Print Clear Form

Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800
www.loomis-usd.k12.ca.us
Building Excellence in Education since 1856
Gordon T. Medd, Superintendent

Registration Checklist 2nd-8th Grade

Student Name _____ School _____

Date _____ Grade _____

Registration Checklist 2nd-8th Grade

√	Documents	Notes
	Completed Registration Packet	
	Emergency Form/Annual Health Inventory	
	Registration Form	
	Home Language Survey	
	Immunizations Records	
	T-DAP- (7th/8th Grades)	
	Health History	
	*Proof of Residence	Intra? Or Inter?
	Cum Request	
	Intra: Resident School:	Requested School:

*Proof of Residency for new Enrollments:
New enrollments will be required to show TWO (2) pieces of information showing name and address of resident, i.e.: PG & E bill, telephone bill, cable bill, water bill, check with address, driver's license, etc.

Escrow papers, sales agreements, etc. DO NOT *meet the requirement. Escrow and sales can fall out at any time.*

If two (2) pieces of documentation showing the name and address cannot be obtained then the parent/guardian can obtain an Inter-District from the district they are currently residing in. Student(s) will be placed at the school where space is available. When they become an actual resident of our district, showing the required documentation, then their status can be changed from an IDA to resident.

**In accordance with California Education Code 49076, school records will be requested from the student's prior school of attendance upon completion of registration paperwork.*

Loomis Union School District
3290 Humphrey Road, Loomis CA 95650
(916) 652-1800 (916) 652-1809 Fax

Emergency Card

If you are returning from the previous school year, has any information changed? ☐ Yes ☐ No
All students must return a completed emergency card to the school office annually.

Student Name_____Home Phone _____
(Last) (First)
M ☐ F ☐ Grade_____ Birth date_____

Street Address _____ Town_____ Zip _____

Mailing Address_____ Town_____ Zip _____

Father or Step Father Name (living in the home)_____

Work Phone_____ Cell Phone_____

E-mail _____

Mother or Step Mother Name (living in home)_____

Work Phone_____ Cell Phone_____

E-mail_____

Father or Mother Name (if ***NOT*** living in the home)_____

Work Phone_____ Cell Phone_____

Address:_____

E-mail_____

By providing my e-mail address above, I agree to receive pertinent information generated from the school and district offices.

If I cannot be reached in an emergency (accident, illness), I hereby grant permission for my child to be released from school to the contact person(s) listed below:

1) _____Phone_____ Relationship_____

2) _____Phone_____ Relationship_____

3) _____Phone_____ Relationship_____

After School Day Care Provider_____Phone_____

☐ We have a RESTRAINING ORDER #_____

Family Physician_____ Phone_____

What action is to be taken if a complication is due to an allergic or health condition?_____

_____

In case of accident/emergency, *if parent or guardian cannot be reached*, I 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. I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian Signature: _____ **Date**_____

Loomis Union School District
Annual Student Health Inventory

Returning Students fill out the form in full. Check "Yes", if new condition has occurred in the last year ☐**YES** ☐**NO**

New Students fill out the form in full. Initial any medical condition that pertains to the above named student. Attach a supplemental sheet to this form if you would like to provide more detailed information.

Initial	Condition description	Health code
_____	Asthma, reactive airway disease, exercise-induced asthma that requires **daily medication and/or an inhaler. Please specify (including) asthma triggers**_____	AS
_____	Diabetes, Type 1 or 11; wears insulin pump, uses glucometer **Please specify** _____	DM
_____	History of seizures, epilepsy, convulsions or treated with medication **Please specify date of last seizure**_____	S
_____	Significant allergic reaction (bees, peanuts, latex, etc.). **If uses Epi-pen, MD form req'd** **Please specify**_____	AL
_____	Learning disability (ADD, ADHD, dyslexia, etc.) that requires medication **Please specify** _____	LD
_____	Migraines or significant headaches that impact school performance **Please specify** _____	HA
_____	Medication request for school, including prescription or over-the-counter. **MD Form Req'd**	SM
_____	Orthopedic problems (scoliosis, arthritis, joint problems, cast/traction, etc.) **Please specify** _____	OR
_____	Heart condition (murmurs, pacemaker, valve disease, surgical history, etc.) **Please specify**_____	CV
_____	Significant recent illness/injury/surgery within the last 12 months (car accident, broken bone, Mononucleosis, Lyme disease, Whopping cough, Chicken pox, etc.) **Please specify** _____	HHx
_____	Medications taken at home on a daily basis, including vitamins and herbal supplements **Please specify** _____	HM
_____	Sensory deficit (hearing or visually impaired, hearing aids, glasses, contact lenses, etc.) **Please specify** _____	SEN
_____	Hepatitis A, B, or C, positive TB test, HIV, Meningitis or infectious disease **Please specify** _____	INF
_____	Depression, anxiety/panic disorder, schizophrenia, previous suicide attempts and/or on daily Mental health medications or treatment **Please specify** _____	MH

My signature indicates that I understand the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

Parent Signature_____Date_____

Loomis Union School District

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For Office Use Only

Date Rec'd _____

Hm. School _____

Intra _____

Inter _____

Today's Date: _____

STUDENT REGISTRATION FORM

Child's LEGAL Name: _____ M☐ F☐ Grade: _____ DOB: _____

(Last) (First-Not Nickname) (Middle)

Age: _____ Child's Preferred Name (ALIAS) if different from legal name: _____

Parent/Guardian: _____ Phone: _____ Father's Work: _____Mother's Work: _____

Physical Address: _____

(House # & Street Name) (City) (State) (Zip)

Mailing Address **If Different:** _____

(House # & Street Name) (City) (State) (Zip)

Home Language – Which language is spoken most frequently in your home? (Check one) ☐English (00)

☐Chinese (201)	☐Portuguese (06)	☐Farsi (Persian) (16)
☐Spanish (01)	☐Japanese (08)	☐French (17)
☐Vietnamese (02)	☐Khmaf (Cambodian) (09)	☐German (18)
☐Cantonese (03)	☐Arabic (11)	☐Russian (29)
☐Korean (04)	☐Armenian (12)	☐American Sign Language (37)
☐Filipino (05)	☐Dutch (15)	☐Other (please specify): _____

Federal Race and Ethnicity Data Collection – Please complete part A & B

A. Is this student Hispanic or Latino? (Select only one) ☐No, not Hispanic or Latino ☐Yes, Hispanic or Latino?

B. What is this student's race? (Select one or more) You must check at least <u>one</u>: If more than one please check all that apply.

☐White (700) ☐ Black or African American (600) ☐American Indian or Alaskan Native (100)

<u>Asian – Specify (see below)</u>

☐Chinese (201)	☐Laotian (206)
☐Japanese (202)	☐Cambodian (207)
☐Korean (203)	☐Filipino (400)
☐Vietnamese (204)	☐Hmong (208)
☐Asian Indian (205)	☐Other Asian (299)

<u>Native Hawaiian or Other Pacific Islander (see below)</u>

☐Hawaiian (301)
☐Guamanian (302)
☐Samoan (303)
☐Tahitian (304)
☐Other Pacific Islander

Birthplace: City: _____ **State:** _____ **Country:** _____

If Country is other than US, please complete the following:

Arrival date in US: _____ Date of initial enrollment in a US School: _____ Date of enrollment in CA school: _____

If born outside the United States or U.S. Territories, was child born to United States military or United States diplomatic personnel? ☐Yes ☐No

Parent Education Level- Please mark the education level of the most educated Parent

☐ Not a High School Graduate (1) ☐ High School Graduate (2) ☐ Some College (3)

☐ College Graduate (4) ☐ Graduate/Post Graduate Training (5)

Residence – Where is your child currently living?

This information is federally mandated by No Child Left Behind- Please check appropriate box/es.

☐ In a single family permanent residence-house, apartment, condominium, mobile home ☐ In or awaiting foster care placement

☐ With more than on family in a house or apartment ☐ In a motel, car or campsite

☐ With friends or other family members-other than parents, grandparents or legal caregiver ☐ In a group home

☐ In a shelter or transitional housing program

With whom does the student live: (Check all that apply)

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Foster/Group Home ☐ Other

Is the above checked person(s) the student's LEGAL guardian? ☐ YES ☐ NO If NO, please obtain a "Caregiver's Authorization Affidavit."

If Foster or Group Home, name of organization: _____Name of Case Worker: _____ Phone: _____

Contact Information

Check one: ☐ Father ☐ Step-Father ☐ Guardian Name: _____

Employer: _____ Occupation: _____ Work phone (with area code): _____

Cell #: _____ Email: _____

Check one: ☐ Mother ☐ Step-Mother ☐ Guardian Name: _____

Employer: _____ Occupation: _____ Work phone (with area code): _____

Cell #: _____ Email: _____

DUPLICATE MAILING- If divorced/separated & joint legal custody allows duplicate mailing information to be given to other parent, please include their name, address and phone number:

Full Name: _____ Address: _____ Phone: _____

Special Services

Is your child currently enrolled in special education class or receiving special support services? ☐ YES ☐ NO

If YES, check type of program (s): ☐ Resource (RSP) ☐ Special Day (SDC) ☐ 504 Plan ☐ Speech/Language

☐ Hearing ☐ Vision ☐ GATE ☐ Occupational Therapy ☐ English Learner ☐ Other: _____

Is your child currently under an Expulsion Order from another school district? ☐ YES ☐ NO If YES, what district: _____

Student's last school of attendance: _____ Complete Address of School: _____

OTHER CHILDREN IN FAMLY ATTENDING LUSD SCHOOLS: (City) (State)

Name	Birth Date	Name	Birthdate

*I certify that the above information is correct and understood any incorrect information could compromise the enrollment of my student.

SIGNATURE OF PARENT/GUARDIAN:

_____**DATE:**_____

FOR OFFICIAL USE ONLY:

EVIDENCE OF BIRTH for First-Time TK/Kindergarten

- ☐ **Birth Certificate**
- ☐ **Baptismal Record**
- ☐ **Passport**
- ☐ **Affidavit**
- ☐ **Notice of Birth Registration**

Registration form Verified by (Registrar)_____

Verification of School residence: Street Address verified_____

Inter District Agreement verified_____

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Health History
New Student Enrollment

Note: Your child's success in school depends to a great extent on his/her physical well-being. *Completion of this Health History form is optional, but the information obtained will help the School Nurse in identifying any health or educational needs of your child and will be kept confidential for school personnel use only.*

Student Name:	**Date of Birth:**

Names and ages of other children in family:

Name:	Age:
Name:	Age:
Name:	Age:

Are there any additional residents in the home? ☐ Yes ☐ No

If yes, please list and provide relationship to student:

Date of last physical examination:	Completed by:
Date of last dental examination:	Completed by:

Has your child had a professional eye exam? ☐ Yes ☐ No

If yes, Date of Last Exam:
Does your child wear glasses or contacts? ☐ Yes ☐ No
If yes, when should glasses be worn?

Birth History:

Pregnancy: (Any complications or abnormalities?)
Delivery: (Any complications or abnormalities?)
Condition at Birth: (Any complications or abnormalities?)

Developmental History:

Please provide the approximate age at which your child reached the following milestones:

Sat unassisted:	Walked:	Spoke First Words:
Spoke in Sentences:	Toilet Trained:	

Handedness: ☐ Right ☐ Left
Any challenges with: ☐ Thumbsucking ☐ Behavior ☐ Speech/Language
☐ Bowel or Bladder Control ☐ Other- Explain_____

(please complete reverse side)

Health History:

Has your child had any of the following? (Please check and describe)

☐ Serious Illness:	
☐ Serious Accidents:	
☐ Operations or Hospitalizations:	
☐ Head Injury	
☐ Ear Infections	
☐ Allergies	
☐ Frequent colds, minor illness	
☐ Seizures	
☐ Vision problems	☐ Hearing problems
☐ Speech Difficulties	☐ Learning Difficulties

Does your child take any medication on a regular basis? ☐ Yes ☐ No

If yes, please list: _____

Does your child have any limitations or special conditions to be watched at school?

☐ No ☐ Yes Explain:_____

Health Habits/Behavior:

Eating Habits: ☐ Good ☐ Fussy ☐ Poor
Food Allergies: ☐ No ☐ Yes Explain:
Sleep Habits: ☐ Sound Sleeper ☐ Restless ☐ Night Terrors
Number of Hours of Sleep per night:
Personality: ☐ Friendly ☐ Shy ☐ Aggressive ☐ Leader ☐ Follower
Behavior: ☐ Easy/Average ☐ Challenging ☐ Hard to Manage
Activity Level: ☐ Inactive ☐ Very Active ☐ Average
Play preference: ☐ With others ☐ With self ☐ Gets along with other children
Self care: ☐ Feeds self ☐ Dresses self ☐ Ties shoes

Are there any concerns (health, family, learning, etc.) the school staff should know?

Completed by:

Signature:	Date:

Thank you!

If you have any additional health concerns to share, please contact your School Nurse.

Sheree Palma RN MSN School Nurse Placer/Penryn/Ophir Schools	**Wendy Freeman RN** School Nurse Loomis/HC Powers Schools	**Karen Jarvis RN** School Nurse Franklin /LBCS Schools

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Dear Parents,

The purpose of this form is to request that your child's records be forwarded to the Loomis Union School District. Please complete the bottom portion of this form indicating the school that your child will be attending and return it with your enrollment packet.

Thank you.

Your former student: _____

Date of birth: _____

We are requesting the above student's cumulative records, including transcripts, most current achievement scores, health data, psychological records, social and emotional information and any other pertinent information to be sent to:

☐ Franklin Elementary School
7050 Franklin School Road
Loomis, CA 95650
(916) 652-1818

☐ Loomis Grammar School
3505 Taylor Road
Loomis, CA 95650
(916) 652-1824

☐ Placer Elementary School
8650 Horseshoe Bar Rd
Loomis, CA 95650
(916) 652-1830

☐ H. Clarke Powers Elementary School
3296 Humphrey Road
Loomis, CA 95650
(916) 652-2635

☐ Penryn Elementary School
6885 English Colony Way
Penryn, CA 95663
(916) 663-3993

☐ Ophir Elementary School
1372 Lozanos Road
Newcastle, CA 95658
(530) 885-3495