



North Cow Creek School

• *Established 1882* •

***“Life like it used to be.
Education as it should be.”***

10619 Swede Creek Road
Palo Cedro, CA 96073-9741

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

www.northcowcreek.org

*Kevin Kurtz
Superintendent/Principal*

NORTH COW CREEK ELEMENTARY SCHOOL DISTRICT

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

Kevin Kurtz
Superintendent/Principal



NCCS Registration Packet

Thank you for selecting the North Cow Creek School District and our team of educators to work with and for your child. At NCCS, we are dedicated to providing your child with a comprehensive education in reading, writing, mathematics, science and social science, along with access to other opportunities, such as our computer lab, grade level field trips, and outstanding athletics program, which offers something for everyone.

You will find, attached to this page, five (5) forms that need to be completed and returned to the school office. The first, our **"Get Acquainted Check List,"** helps us to identify any specific needs that your child may have. The second, the **"Student Residency Questionnaire/Affidavit,"** is required of all families enrolling in the school for legal reasons under state and federal law. The third form, **"North Cow Creek School District Student Registration,"** is extremely important, as it provides us with critical demographic and language information to help the district and school provide the highest quality education possible to your child. In addition many of the informational items included in the Registration form are required under various state and federal laws. The **"Image/Video Release"** form is a one-time release, which will be in effect throughout your child's time at NCCS. Finally, you will find the **"Request for Educational/Health Cumulative Records, including any Confidential, Special Ed or IEP Files."** This is a necessary form so that the school can request your child's cumulative record from their current school.

In addition, if you are requesting an interdistrict transfer into North Cow Creek School, there are two other documents that are included. The **"REQUEST FOR INTERDISTRICT TRANSFER"** is a county wide form that must be completed by you and an administrator from the school district that your child currently attends, 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) interdistrict transfers are only granted as available and are subject to prior academic, behavioral, and attendance history.

Again, thank you for choosing North Cow Creek School. If you have any questions, please contact the school at 549-4488 or email Jeanne Pike at jpik@northcowcreek.org.

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North Cow Creek School District

Child's Name _____

Grade _____

Date _____

Get Acquainted Check List

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

CONFIDENTIAL

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

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Was your child in any special programs?	_____	_____	_____
a. Reading	_____	_____	_____
b. Math	_____	_____	_____
c. Gifted & Talented Classes	_____	_____	_____
2. Was your child seeing a speech therapist?	_____	_____	_____
3. Has any special testing been done?	_____	_____	_____
4. Was your child receiving Special Education?	_____	_____	_____
5. Was your child in an instrumental music program?	_____	_____	_____
6. Does your child need to wear glasses in class?	_____	_____	_____
7. Does your child have any special needs, a 504 Plan, a current or past IEP?	_____	_____	_____
8. Has your child had any behavior problems at school?	_____	_____	_____
9. Has your child ever caused or attempted to cause serious bodily injury to another student or a staff member? Reference: Ed Code Section 49079	_____	_____	_____
10. Did the school ever consider retaining your child? If so, what grade? _____	_____	_____	_____
11. Are there concerns you would like to discuss with our school Principal/Superintendent?	_____	_____	_____
12. Can your child be released to either parent? If not, are custody papers on file at previous school?	_____	_____	_____
13. Is your child attending North Cow Creek School on a an Inter-district 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 Inter-district Agreement.

Parent Signature _____

Phone Number _____

Email address: _____

Please return completed registration forms with a copy of child's proof of age and immunization records.

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 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) (School district where student lives)

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)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | |
| | <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: _____



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.

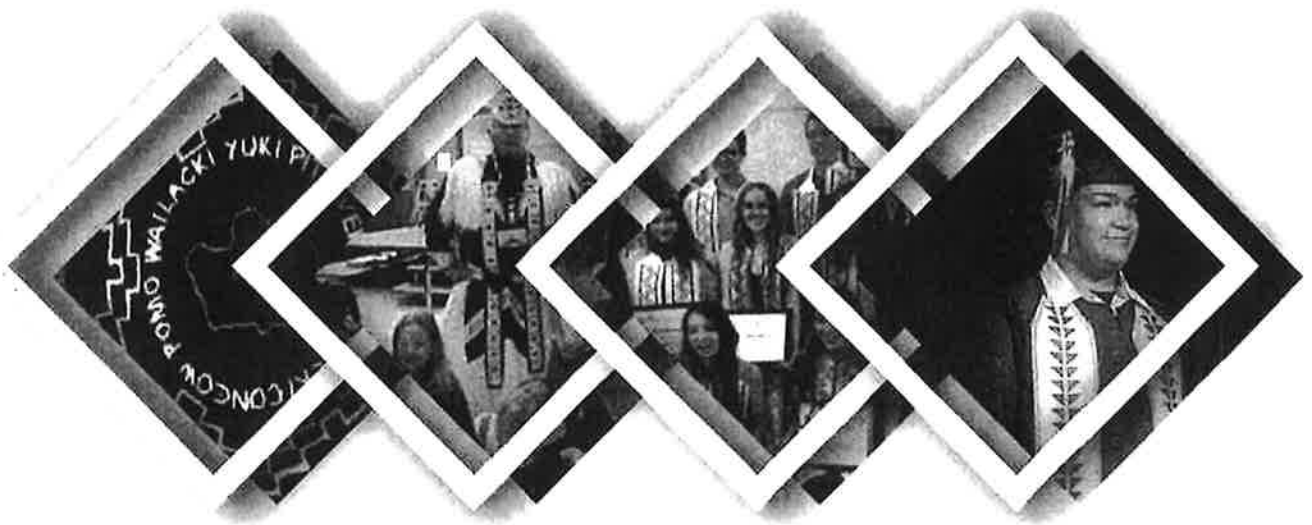
As the parent/guardian of _____, I have read the above statements and agree to the provision and implementation of this Image/Video Release Form.

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.

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Kevin Kurtz, Principal/Superintendent

Request for Educational/Health Cumulative Records, including Confidential, Special Ed or IEP Files

To: School _____
Address _____
City/State _____
Phone _____ Fax _____

Re: Student(s) Name Grade Birthdate

Please forward all records for the above named student(s) to the school address above.

Please fax all marked items *as soon as possible* to 530-549-4490.

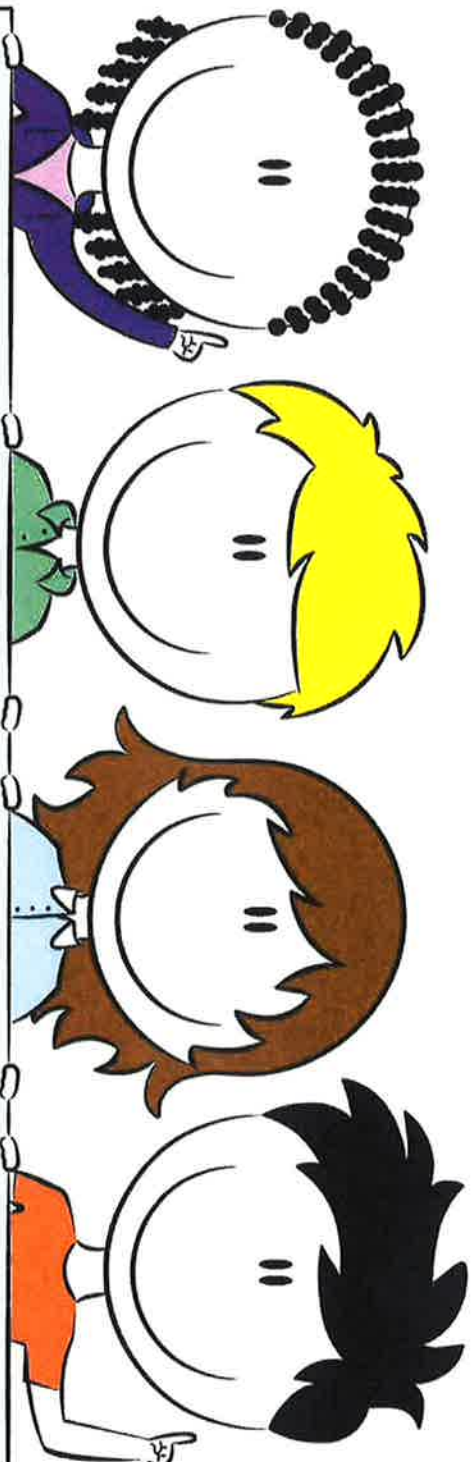
- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> CELDT scores |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Educational Information |

I authorize the release of all educational, confidential and medical records to the above school.

Parent/Legal Guardian or Registrar's Signature


Date

No Shots? No Records? No School.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents.  **ShotsForSchool.org**

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.



NORTH COW CREEK SCHOOL

A California Distinguished School

10619 Swede Creek Rd

Palo Cedro, CA 96073-9741

Phone 530-549-4488 Fax 530-549-4490

Dear Parent or Guardian,

ALL CHILDREN ENTERING FIRST GRADE NEED A COMPLETE HEALTH EXAMINATION. The examination is required by California State Law.

The examination helps uncover any hidden health problems which might keep your child from doing well in school.

Kindergarten students may obtain this exam up to 18 months prior to entering first grade.

Your child may get the examination from your regular source of medical care such as a family doctor or pediatrician. You are urged to have your child examined by your usual source of medical care.

Your child may qualify for CHPD school entrance examination at no cost to you if your family meets state income guidelines and the examination is performed by a CHPD provider. For further information on obtaining this important exam, call the school office at 549-4488 or the local CHPD program at 225-5122.

Sincerely,

Margaret Sanders, RN

Margaret Sanders, RN
District Nurse

Enclosures

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/DTaP/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.

CHDP website: www.dhcs.ca.gov/services/chdp