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

Male ☐
Female ☐
Non-binary ☐

Custody Papers? Yes ☐ No ☐ (If yes please attach most current copy of custody papers)
Grade for 2019/2020 _____

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES

Check one. Father☐ Step-Father☐ Guardian☐	Check one. Mother☐ Step-Mother☐ Guardian☐
Check one. Mrs.☐ Ms.☐ Dr.☐ Other_____	Check one. Mrs.☐ Ms.☐ Dr.☐ Other_____
Name: _____ First Last	Name: _____ First Last
Mailing Address _____ City: Zip Code:	Mailing Address _____ City: Zip Code:
Residence Address _____ City: Zip Code	Residence Address _____ City Zip Code
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:
Work Phone:	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

☐ 100 American Indian or Alaskan Native
☐ 201 Chinese
☐ 202 Japanese
☐ 203 Korean
☐ 204 Vietnamese
☐ 205 Asian Indian
☐ 206 Laotian
☐ 207 Cambodian
☐ 208 Hmong
☐ 299 Other Asian
☐ 301 Hawaiian
☐ 302 Guamanian
☐ 303 Samoan
☐ 304 Tahitian
☐ 399 Other Pacific Islander
☐ 400 Filipino
☐ 600 Black or African American
☐ 700 White (not Hispanic

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....☐
2 High school graduate .....☐
3 Some college .....☐
4 College graduate.....☐
5 Graduate school/post graduate training ..☐

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 _____ (First / Last) Home Phone _____

Home Address _____ (Street Address / City / State / Zip Code)

Work Phone _____ (Area Code and Number) Cell Phone _____ (Area Code and Number)

Pager _____ Email Address _____

EMERGENCY CONTACTS

List 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 _____ (Date) at _____ (City), California

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)

_____
Please Print Full Name

_____
Signature

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

PRIMARY PARENT OR GUARDIAN (from page one)

_____
Please Print Full Name

_____
Signature

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

Student's Name _____ 2019/2020

FOR SCHOOL USE ONLY EO☐ LEP☐ FEP☐ RFEP☐ Redes Date if RFEP_____
GRADE LEVEL_____ InterDistrict ☐ 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☐ No☐	
			Yes☐ No☐	
			Yes☐ No☐	
			Yes☐ No☐	

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	☐	Epilepsy	☐
Asthma	☐	Eye Injury	☐
Bladder Problems	☐	Hypoglycemia	☐
Bleeding Disorder	☐	Frequent Nosebleeds	☐
Color Vision Deficiency	☐	Scoliosis	☐
Diabetes	☐	Seizure Disorder	☐
Eczema/Skin Trouble	☐		

History of Ear Problem ☐ Describe _____

Heart Problem ☐ Describe _____

Head Injury ☐ Describe _____

History of Fracture ☐ Describe _____

History of Hospitalization ☐ Describe _____

History of Surgery ☐ Describe _____

Known Hearing Loss ☐ Right☐ Left☐

Known Vision Loss ☐ Right☐ Left☐

Physical Limitations ☐ Describe _____

Wears Contact Lens ☐

Wears Glasses ☐ For close work☐ For distance only☐ At all times☐

Wears Hearing Aide ☐ Right ear☐ Left ear☐

Other or further details of above _____

ALLERGIES Check all that apply.

None	☐	Animals	☐	List specific item(s) student is allergic to: _____
Food	☐	Insects	☐	Describe allergic reaction or treatment: _____
Drugs	☐	Bee Sting	☐	_____
Plants	☐	Other	☐	_____

CURRENT MEDICATION(S) Yes☐ No☐

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