

# **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** \_\_\_\_\_



**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



# 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)



**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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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 cuestionario de vivienda para estudiantes y devuélvalo a la escuela de su hijo/a. (Si tiene varios niños, por favor solo llene un solo cuestionario y añada a los hermanos/as.)

➡ Si usted alquila, arrenda o es dueño de la vivienda donde vive, no tiene que contestar este cuestionario. 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 cuestionario. Estamos ansiosos de colaborar con Usted para ayudar al éxito de su hijo/a en las escuela. Si tiene cualquier pregunta sobre este cuestionario 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: \_\_\_\_\_

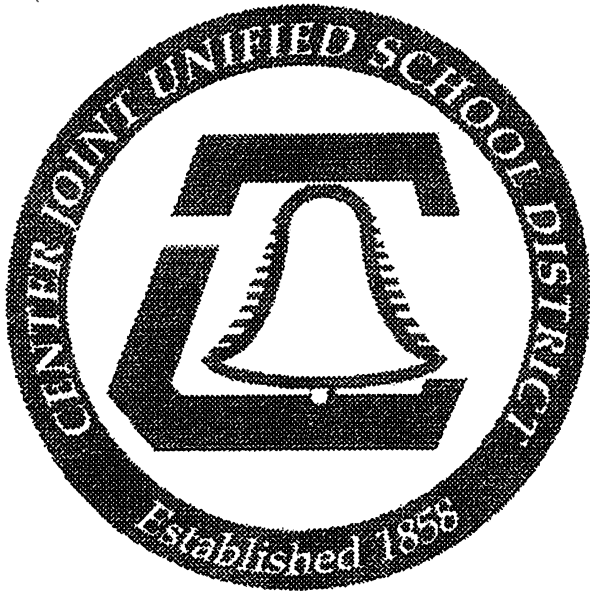
***I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.***

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.*

Distribution: 12/2019 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

916-338-6187

[www.cjused.org/apps/pages/familyresources](http://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**

## Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

### **Section 1: Child's Information (Filled out by parent or guardian)**

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### **Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)**

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	<u>Caries Experience</u> (Visible decay and/or fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ <i>Licensed Dental Professional Signature</i></div> <div>_____ <i>CA License Number</i></div> <div>_____ <i>Date</i></div> </div>			

### **Section 3: Waiver of Oral Health Assessment Requirement**

**To be filled out by parent or guardian asking to be excused from this requirement**

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.  
     My child's dental insurance plan is:  
         ☐ Medi-Cal/Denti-Cal    ☐ Healthy Families    ☐ Healthy Kids    ☐ Other \_\_\_\_\_    ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_

*Signature of parent or guardian*

*Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**Return this form to the school *no later than May 31* of your child's first school year.**  
*Original to be kept in child's school record.*

**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**

Page two.

For your information, there are State required screenings done during the school year for vision and hearing for certain grade levels. There is also a no-cost dental screening which could satisfy the Oral Health Assessment for your student. All screenings are done in groups with licensed professionals. Be aware that California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced because of this requirement. If you want to opt-out and have your child excluded from a screening, you will need to contact CJUSD Health Services at 1-916-825-5954 or submit a request in writing to opt-out with your school's office.

The Sacramento County Oral Health Program reminds parents that children must be healthy to learn, and children with cavities are not healthy. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities and/or pain may have difficulty eating, stop smiling, and have problems paying attention and learning at school. They further advise that tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children may become sick enough to require emergency room treatment and their adult teeth could become permanently damaged.

Here are some important tips they suggest to help your child's teeth stay healthy:

1. Brush teeth with fluoride toothpaste twice a day.
2. Floss daily.
3. Drink fluoridated tap water (or take fluoride supplements in non-fluoridated areas).
4. Eat healthy snacks.
5. Visit the dentist twice a year by age 1 or when the first tooth appears.

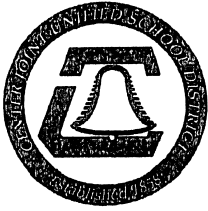
If you have any questions or need further assistance, please contact the CJUSD Health Services Department at the number below. We appreciate your cooperation as we work together to ensure your child's educational success.

Sincerely,

A handwritten signature in black ink that reads "Gail Cebala RN." The signature is written in a cursive, flowing style.

CJUSD Health Services Department  
1-916-825-5942

Enc. 2



Established 1858

8408 Watt Avenue \* Antelope, California 95843  
(916) 338-6330 \* Fax (916) 338-6411

**BOARD OF TRUSTEES**

Nancy Anderson  
Jeremy Hunt  
Milad H. J'Beily  
Delrae M. Pope  
Donald E. Wilson

**SUPERINTENDENT**

Scott A. Loehr

Dear TK/Kindergarten Parent(s)/Guardian(s):

To make sure your child is ready for school, California law requires that your child have a physical examination and a dental examination his or her first year in public school. We are providing the forms and information to you now so that you can have them completed as your child is seen for routine health examinations over the next several months. Please read the information below to help make the school entry process easier.

1. **PHYSICAL EXAMINATION:** A physical examination is required before entering first grade and can be done as early as "18 months before or up to 90 days after enrolling in first grade." A State-approved **REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY** form is included to be filled-out and signed by you and your child's doctor or health examiner. Please return this form when completely filled-out to the school before its due date in **November of first grade**.

2. **DENTAL EXAMINATION:** An **ORAL HEALTH ASSESSMENT** form is attached for your licensed dentist or other licensed or registered dental health professional to complete. Please return this form to the school by **May 31 of their first year in school**. If your child had a dental checkup within 12 months prior to entering school, that assessment will meet this requirement. If you are unable to take your child for this required assessment, please indicate the reason in Section 3 of the form and return it to the school.

If you need help finding or paying for a doctor or dentist to do these examinations, the following resources are available to help you complete these requirements:

- Center Joint USD Family Resource Center  
1-916-338-6387     <https://www.centerusd.org/apps/pages/familyresources>
- Child Health & Disability Prevention program (CHDP)  
1-916-875-7151     <https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>.
- Medi-Cal/Denti-Cal: Sac County Dept. of Human Assistance  
1-916-874-3100     [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org)
- Sacramento Covered  
1-866-850-4321 toll-free     <https://www.sacramentocovered.org>
- Sacramento County Dental Health Program  
1-916-875-5947     [www.dhs.saccounty.net](http://www.dhs.saccounty.net)



## 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 Doses

- ★ 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 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**

## 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)   |                         |

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

**Student Legal Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Other Name: \_\_\_\_\_ Residence Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Student Residence Address:	Street	Apt.	City	State	Zip Code
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<b>Previous School Information:</b>					
<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone #</b>

### 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** \_\_\_\_\_

Email Address

**Please initial if you do NOT wish to receive District related communication**

\_\_\_\_\_ Please initial if you do NOT wish to receive District related communication

Driver Lic.# \_\_\_\_\_

Driver Lic.# \_\_\_\_\_

**Additional Parent/Guardian to Receive School Mail:**

**Name** \_\_\_\_\_

**Relationship to Student**

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

Street	City	State	Zip Code
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\*\*\* OFFICE USE ONLY \*\*\*

**Completed by School Personnel:**

Received Registration

### Proof of Residence

### Shot Records Received

Student I.D.# \_\_\_\_\_

**Grade Level** \_\_\_\_\_

**Teacher**

**Start Date**

Name of School Enrolling

**Cum Folder Requested**

**Program Code**

### Copy of Registration to EL

**Registered by** \_\_\_\_\_



# Welcome to Kindergarten



## 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.