

NORTH COW CREEK SCHOOL



NCCS Eager Beaver

***"Life like it use to be.
Education as it should be."***

10619 Swede Creek Rd

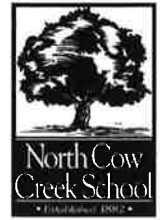
Palo Cedro, CA 96073-9741

Phone (530) 549-4488 / Fax (530) 549-4490

www.northcowcreek.org

NORTH COW CREEK ELEMENTARY SCHOOL

Kindergarten Checklist



Dear Parent or Guardian:

The information contained in this packet is necessary or required by California Education Code to register your child for school.

Please complete, sign, date and return the following Registration Packet (these pages are stapled together).

- Get Acquainted Check List**
- Registration Form (Front and back)**
- Residency Questionnaire/Affidavit**
- Image/Video Release Form**

Please bring the following documents with you at the time of registration:

- Verification of Age:** Provide one of the following to verify age: Certified copy of a birth record; Statement by the local registrar or a county recorder, certifying the date of birth; Baptism certificate; Passport; or Affidavit of the parent, guardian, or custodian of the minor.
- Immunization record** (California yellow immunization card)

Your kindergartener will also need a *CHDP Report of Health Examination for School Entry*, within six months prior to entering kindergarten (examination after March 1st and before school starts). Current immunizations and CDHP exam are **not** necessary to register. Proof of immunizations and CDHP exam can be provided to our office *after* registration and before school starts in August.

Dental Health Assessment (green copy) should be completed by your child's dental health provider. Forms must be completed and returned to the school office by May 31st of your child's first school year.

In addition, if you are requesting an inter-district transfer into North Cow Creek School, there are two other documents that must be completed. The "REQUEST FOR INTERDISTRICT TRANSFER" is a county wide form that must be completed by you and an administrator from your school district of residence, before any action can be taken by North Cow Creek School. The second is the "INTERDISTRICT CONTRACT." This is a contract between you and the district that outlines the conditions that must be met in order for your child to continue to be enrolled at North Cow Creek School.

Please remember two important details: 1) families living in the North Cow Creek School District boundaries will be provided entry into our school and programs, and 2) inter-district transfers are only granted as available and are subject to prior academic, behavioral, and attendance history.

If you have questions regarding these requirements, please do not hesitate to contact our office at

530- 549-4488.



North Cow Creek School District

Child's Legal Name _____

Date _____

Kindergarten Get Acquainted Check List

CONFIDENTIAL

So that we may better serve your child, please answer the following questions:

1. Child's nickname or name he/she likes to be called _____

- | | Yes | No | Don't Know |
|--|-------|-------|------------|
| 2. Was your child seeing a speech therapist? | _____ | _____ | _____ |
| 3. Has any special testing been done? | _____ | _____ | _____ |
| 4. Does your child need to wear glasses in class? | _____ | _____ | _____ |
| 5. Does your child have any special needs,
a 504 Plan, a current or past IEP? | _____ | _____ | _____ |

If yes, please explain _____

6. Has your child had any known physical disability? _____

If yes, please explain _____

7. Are there concerns you would like to discuss with
our Principal/Superintendent? _____

8. Can your child be released to either parent?
If not, custody papers must be on file at school
with student's records. _____

9. Is your child attending North Cow Creek School
on an Interdistrict Agreement? _____

I declare under penalty of perjury, under the laws of this state that the information provided here is true and correct and of my own personal knowledge. Failure to provide truthful and complete answers will result in revocation of student's Interdistrict Agreement.

Parent Signature _____

Phone Number _____

Email Address _____

NORTH COW CREEK SCHOOL DISTRICT STUDENT REGISTRATION

(To be completed by parent or guardian)

Grade

Student Last Name:

▶ Has your student ever attended NORTH COW CREEK SCHOOL? Yes No

Student's **LEGAL** Name: _____ *Date of Birth: _____ Gender: _____
(From birth certificate) Last Name First Name Middle Name Mo./Day/Year

Father's/Guardian's First Name Last Name Main Phone Cell or Work Phone

Mother's/Guardian's First Name Last Name Main Phone Cell or Work Phone

Mailing Address City State Zip

▶ **STUDENT'S DISTRICT OF RESIDENCE:**
Residence (Physical) Address (IF DIFFERENT)

Last School Attended: _____ Last Day of Attendance _____
Name of School City/State

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

- Not Hispanic or Latino
- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

****MUST ANSWER BOTH QUESTIONS****

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) The above part of the question is about **ethnicity**, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) | |
| | <input type="checkbox"/> Hmong (208) | | |
| | <input type="checkbox"/> Other Asian (299) | | |

HOME LANGUAGE SURVEY - The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Which language did your son/daughter learn when he/she first began to talk? English Spanish Other _____
What language does your son/daughter most frequently use at home? English Spanish Other _____
What language do you use most frequently to speak to your son/daughter? English Spanish Other _____
Name the language most often spoken by the adults at home: English Spanish Other _____

PARENT EDUCATION LEVEL: Check the response that describes the **highest** education level of parent/guardian(s):

- Not a high school graduate
- Some college (includes AA degree)
- Graduate school/post graduate training
- High school graduate
- College graduate

What special services has your child received? (Please check all boxes that apply)

- Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504 Accommodation Plan
- Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development Instrumental Music Program

Has the student been expelled or is the student in the process of being expelled from any school? Yes No
If yes: Name of school: _____ Location: _____ Date: _____

RESIDENCE - where is your child/family currently living? (Federally mandated by NCLB) Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home)
- In a motel/hotel
- Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
- Unsheltered (car/campsite)
- In a sheltered or transitional housing program
- Other _____

***Proof of Age:** Please bring **one** of the following as proof of age: Certified copy of a birth record; Statement by the local registrar or a county recorder, certifying the date of birth; Baptism certificate; Passport; or Affidavit of the parent, guardian, or custodian of the minor.

First Name:

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THIS FORM

Parent/Guardianship Information (with whom the student lives) – check all that apply Both Parents Father Mother

Step-Father Step-Mother Guardian Foster/Group Home Other _____

Is the above (checked) person (s) the student's LEGAL guardian? Yes No (If No, please complete a "Caregiver Affidavit" with the office).

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Birthdate	Lives at Home	School Attending/ Grade (If graduated, not applicable)
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

OTHER ADULTS IN THE HOME: Name _____ Relationship _____

HEALTH PROBLEMS (Check all that apply)

- Diagnosed ADD or ADHD.....
- Epilepsy.....
- Eye Injury.....
- Bladder Problems.....
- Bleeding Disorder.....
- Color Vision Deficiency.....
- Diabetes.....
- History of Ear Problem..... Describe _____
- Head Injury..... Describe _____
- History of Fractures..... Describe _____
- Hypoglycemia.....
- Scoliosis.....
- Frequent Nosebleeds.....
- Known Hearing Loss..... Right Left
- Known Vision Loss..... Right Left
- Physical Limitations..... Describe _____
- Wears Contact Lenses.....
- Wears Glasses..... For close work in classroom For distance only in classroom At all times

Other or further details of above _____

ALLERGIES (Check all that apply) None:

- Animals Drugs List specific item(s) student is allergic to: _____
- Insects Food Please complete a *Food Allergy Plan* with the NCCS office
- Bee Stings Plants Other Explain: _____

***PLEASE NOTE:** North Cow Creek School District cannot give medication to your child without a Medication Authorization signed by a doctor.

CURRENT MEDICATION(S) No Yes Epi-Pen If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____

According to appropriate grade level schedules, all children will receive vision, hearing, and dental screenings by our school nurse. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you.

My 7th grade daughter/8th grade son may participate in the free scoliosis screening: Yes _____ No _____

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male ___ Female ___)

Birthdate: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** _____ **No** _____
(If you circled "Yes", stop here. You must provide a gas, electric, or cell phone bill in your name as proof of residence.)

If you circled "NO", please continue with this form

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location _____

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge. Failure to provide truthful, complete answers will result in revocation of the Interdistrict Agreement.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (_____) _____ Cell Phone: (_____) _____



NORTH COW CREEK ELEMENTARY SCHOOL

Board of Trustees

Eileen Travis, President
Kim Christofferson, Clerk
Jim Brimble, Member
Kevin Butler, Member
Erika Callegari, Member

Superintendent/Principal

Kevin Kurtz



North Cow Creek School is proud of the accomplishments of our students, families, and staff and we like to showcase these accomplishments whenever we can. Therefore, we need your consent and approval to allow your child to be a part of this process as we may wish to publish, either electronically or in print, a video or photo of your child.

This document is a one-time release, which will be in effect throughout your child's time at NCCS. Should you wish to change your permission, you may do so in writing at any time. Please read the following, make your permission selection, and return this form to your child's teacher.

I agree to the following:

- NCCS may use photos/videos of my child in internet content on teacher/school/district websites and/or in District approved advertising;
- NCCS may use photos/videos of my child in advertising and/or local news media initiated by the District;
- NCCS may use photos/videos of my child in print or digital yearbooks;
- NCCS may use photos/videos of my child in school/district public displays;
- NCCS may label photographs with my child's first name only- no last names will be used;
- Photos/videos of my child may be created and used by news media; and
- This release applies for the duration of my child's enrollment in North Cow Creek School.

I hereby release the District, its employees, Board members, and agents from any damages, injuries, liabilities, claims, or the like, whether foreseeable or not, arising out of or relating to the use of or placement of my child's photograph or video on the internet or any internet site owned, established, operated, or contributed to by the District or any District employees for District purposes.

Yes, I give my permission to use my child's images in the manners listed above.

No, I do not give my permission to use my child's images in the manners listed above.

As the parent/guardian of _____, I have read the above statements and agree to the provision and implementation of this Image/Video Release Form.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

ARE YOU **AMERICAN INDIAN/ ALASKAN NATIVE ?**



AS YOU REGISTER YOUR CHILD FOR SCHOOL

if you are even in part American Indian (AI)/Alaskan Native (AN), please check that box (along with any others that apply). By checking the box and later showing proof of tribal status, your child is able to participate in a federally funded education program for AI/AN students, called the Title VI: Indian Education Program. Our Indian Education Program wants to meet the educational needs of the Native American students in our public schools. This program helps AI/AN students by providing cultural enrichment as well as assists students with other services. Programs are designed with meaningful parent engagement and input from tribes.

Each program is designed to address the unique needs of American Indian and Alaska Native students. Go to <http://bit.ly/IndianEdT6> for more information.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.