



**Please include the following when you return your packet:**

- ✓ Completed Registration Paperwork
- ✓ Proof of Birth
  - Certified Copy of Birth Record
  - Statement by the Local Registrar or County Recorder Certifying the Date of Birth
  - Baptism Certificate
  - Passport
- ✓ Proof Of Residency
  - Property Tax Payment Receipts
  - Rental Property Contract, Lease or Payment Receipts
  - Utility Service Contract, Statements, or Payment Receipts
  - Pay Stub
  - Voter Registration
  - Correspondence from a Government Agency

(If you are living with someone please bring in a letter from them stating that you reside with them and one of the above.)
- ✓ Shot Record



First Day of School


Wednesday, August 5, 2020

**Reminder:**

**Children who turn 5 between September 2, 2020 and December 2, 2020 are eligible for Transitional Kindergarten.**

**Transitional Kindergarten spots will not be assigned until your packet is complete. Please return your packet early to reserve your spot.**

## Kindergarten Immunization Requirements



Polio (IPV)	4 Doses
DTP/DTaP/DT	5 Doses
MMR	2 Doses - 1st dose must be after 1st birthday
Hepatitis B	3 Doses
Varicella	2 Dose

- ★ Polio - 3 doses are enough if the last one was after 4th birthday
- ★ DTP/DTaP/DT - 4 doses are enough if the last one was given after 4th birthday

**All students must be fully immunized before starting Kickstart and Kindergarten.**

CENTER JOINT UNIFIED SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM  
8408 Watt Ave, Antelope, CA 95843  
Telephone (916) 338-6400

Student Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Other Name: \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth City/State: \_\_\_\_\_ Residence Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Student Residence Address: \_\_\_\_\_ Street Apt. City State Zip  
Code

Gender: Male or Female Registering Current Grade Level: \_\_\_\_\_

Previous School Information: \_\_\_\_\_  
Name Address City State Zip Code Phone #

Legal Parents/Guardian Information					Student Lives With				
Father/Step-Father/Grandfather/Guardian/Foster (circle one);					Mother/Step-Mother/Grandmother/Guardian/Foster (circle one):				
Relationship to Child _____					Relationship to Child _____				
Last Name First Middle					Last Name First Middle				
Address: Street City State Zip					Address: Street City State Zip				
Phone (H) ( ) _____					Phone (H) ( ) _____				
Employer _____					Employer _____				
Phone (W) ( ) _____					Phone (W) ( ) _____				
Phone (C) ( ) _____					Phone (C) ( ) _____				
Email Address _____ Please initial if you do NOT wish to receive District related communication					Email Address _____ Please initial if you do NOT wish to receive District related communication				
Driver Lic.# _____					Driver Lic.# _____				
<b>Additional Parent/Guardian to Receive School Mail:</b>									
Name _____					Relationship to Student _____				
Address: _____ Street City State Zip Code									

\*\*\* OFFICE USE ONLY \*\*\*

<b>Completed by School Personnel:</b>	Student I.D.# _____	Cum Folder Requested _____
Received Registration _____	Grade Level _____	Program Code _____
Proof of Residence _____	Teacher _____	Copy of Registration to EL _____
Shot Records Received _____	Start Date _____	Registered by _____
	Name of School Enrolling _____	

**Additional Emergency Contacts (other than those above):**

**\*\*If foster parent, must list Agency and social worker/foster family worker as an emergency contact\*\***

<b>Contact 1:</b> Name _____	Relationship _____
Address _____	Home Phone _____
Employer _____	Work Ph# _____ Cell # _____
<b>Contact 2:</b> Name _____	Relationship _____
Address _____	Home Phone _____
Employer _____	Work Ph# _____ Cell # _____

**Home Language Survey:**

***Schools are required by law to determine the languages spoken at home by each student. This is important in order to provide meaningful instruction for all students.***

When your son/daughter first began to speak, did he/she speak a language other than English? Yes      No

**If "yes", please answer 1-5:**

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently use to speak to your son/daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home. \_\_\_\_\_
5. When did he/she first begin school in the U.S.? (M/D/Y) \_\_\_\_\_

**Ethnicity (for survey purposes only):**

**Is this student Hispanic or Latino? (Select only one)**

\_\_\_ No, not Hispanic or Latino. (In the list below, write #1 for primary ethnicity and #2 for secondary ethnicity)

\_\_\_ Yes, Hispanic or Latino. (If there is a secondary ethnicity, please mark it as #2 below)

- |                                      |                                  |                        |
|--------------------------------------|----------------------------------|------------------------|
| ___ (100) American Indian or Alaskan | ___ (201) Chinese                | ___ (202) Japanese     |
| ___ (203) Korean                     | ___ (204) Vietnamese             | ___ (205) Asian Indian |
| ___ (206) Laotian                    | ___ (207) Cambodian              | ___ (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)   |                        |

**Special Programs:**

- |  |     |    |
|--|-----|----|
| 1. Was your son/daughter a participant in the GATE (Gifted and Talented) Program in a former school? | Yes | No |
| 2. Was your son/daughter retained in a former school?  | Yes | No |
| 3. Did your son/daughter have a 504 plan in a former school?   | Yes | No |
| 4. Did your son/daughter have an IEP and receive Special Education services in a former school?      | Yes | No |
| 5. Has your son/daughter been expelled or does he/she have a pending expulsion in a former school?   | Yes | No |
| 6. Does your child have a Probation Officer?   | Yes | No |
| 7. If "yes" P.O. Name _____ Phone # _____  |     |    |

The Smarter Balanced Test requires all students in grades 3-8 and 11 to take assessments in both English-language arts/literacy and Mathematics. In addition, California will administer a test in the content area of Science in grades 5, 8 and 10. All of these assessments are part of the CAASPP system, which replaces the Standardized Testing and Reporting (STAR) Program.

To assist in meeting new California requirements, the CDE has produced a 3-Year Average CA Academic Performance Index (API) Report. Each school's API score is also compared to the API scores of other California Schools with similar demographic characteristics. These include: percentage of students in ethnic/racial groups, percentage of students who are non-English speakers, student mobility and attendance, percentage of students who participate in the free or reduced price meal program, teacher credentials, class size, and the average level of parent education.

Each public school is required to gather information on the highest level of education achieved by either of the parents or guardians of each student. This information is reported only in percentages; all individual data is kept confidential.

Please check the box that describes the highest level of education of either or both parents/guardians. Then sign and date this form. Thank you for your assistance with this state requirement.

**Parent Education Level****Mother/Guardian Education Level (check one):**

1. Not a High School Graduate  
 2. High School Graduate  
 3. Some College  
 4. College Graduate  
 5. Grad School/Post-Graduate Training  
 (Earned a Master's and/or Doctorate Degree)

**Father/Guardian Education Level (check one):**

1. Not a High School Graduate  
 2. High School Graduate  
 3. Some College  
 4. College Graduate  
 5. Grad School/Post-Graduate Training  
 (Earned a Master's and/or Doctorate Degree)

**Armed Forces Family Member**

Are any of your immediate family members currently serving in the US Armed Forces?      Yes      No

\_\_\_\_\_  
 Printed name of Mother/Guardian

\_\_\_\_\_  
 Printed name of Father/Guardian

\_\_\_\_\_  
 Signature of Mother/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Father/Guardian

\_\_\_\_\_  
 Date

**CENTER UNIFIED SCHOOL DISTRICT**

8408 Watt Avenue  
Antelope, CA 95843  
(916)338-6400

**AFFIDAVIT OF RESIDENCY**

As parent and/or legal guardian of:

Student Name -----	Grade -----
Student Name -----	Grade -----
Student Name -----	Grade -----
Student Name -----	Grade -----

I/We hereby declare under penalty of perjury that I/We reside with my son(s)/daughter(s) within the Center Unified School District; specifically, within the residency boundaries of North Country Elementary School, at the address listed below:

Street Address ----- City ----- Zip -----

**FALSIFYING THE ABOVE INFORMATION MAY RESULT IN IMMEDIATE  
DISENROLLMENT OF THE STUDENT(S) FROM THIS SCHOOL.**

I/We are aware of and fully understand the above statement.

Parent/Guardian Signature ----- Date -----

Parent/Guardian Signature ----- Date -----

**School Use Only**

Proof of Residency:

Utility Bill (SMUD/PGE) -----

Mortgage/Rent Papers  
(Attach Residency Letter) -----

Verified By (Initial) -----

Date -----

# CENTER UNIFIED SCHOOL DISTRICT HEALTH HISTORY FORM

OFFICE USE ONLY

Grade/Track: \_\_\_\_\_

Out of State: \_\_\_\_\_

Today's Date \_\_\_\_\_

School: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*If there are any limitations to physical activity, please explain and also attach a doctor's note with diagnosis and specific limitations. This should be updated as necessary.* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If your child is on medication at home, please list and explain. In order for medication to be given at school, parent's written permission and doctor's order and instructions are required. A form for this may be obtained at your school office.* \_\_\_\_\_  
 \_\_\_\_\_

**Please Check & Comment on the Following:**

Asthma \_\_\_\_\_ Medication \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Medication \_\_\_\_\_  
 Hypoglycemia \_\_\_\_\_  
 Epilepsy \_\_\_\_\_ Frequency \_\_\_\_\_  
 Heart Problems \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Ear Problems \_\_\_\_\_ Frequency \_\_\_\_\_  
 Fainting Attacks \_\_\_\_\_ Frequency \_\_\_\_\_  
 Other \_\_\_\_\_

**Medical History of Diseases:**

Chicken Pox \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_  
 Other \_\_\_\_\_

**DATE**

**PLEASE COMMENT:**

Wears Glasses \_\_\_\_\_  
 When Worn \_\_\_\_\_  
 Date of Last Exam \_\_\_\_\_  
 Surgery or Hospitalization \_\_\_\_\_  
 Reason \_\_\_\_\_

Please list any other health information that will be helpful: \_\_\_\_\_  
 \_\_\_\_\_

*I hereby acknowledge that the above information is correct*

Signed \_\_\_\_\_ (Parent or Guardian) Date: \_\_\_\_\_  
**IT IS IMPORTANT FOR SCHOOL PERSONNEL TO BE AWARE OF THESE CONDITIONS**

# North Country Elementary

New Kindergarten/Kickstart Student Information For Teachers  
MUST BE COMPLETED

STUDENT'S LEGAL NAME: \_\_\_\_\_

Prefers To Be Called: \_\_\_\_\_

Birthdate: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

Relationship To Student: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Contacts: Who should be called during the school day?

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

## TRANSPORTATION:

Car  Walk  Bike  Bus  Bus Number \_\_\_\_\_

Primary Language Of Parent: \_\_\_\_\_ Of Student: \_\_\_\_\_

Additional Information that would be helpful to the teacher: (Include Medical Information, Allergies, Special Needs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Center Joint Unified School District

## Rules for Accepted Use of Computers and Computer Networks

**This document will be kept on file for the duration of your child's education in Center Joint Unified School District**

- When you use the school computers and the school's computer service, you agree to follow:
  - The directions of teachers and school staff,
  - Rules of the school and school district,
  - Rules of any computer network you access, and,
  - You agree to be considerate and respectful of other users.
- Use of school computers and access to the Internet is a privilege. If you do not follow the rules you may be disciplined, and you may lose computer privileges.
- Use of school computers and the school's computer network (including student's own devices) for school-related education and research only. Do not use school computers or networks for personal or commercial activities.
- Use of the Internet does not create any expectation of privacy. The District reserves the right to search any information sent, received, or stored in any format.
- Changes may be made only to documents you create.
- Do not produce, distribute, access, post, submit, publish, display, use or store information which is:
  - Unlawful;
  - Private or confidential;
  - Copyright protected (this includes but is not restricted to pictures, music and videos);
  - Harmful, threatening, disruptive, abusive, or denigrates others;
  - Obscene, pornographic, sexually explicit, or contains inappropriate language;
  - Harassing or disparaging of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs;
  - Encourages the use of drugs, alcohol or tobacco;
  - Interferes with or disrupts the work of others; or,
  - Causes congestion or damage to systems or networks.
- The student in whose name an online Google service account is issued is responsible for its proper use at all times. Students shall keep personal account numbers and passwords private and shall only use the account to which they have been assigned. This account will be valid as long as the student attends Center Joint Unified School District.
- Student use of district computers to access social networking sites is prohibited.

### ***E-mail Etiquette***

- Give only your address for communication. Never give out personal information such as your home address, telephone number, or other personally identifiable information.
- Protect the privacy of others. Never give out personal information about anyone.
- Check your E-mail frequently, and delete unwanted messages.
- End E-mail messages with your name, school name, Center Joint Unified School District, and your Internet address (no more than 4 lines allowed).

The undersigned understand and will abide by these rules for use of computers and computer networks within Center Joint Unified School District. The undersigned agrees not to hold the district or any district staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. The undersigned agrees to indemnify and hold harmless the district and district personnel for any damages or costs incurred. The undersigned realize that a violation of these rules may result in a loss of computer privileges. If you do not want your student to access the Internet, you must make that request in writing to the principal of the school your student attends. **This completed form must be on file within the District before access to school's computers and the network can be granted.**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent** \_\_\_\_\_ **Date** \_\_\_\_\_