



Corning Union Elementary School District

1005 Hoag Street, Corning, CA 96021

530.824.7700 ~ 530.824.2493 Fax

Preparing Students For Their Future!

www.corningelementary.org

Student Enrollment Packet (Grades TK through 8)

Registration Guidelines

Registration must begin with your school of residence (if you wish to transfer to another school or district, the process will start at your school of residence).

Required Documents for all registrations:

- **Original Proof of Birth**
 - ↳ Certified Birth Certificate (hospital or government issued), Immigration Documents, Passport/Visa. We must witness the original ~ copies will be made and the original returned to you.
- **Photo ID of Parent/Guardian** – state or government issued driver’s license or photo ID only
- **Address Verification**
 - ↳ *Current PG&E, Water/Garbage or Cable Bill* dated within the past month (service address will be verified).
 - ↳ *Payroll Stubs / Checks* – must be dated within the last month
 - ↳ *Management Company Rental/Lease Agreement* – **Must include** Parent’s name, address, and manager’s /owner’s name and phone number (this will be verified by a phone call from the school).
 - ↳ *Property Tax Bill* that shows parent’s name and property address indicating home owner’s exemption.
 - ↳ *Multiple Families living together* (2 or more families living together in the same house) – A written note **AND** address verification documents from the person the family is living with.

- **Current Immunization Record** - Required immunizations are as follows:

↳ Polio	4 doses at any age, but 3 doses meet requirements if one dose was given on or after the 4 th birthday.
↳ DTP/TDaP/DT/Td	5 doses at any age, but 4 doses meet requirements if one dose was given on or after the 4 th birthday. Proof of TDaP booster on or after the 7 th birthday is required for all students entering 7 th grade.
↳ MMR	2 doses, given on or after the 1 st birthday.
↳ Hepatitis B	3 doses.
↳ Varicella	1 dose or documentation from a physician that the child has had the disease.

Documents requested for Grades 1 through 8 (New Enrollees Only)

- ↳ Copy of the most recent report card and standardized test scores
- ↳ Check-out sheet from previous school (if applicable)
- ↳ Copy of IEP (if applicable)

Transitional Kindergarten (TK) & Kindergarten Registration Age Information

Kindergarten students must be **5 years old on or before September 1** each year to be eligible for fall enrollment in regular Kindergarten

Pursuant to EC 48000(c), a child is eligible for TK if the child will have his or her **fifth birthday between September 2 and February 2**.

District Class Size Reduction Policy

The Corning Union Elementary School District welcomes you and your child to a wonderful and enriching educational experience! We are proud of our educational programs and are confident that you and your child will have a great experience in our district. Occasionally, because of the limits we must maintain on class size, it becomes necessary to place a child at a school other than his or her neighborhood school. In most cases this occurs only with children who register later in the summer or after the school year has started.

In the event it becomes necessary to place students at other schools in the District to comply with State laws and District policies on class size, the procedure of “**last in, first out**” will be used and transportation will be provided to and from school. If your child is affected, you will be notified as soon as possible. Prior to the beginning of the next school year, you will have the option of having your child placed at your neighborhood school.

Joint Physical Custody

Students whose parents have joint **physical** custody may continue their enrollment in CUESD if at least one of their parents can meet the residency requirements of the District.

New Student Registration

PLEASE PRINT LEGIBLY

For School Use Only		
Student ID#:	Grade:	School:
Teacher:	Date registered:	
Cum Requested:	Inter / Intra From:	
Registrar Signature:		

Student Name <u>As it appears on child's birth certificate</u>		<i>Last</i>	<i>First</i>	<i>Middle</i>
Other Names Student goes by <i>(If applicable)</i>		<i>Last</i>	<i>First</i>	<i>Middle</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary		<i>Birth Date (mm/dd/yyyy)</i>		<i>Age Today:</i>
Birthplace:	<i>City</i>	<i>State</i>	<i>Country</i>	
Has this child ever attended any Corning Elementary School in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes				<i>If "Yes", list School here:</i> _____
Has this child ever attended a Preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of Preschool: _____		
Last School Attended:	<i>Name of School</i>	<i>Address</i>	<i>Phone #</i>	

Special Education Programs

Was this child previously in a Special Education Program? No Yes – If yes, please check appropriate box(es) below:
 Resource Specialist Program (RSP) Special Day Class (SDC) Speech Other _____

Does this child have a current / active IEP? Yes No

Was this child exited from a Special Education Program? No Yes Date exited: _____

Was this child previously in any of the following Specialized Programs? EL Other _____

FAMILY		Parent/Guardian		
Parent/Guardian	<i>Relationship to Student (Circle one)</i> Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver			
Name			<i>Is this student living with this person?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address			<i>Is this person the LEGAL guardian?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address <i>If Different</i>			<i>If NO, then please complete a Caregiver Affidavit.</i>	
Primary Phone	<i>Secondary Phone</i>			
Email Address	<i>If there is a LEGAL Custody Agreement regarding this student, please check one:</i>			
Employer	<i>Work Phone</i>	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardianship		

FAMILY		Parent/Guardian		
Parent/Guardian	<i>Relationship to Student (Circle one)</i> Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver			
Name			<i>Is this student living with this person?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address			<i>Is this person the LEGAL guardian?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address <i>If Different</i>			<i>If NO, then please complete a Caregiver Affidavit.</i>	
Primary Phone	<i>Secondary Phone</i>			
Email Address	<i>If there is a LEGAL Custody Agreement regarding this student, please check one:</i>			
Employer	<i>Work Phone</i>	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardianship		

_____ <i>Signature of Parent/Guardian</i>	_____ <i>Today's Date</i>
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Student Name

Grade

Address

School

Address Verification

A current original statement of one of the following forms of address/residence verification must be provided:

- PG&E Bill (service address verified)
 Water/Garbage Bill (service address verified)
 Cable Bill (service address verified)
 Property Tax Bill (must include Parent's name and property address and indicate home owner's exemption)
- Rental/Lease Agreement (must include Parent's name, address, manager's/owner's name & phone number and move in date, if applicable) (verified by phone call to apartment manager)
- Not a district resident (Inter-District Transfer Request must be on file & include residence verification)

If you have been approved for an Inter-District Transfer, you must check one (1 only) of the following:

- Public School Choice – Program Improvement – This is a transfer for students who were enrolled in a school identified for program improvement, corrective action or restructuring; were planning to enter the school for the first time; who moved into the school's attendance area; or were matriculating to the school, and who exercised their right to request enrollment in a different school.
- Public School Choice Transfer – Persistently Dangerous – This is a transfer where the student exercised the option to transfer from a school which the state has identified as persistently dangerous, or in which the student was a victim of violent crime on school property.
- Other Inter-District Transfer Agreement – This is a formal agreement between two districts that approves a transfer from one district to another based on personal preference only.

Please check one (1) box below **IF** this describes where this student is currently living. This information will be used to determine whether your child qualifies for any additional assistance under the Federal No Child Left Behind Act.

- Temporarily Doubled Up – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.
- Hotels/Motels – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
- Temporary Shelters – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.
- Temporarily Unsheltered – A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters, but is not adequate housing.

FOSTER CARE

- Foster Family Home or Kinship Placement – A family resident that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes "Small Family Homes" as described in Health and Safety Code Section 1502 (c)(6) (Education Code Section 56155.5[b]), or an "Approved Home" of a relative. An "Approved Home" means the home of a relative or nonrelative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title 22, Div. 6, Article 3. This is not the same as a Licensed Children's Home.
- Unaccompanied Youth Indicator – a student who is not in the direct care of their parent or guardian.
- Runaway Youth Indicator – A student who is less than **18** years of age who has left home without parental/caregiver permission and stays away for one or more nights.

Parent/Guardian Signature

Date

Home Language Survey

_____ Student Name

California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for your school to provide meaningful instruction. Information listed here will affect your child's language academic program and services. (Ed Code 52164)

Student Name _____
Legal Last Name *First Name* *Middle Name*

_____ _____ _____ _____ M F
Other Names Student Goes By *Date of Birth* *Age Today* *Grade Today* *Gender*

1. Which language did your child learn when he or she first began to speak? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken **by the adults** at home: _____

❖ If a language other than English is indicated on Lines 1 – 4 above, please check the following:

In the non-English language, does your child:

Understand? Yes No Speak? Yes No Read? Yes No Write? Yes No

❖ If we find that your student is possibly an EL (English Learner) student, we will test them within 30 days using the ELPAC (English Language Proficiency Assessments for California). ❖

Did your child attend school in another country? Yes No If yes: _____

_____ _____ _____ _____ _____ _____
Name of 1st Country *Year(s) of Attendance* *Grade Completed* *Name of 2nd Country* *Year(s) of Attendance* *Grade Completed*

What date did your child begin attending school in the United States? _____
mm/dd/yyyy

What date did your child begin attending school in California? _____
mm/dd/yyyy

List all previously attended schools (public or private) as best you can:

<i>Name of School</i>	<i>Address of School</i>	<i>Phone # of School</i>	<i>Dates of Attendance</i>
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<i>Name of School</i>	<i>Address of School</i>	<i>Phone # of School</i>	<i>Dates of Attendance</i>
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<i>Name of School</i>	<i>Address of School</i>	<i>Phone # of School</i>	<i>Dates of Attendance</i>
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In which language do you wish to receive written communication from the school? *English* *Spanish*

_____ <i>Signature of Parent/Guardian</i>	_____ <i>Printed Name of Parent/Guardian</i>	_____ <i>Date</i>	_____ <i>Phone Number</i>
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Demographic Information

Student Name

FEDERAL NATIONALITY SURVEY - RACE AND ETHNICITY DATA REPORTING STANDARDS

So that the school may produce accurate federal reports required by law, please complete the two part question below:

PART A - Is this student Hispanic or Latino? Yes No
 (Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

PART B - No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be:

<input type="checkbox"/> American Indian or Alaska Native (100) A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment	<input type="checkbox"/> Black or African American (600) A person having origins in any of the black racial groups of Africa	<input type="checkbox"/> White (700) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa	
<input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Island (399) <input type="checkbox"/> Filipino/Filipino American (400)

SIBLINGS

So that the school may produce an accurate family record, please write the name, age, grade and school of **all siblings** to this student **that attend any Corning Elementary School** (West Street, Olive View, Woodson, Rancho Tehama, Maywood).

Sibling Name (as it appears on their Birth Certificate)	Age	Grade	School Sibling Attends
1.			
2.			
3.			
4.			
5.			

EDUCATION LEVEL

Please indicate the education level of:

Mother	Father	Guardian (if applicable)
<input type="checkbox"/> Not a high school graduate (14)	<input type="checkbox"/> Not a high school graduate (14)	<input type="checkbox"/> Not a high school graduate (14)
<input type="checkbox"/> High school graduate (13)	<input type="checkbox"/> High school graduate (13)	<input type="checkbox"/> High school graduate (13)
<input type="checkbox"/> Some college (includes AA degree) (12)	<input type="checkbox"/> Some college (included AA degree) (12)	<input type="checkbox"/> Some college (included AA degree) (12)
<input type="checkbox"/> College graduate (BS/BA degrees) (11)	<input type="checkbox"/> College graduate (BS/BA degrees) (11)	<input type="checkbox"/> College graduate (BS/BA degrees) (11)
<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)	<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)	<input type="checkbox"/> Graduate school/post graduate (MBA/MS/PhD degrees) (10)
<input type="checkbox"/> Declined to state or unknown	<input type="checkbox"/> Declined to state or unknown	<input type="checkbox"/> Declined to state or unknown
Are any of your child's parents/legal guardians on Active Military duty or full-time National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes	If you marked "Yes", which parent(s) / guardian(s)?	What branch of service are they currently in? _____ Start date: _____ End Date: _____ (if known)

_____ Parent/Guardian Signature	_____ Date
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Emergency Contacts

Student Name

It is mandated, **in case a parent or legal guardian cannot be reached during the school day**, to give the names of two (2) relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the school day. **All attempts will be made to reach parents first.** If they are not reachable, the school will attempt to reach the emergency contacts below:

Adults <u>OTHER</u> than Parents/Legal Guardians	1st Emergency Contact Info	2nd Emergency Contact Info
Emergency Contact Name		
Contact Telephone (XXX-XXX-XXXX)		
Relationship to Child (i.e., Grandparent, Neighbor, Sitter)		
Cell Phone (XXX-XXX-XXXX)		
What is the correspondence language for this Emergency Contact?	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish

Please make sure you have completed, signed and dated each page of this registration packet, then return all pages to the secretary of the school your child is registering to attend.

Signature of person completing this packet

Date

FOR OFFICE USE ONLY

Proof of Name / Birth	Hand Outs to New Students	Other Requirements Needed	Date Received
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Academic Calendar	<input type="checkbox"/> Proof of Residence	
<input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Health Summary	<input type="checkbox"/> Custody Papers	
<input type="checkbox"/> Immigration Docs	<input type="checkbox"/> Internet Acceptable Use Policy	<input type="checkbox"/> Immunization Record	
<input type="checkbox"/> Passport	<input type="checkbox"/> Lunch Application	<input type="checkbox"/> Intra/Inter-District Transfer	
<input type="checkbox"/> Visa	<input type="checkbox"/> Parents Rights	<input type="checkbox"/> Other	
<input type="checkbox"/> Other	<input type="checkbox"/> School Compact		
	<input type="checkbox"/> School Handbook		
Activities			
<input type="checkbox"/> Band	<input type="checkbox"/> Sports Please list: _____		
<input type="checkbox"/> Other: _____			
Cum File Scanned into DocStar: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Scanned: _____ Initials: _____			

Health History Information

The following information is necessary for your student's health records.

All information is confidential

Student Name

A note from the School Nurse:

Please take the time to completely fill out this health history form. The school nurse needs to know your student's health history as well as any medical conditions that may impact your student's ability to learn and be safe at school.

If your student needs to take **ANY** medications at school, prescription or over-the-counter, a Parent/Physician Release For Medication in School form must accompany the medication and be kept on file in the school office. You may obtain this form from your child's school. Students may not have medications of **ANY KIND** in their possession on school grounds.

Your child will need proof of the required immunizations for school entry. More information can be found at <http://www.shotsforschool.org>.

The State of California requires that all students have a CHDP physical examination by your doctor and oral health examination by a dentist. The District recommends that each kindergartner complete these examinations prior to starting school.

Health History

Student Name: _____ Date of Birth: _____

Teacher: _____ School: _____ Grade: _____

Condition	No	Yes	Comments
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Other Allergies (Seasonal, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury / Concussions	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problems / Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Spina Bifida / Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Problems / Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Other Health Conditions	<input type="checkbox"/>	<input type="checkbox"/>	

Describe any other important health-related information about your child (for example: feeding tube, wheelchair, walker, crutches, oxygen support etc.): _____

List all prescription medications: _____

Parent/Guardian Signature	Date
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