

**CYRIL SPINELLI ELEMENTARY
3401 SCOTLAND DRIVE
ANTELOPE, CA 95843
(916) 338-6490 • FAX (916) 338-6386**

**JULIE OPFER
PRINCIPAL**

Dear Parent;

Please review the library rules.

All books need to be brought to the library every week to return or renew.

If pages are torn, return to the library to be repaired. PLEASE DO NOT TAPE THEM.

Students who do not bring books back two weeks in a row will not be allowed to check out new books until both are returned.

Books that are lost or damaged and cannot be repaired must be paid for or replaced. If a book is returned after it is paid for, the money will be reimbursed.

If you are moving, PLEASE have your student bring any books to the library.

We welcome any suggestions of books that you think your child would enjoy.

Thank you,

Mrs. Haymore

Student_____

Parent_____

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** _____



Questionario de Vivienda Estudiantil

Si es aplicable, las respuestas a las siguientes preguntas pueden ayudar a determinar los servicios que un estudiante puede calificar para recibir bajo la Ley de McKinney-Vento. La Ley de McKinney-Vento provee servicios y apoyo para niños y jóvenes que actualmente viven sin techo. La información que usted entregue será confidencial. Para determinar si su estudiante califica para estos servicios, por favor llene este questionario de vivienda para estudiantes y devuélvalo a la escuela de su hijo/a. (Si tiene varios niños, por favor solo llene un solo questionario y añada a los hermanos/as.)

➡ Si usted alquila, arrenda o es dueño de la vivienda donde vive, no tiene que contestar este questionario. Si su situación de vivienda cambia, por favor comuníquese a la escuela de su hijo/a.

➡ Si usted no alquila, arrenda o no es dueño de la vivienda donde vive, por favor marque todo lo que le concierne.

1. ☐ **Temporalmente** en la casa de un familiar/ amigo/a o apartamento por pérdida de la vivienda, debido a problemas económicos, (eg pérdida del trabajo, desalojo, o un desastre natural)
2. ☐ **En un motel, hotel, carro, garage, trailer de camping, terreno de un camping, o situaciones de viviendas similares y inadecuadas.**
3. ☐ **En un refugio de emergencia o de transición** (nombre de refugio): _____
4. ☐ **Otros lugares no diseñados para, o normalmente usados como un lugar donde un ser humano puede dormir (explique):** _____
5. ☐ **No viviendo** con padres/ guardianes (jóvenes que viven independientes). El estudiante vive con: ☐ un **familiar** ☐ un/una **amigo/a** ☐ Un **adulto** que no es el padre o guardián legal ☐ **sólo** con otros adultos ☐
Otro: _____

Por favor escriba los nombres de todos los niños de la familia entre las edades de nacimiento y los 22 años (si todavía asisten la escuela).

Nombre del Niño/a	Fecha de Nacimiento	Escuela (si están de edad escolar)	Grado

Padre/Guardián: _____ Relación con niño/a(s): _____

Dirección residencial (si está disponible): _____

Mejor Persona de Contacto (Adulto): _____ Teléfono: _____

Yo declaro bajo pena de perjuicio bajo las leyes del estado de California que la información entregada aquí es verdadera y correcta y de mi conocimiento propio y si llamado a testificar, tengo la competencia para hacerlo.

Firma: _____

Gracias por su tiempo al llenar este questionario. Estamos ansiosos de colaborar con Usted para ayudar al éxito de su hijo/a en las escuela. Si tiene cualquier pregunta sobre este questionario o si necesita apoyo, por favor llame al Family Resource Center at (916) 338-6387

For school sites: Please send via Inter-District Mail to the CJUSD Family Resource Center. Distribution:



Student Housing Questionnaire

If applicable, the answers to the following questions can help determine the services a student may be eligible to receive under the McKinney-Vento Act. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. The information you provide is confidential. **To determine if your student is eligible for these services, please complete this Student Housing Questionnaire and return it to your child's school. (If you have multiple children, please only fill out one questionnaire & add siblings.)**

➡ If you rent, lease or own your current place of residence, you do not need to complete this form. If your housing situation changes, please notify your child's school.

➡ If you do not rent, lease or own your current place of residence, please check all that apply.

1. ☐ Temporarily in another family's/friend's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)
2. ☐ In in a motel, hotel, car, garage, camping trailer, camping grounds or similar *inadequate accommodations*
3. ☐ In emergency or transitional shelters (name of shelter): _____
4. ☐ Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain): _____
5. ☐ Not living with parent/guardian (unaccompanied youth). The student(s) lives with: ☐ a relative ☐ a friend
☐ an adult that is **not** the parent or legal guardian ☐ alone with no adults ☐ other: _____

Please list all children between the ages of birth and 22 years old (if still attending school) in the family.

Child's Name	Birth Date	School (if school aged)	Grade

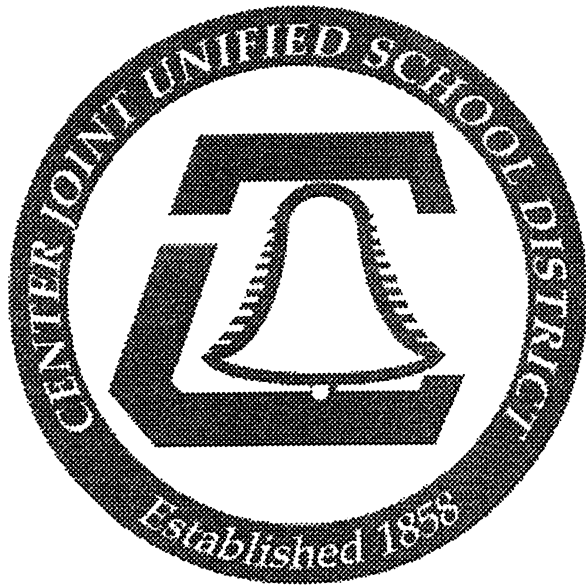
Parent/Guardian: _____ Relationship to child(ren): _____
Residential address (if available): _____
Best Adult Contact Person: _____ Phone: _____

I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Signature: _____

Thank you for taking the time to complete this form. We look forward to working with you to help your child be successful in school! **If you have any questions regarding this form or are in need of support, please call the Family Resource Center at (916) 338-6387.**

For school sites: Please send via Inter-District Mail to the CJUSD Family Resource Center.



FAMILY RESOURCE CENTER

The mission of the Center Joint Unified School District Family Resource Center is to help eliminate barriers to school success and help ensure a positive outcome for every CJUSD student by serving and supporting students, families, and schools through services, resources, and referrals that are integrated, comprehensive, and responsive to the identified needs.

CJUSD FAMILY RESOURCE CENTER

3243 Center Court Lane

Antelope, CA 95843

916-338-6387

www.cjused.org/apps/pages/familyresources

**Students & Families
in Transition**

Foster Youth Services

**Family Resources &
Referrals**

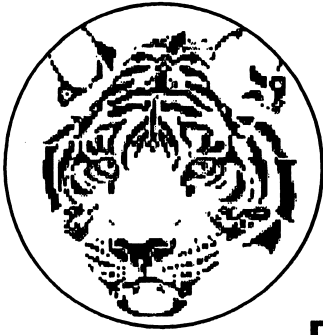
Program Support

Basic Needs

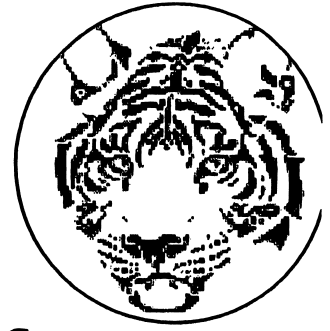
Educational Support

Health Support

School & Community Linkage



Cyril Spinelli Elementary School
3401 Scotland Dr, Antelope, CA 95843
P: (916)338-6490 F: (916)338-6418
Home of the Tigers



Request for Student Records

Student Name: _____ Date of Birth: _____ Grade: _____

Information on Previous School:

Last School Attended: _____

Address: _____

Phone: _____

Fax: _____

This student has enrolled at Spinelli Elementary. We are requesting all records including:

- Cumulative Record
- Health and Medical
- Psychological

Records requested to be sent via fax:

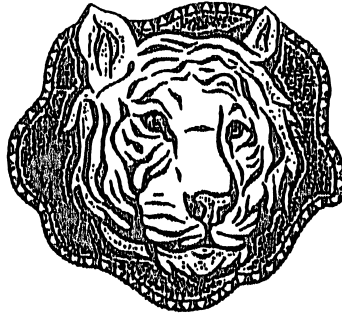
- ___ Birth Certificate
- ___ Immunization/ Shot records
- ___ Suspension/ Expulsion Reports

Please forward records to:

Spinelli Elementary
3401 Scotland Dr
Antelope, CA 95843

Date

Signature of Office Personnel



We are happy to welcome and enroll your child at Spinelli Elementary. Due to class size requirements set by the State of California, it may be necessary to move your child to another classroom or possibly a different school in our district.

I understand that my child may have to move into a different class or even a different school in the district if attendance in his/her class exceeds the limit.

Parent
Signature: _____

Date: _____

Student's
Name: _____



CYRIL SPINELLI ELEMENTARY

NEW STUDENT INFORMATION FOR TEACHERS

Student Name _____ Date of Birth _____

Transportation: Bus _____ Number _____ Bike _____ Walk _____ Ride _____

Parent/Guardian _____

Relationship to Student _____

Address _____

Street Number and Name

Phone Numbers: Who should we call during the day?

1. Contact _____ 2. Contact _____

Home _____ Home _____

Hours Available _____ Hours Available _____

Work Phone _____ Work Phone _____

Hours Available _____ Hours Available _____

Primary Language of Child _____

Primary Language of Parent _____

School and District Last Attended _____

Dates of Attendance _____

List Programs Your Child Has Participated in, Outside Classroom:

_____ Resource Help _____ Speech _____ Extra Reading Help

_____ English as a Second Language - ESL _____ G.A.T.E.

Please list any additional information that would be helpful to the teacher including medical, special needs, allergies, etc. _____

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

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 Spinelli 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

Verified By (initial)

Utility Bill (SMUD/PG&E) _____

Mortgage/Rent Papers _____

Date

(Attach Residency Letter)

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

Additional Emergency Contacts (other than those above):****If foster parent, must list Agency and social worker/foster family worker as an emergency contact****

Contact 1: Name _____		Relationship _____
Address _____		Home Phone _____
Employer _____	Work Ph# _____	Cell # _____
Contact 2: 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. _____

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) | |



WELCOME **TO** **SPINELLI** **ELEMENTARY** **SCHOOL**

Please include the following documents when registering your child:

- ♦ Original Birth Certificate (from the County of Birth)
- ♦ Immunization / Shot Records
- ♦ Last Report Card from previous school
- ♦ Legal Papers pertaining to Guardianship

Proof of Residency - Please provide *ONE* of the following:

1. Current Utility Bill (PG&E or SMUD)
2. Home Buyer or Rental Agreement Papers
3. If living with someone, we need:
 - A. Shared Residence Affidavit filled out by the person you are living with, PLUS a current Utility Bill in their name.



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