian | <input type="checkbox"/> 303 Samoan | <input type="checkbox"/> 700 White (not Hispanic) |
| <input type="checkbox"/> 202 Japanese | <input type="checkbox"/> 207 Cambodian | <input type="checkbox"/> 304 Tahitian | |
| <input type="checkbox"/> 203 Korean | <input type="checkbox"/> 208 Hmong | <input type="checkbox"/> 399 Other Pacific Islander | |
| <input type="checkbox"/> 204 Vietnamese | <input type="checkbox"/> 299 Other Asian | <input type="checkbox"/> 400 Filipino | |
| | <input type="checkbox"/> 301 Hawaiian | | |

PARENT EDUCATION LEVEL Select the education level of the student's *most highly educated* parent or guardian. Check *one*.

| | | |
|---|--|--|
| 1 Not a high school graduate.... <input type="checkbox"/> | 3 Some college <input type="checkbox"/> | 5 Graduate school/post graduate training .. <input type="checkbox"/> |
| 2 High school graduate <input type="checkbox"/> | 4 College graduate <input type="checkbox"/> | |

PARENT ON ACTIVE DUTY WITH ARMED FORCES OR FULL-TIME NATIONAL GUARD

Select any appropriate response below

☐ Parent on Active Duty with Armed Forces ☐ Parent Full-time with National Guard ☐ Parent Not on Active Duty or Full-time National Guard

MEDIA PERMISSION

I/We GIVE permission for my/our student to be observed, interviewed, photographed and/or filmed when they have received permission by the principal or designee to be on campus. Information gathered may be used in publications, television reports, public presentations and/or the school district web site Yes ☐ No ☐ Yearbook Only ☐

OTHER PARENT OR LEGAL GUARDIAN INFORMATION not listed on page one, if applicable.Check *one*. None ☐ Father ☐ Step-Father ☐ Mother ☐ Step-Mother ☐ Guardian ☐ Other ☐ _____

| | | | |
|--------------|----------------------|---------------|----------------------|
| Name | _____ | Home Phone | _____ |
| | First Last | | |
| Home Address | _____ | | |
| | Street Address | City | State Zip Code |
| Work Phone | _____ | Cell Phone | _____ |
| | Area Code and Number | | Area Code and Number |
| Pager | _____ | Email Address | _____ |

EMERGENCY CONTACTSList four *local* contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

| | | | |
|--------------|--|--------------|--|
| Name | _____ | Name | _____ |
| Phone | _____ | Phone | _____ |
| | Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday | | Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday |
| Cell Phone | _____ | Cell Phone | _____ |
| Relationship | _____ | Relationship | _____ |
| | | | |
| Name | _____ | Name | _____ |
| Phone | _____ | Phone | _____ |
| | Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday | | Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday |
| Cell Phone | _____ | Cell Phone | _____ |
| Relationship | _____ | Relationship | _____ |

EMERGENCY MEDICAL AUTHORIZATION

I am/We are the parent/guardian of the above named student, in case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

On _____ at _____, California
Date City

Parent/Guardian Signature(s) _____

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

If you are a single parent with sole legal custody, please submit a copy of the court order authorizing sole custody to the school.

PRIMARY PARENT OR GUARDIAN (from page one)**PRIMARY PARENT OR GUARDIAN** (from page one)

Please Print Full Name

Please Print Full Name

Signature

Signature

Phone

Phone

Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

| | | | | | |
|----------------------------|--|------------------------------|------------------------------|-------------------------------|--------------------------|
| FOR SCHOOL USE ONLY | EO <input type="checkbox"/> | LEP <input type="checkbox"/> | FEP <input type="checkbox"/> | RFEP <input type="checkbox"/> | Redes Date if RFEP _____ |
| GRADE LEVEL _____ | InterDistrict <input type="checkbox"/> District of Residence _____ | | | | |
| STUDENT ID NUMBER _____ | PERMANENT ID NUMBER _____ | | CSIS NUMBER _____ | | |

School Use**HOME LANGUAGE SURVEY**

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

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

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

OTHER STUDENT INFORMATION

Student's Birthplace _____

City _____ State _____ Country _____

When did the student first attend *school in the United States*? _____

Month and Year OR Grade level

When did the student first begin attending school *in California*? _____

Month and Year OR Grade Level

Has student previously attended school in Happy Valley School District? _____

Month and Year OR Grade Level

What *school* did the student attend before enrolling in the current Happy Valley Union Elementary School?Check one. Public ☐ Private ☐ Home School ☐ None ☐

Name of Previous School _____ Area Code/Phone Number _____

Address: _____

Number _____ Street Address _____ City _____ State _____ Zip Code _____

Dates of Attendance at Previous School From _____ To _____

ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION: Please answer all questions.I certify that my son/daughter: Check *one*.Has never been enrolled in a special educational program ☐Was previously enrolled in a special program and is no longer enrolled ☐Is currently enrolled in a special program..... ☐

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

Special Education Yes ☐ No ☐ Gifted & Talented Education Program (GATE) Yes ☐ No ☐Special Day Class (SDC) Yes ☐ No ☐ English Language Development (ELD) Yes ☐ No ☐Resource Specialist Program (RSP)..... Yes ☐ No ☐ 504 Plan..... Yes ☐ No ☐Speech and Language Program..... Yes ☐ No ☐ Other: Please specify _____Visually Impaired Program..... Yes ☐ No ☐**OTHER CHILDREN IN THE FAMILY**

| First and Last Name | Date of Birth | Lives at Home | School Attending/Grade (If graduated, NA) |
|---------------------|---------------|--|---|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Student Name _____

HEALTH INVENTORY

Student's
Physician

Doctor's Name

Street Address

City

Area Code and Phone Number

Student's
Dentist

Dentist's Name

Street Address

City

Area Code and Phone Number

HEALTH INSURANCE

Yes ☐

No ☐

If yes, Name of Insurance Company _____

Policy Number _____

PERMISSION FOR MEDICAL RECORDS

I/We GIVE consent to the Happy Valley Union Elementary School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.)

Yes ☐ No ☐

HEALTH PROBLEMS Check all that apply.

Diagnosed ADD or ADHD ☐

Asthma ☐

Bladder Problems ☐

Bleeding Disorder ☐

Color Vision Deficiency ☐

Diabetes ☐

Eczema/Skin Trouble ☐

History of Ear Problem ☐

Heart Problem ☐

Head Injury ☐

History of Fracture ☐

History of Hospitalization ☐

History of Surgery ☐

Known Hearing Loss ☐

Known Vision Loss ☐

Physical Limitations ☐

Wears Contact Lens ☐

Wears Glasses ☐

Wears Hearing Aide ☐

Other or further details of above _____

Epilepsy ☐

Eye Injury ☐

Hypoglycemia ☐

Frequent Nosebleeds ☐

Scoliosis ☐

Seizure Disorder ☐

Describe _____

Describe _____

Describe _____

Describe _____

Describe _____

Describe _____

Right ☐

Left ☐

Right ☐

Left ☐

Describe _____

For close work ☐

For distance only ☐

At all times ☐

Right ear ☐

Left ear ☐

ALLERGIES Check all that apply.

None ☐

Animals ☐

Food ☐

Insects ☐

Drugs ☐

Bee Sting ☐

Plants ☐

Other ☐

List specific item(s) student is allergic to: _____

Describe allergic reaction or treatment: _____

CURRENT MEDICATION(S) Yes ☐ No ☐

| If yes, Name of Medication(s) | | Dosage | | Time Taken | | Purpose |
|-------------------------------|--|--------|--|------------|--|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |