PINER-OLIVET UNION SCHOOL DISTRICT

2019-2020
REGISTRATION PACKET FOR
OLIVET, SCHAEFER, & JACK LONDON SCHOOLS

► PLEASE RETURN: ☐ Completed REGISTRATION PACKET to:
your SCHOOL OF ATTENDANCE BOUNDARY

► PLEASE BRING: ☐ County Certified BIRTH CERTIFICATE
☐ Original IMMUNIZATION RECORD
☐ Proof of ORAL HEALTH ASSESSMENT

► If you have any questions, please call the Office Manager of your school of attendance boundary during the times listed below.

OLIVET ELEMENTARY CHARTER SCHOOL

1825 Willowside Rd.
522-3045
Monday – Friday
8:00 a.m. – 4:00 p.m.

JACK LONDON ELEMENTARY SCHOOL

2707 Francisco Ave
522-3030
Monday – Friday
8:00 a.m. – 4:00 p.m.

SCHAEFER CHARTER SCHOOL

SCHAEFER BEARS

1370 San Miguel Ave.
522-3015
Monday – Friday
8:00 a.m. – 4:00 p.m.

INTERDISTRICT TRANSFERS
Piner-Olivet District Office
Cathy Manno
3450 Coffey Lane
522-3000
Monday – Friday
8:00 a.m.- 4:00 p.m.

PINER-OLIVET UNION SCHOOL DISTRICT

www.pousd.org

REGISTRATION CHECK SHEET

Name of Student_____ Date of Birth_____

Name of Parent(s)_____ Grade _____ In the School Year of_____

Address _____Zip Code_____

E-mail Address_____

Home Ph_____ Cell Ph _____ Work Ph_____

* **PLEASE NOTE:**
Registration is not complete until all forms and immunizations are completed and verified.

OFFICE USE ONLY

☐ REGISTRATION FORM	☐ TECHNOLOGY
☐ EMERGENCY CARD	☐ LIBRARY
☐ BIRTH CERTIFICATE ***(**MUST BRING ORIGINAL**)***	☐ PROOF OF RESIDENCY
☐ RELEASE OF STUDENT RECORDS	☐ HOME LANGUAGE SURVEY

MEDICAL INFORMATION:

☐ HEALTH HISTORY

☐ ORAL HEALTH ASSESSMENT

☐ IMMUNIZATIONS RECORD ***(**MUST BRING ORIGINAL**)***

☐ **Complete** ☐ **Incomplete**

IMMUNIZATIONS NEEDED:

Polio: #1____ #2____ #3____ #4____ #5____

DTP: #1____ #2____ #3____ #4____ #5____

MMR: #1____ #2____

Hepatitis B #1____ #2____ #3_____

Varicella (Chickenpox) #1 ____

Date of appointment for immunizations: _____

☐ PHYSICIAN'S REPORT ☐ **Complete** ☐ **Incomplete**

Date of appointment for physical: _____

Comments:_____

Staff initial: _____ Date Packet Received:_____

Updated: 1/2/19

OFFICE USE ONLY Date Received _____ Date Enrolled_____ Inter___ Intra___ Displaced	**PINER-OLIVET UNION SCHOOL DISTRICT** 3450 Coffey Lane♦ Santa Rosa, CA ♦95403-1919 (707) 522-3000 ♦ Fax (707)522-3007	OFFICE USE ONLY Grade _____ Teacher _____ School _____

Application-Registration for the _____-_____ School Year

☐ **Jack London Elementary School** ☐ **Schaefer Charter School** ☐ **Olivet Elementary Charter School** ☐ **POCS**
☐**Northwest Prep Charter**

Child's Legal Name: Last_____ First:_____ Middle:_____

Applying for:_____ grade in the_____-_____ school year. Date of Birth _____/_____/_____ Gender: M F NB

Street Address:_____ City_____ State_____ Zip_____

Mailing Address:_____ City_____ State____ Zip_____

Student Resides With:_____
(Name & relationship)

OFFICE USE ONLY: ☐ JL ☐ S ☐ O
☐ POCS ☐ NWP

Student's District of Residence _____

Sibling Attending (Name, Grade and School): _____

Has your student ever attended a Piner-Olivet public school before? ☐ NO ☐ YES If yes, then when did your child leave (month/Year) and grade level _____

MOST RECENT SCHOOL ATTENDED _____ _____ _____ _____
(School Name) **(Address: City/State/Zip)** **(Grade(s))** **(Last Date Attended)**

Date first attended a California School ____/____/____ **Date first attended United State School** ____/____/____

Please check all boxes that apply: Please answer the 4 questions.

1. Is your student currently pending expulsion from another school? ☐ NO ☐ YES
2. Has your child ever been suspended? ☐ NO ☐ YES
3. Has your child ever been expelled? ☐ NO ☐ YES
4. Other Discipline problems? ☐ NO ☐ YES , explain_____

Special Programs – For informational purposes only and for the sole purpose of determining the appropriate placement, capacity and space issues which would require the creation of a new program or service. This information will be used for staff purposes only, and will not be used as admission criteria.

☐ Speech and Language (SLP) ☐ English as a Second Language (ELL) ☐ 504 Plan
☐ Adaptive Physical Education (APE) ☐ Special Day Class (SDC) ☐ Counseling
☐ Resource Specialist Program (RSP) ☐ Occupational Therapy (OT) ☐ **None**
Has your child ever had an IEP (Individual Education Program)? ☐ YES ☐ NO Exit Date: _____
If Yes, attach a copy of most current IEP

Complete **BOTH** Ethnicity **AND** Race

Ethnicity – Check one ☐ Not Hispanic or Latino ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race)

Race- Check the primary race and check all other that apply (The question above is about ethnicity, not race. No matter what you selected for ethnicity, continue to answer the following by marking on or more boxes to indicate what you consider your heritage to be.)

☐ American Indian or Alaskan	☐ Filipino/Filipino American	☐ Korean	☐ Tahitian
☐ African American or Black	☐ Guamanian	☐ Laotian	☐ Vietnamese
☐ Asian Indian	☐ Hawaiian	☐ Other Asian	☐ White
☐ Cambodian	☐ Hmong	☐ Other Pacific Islander	☐ Other _____
☐ Chinese	☐ Japanese	☐ Samoan	

Please also complete the following information:

Parent/Guardian:_____ _____
Last Name First Name

Is this parent /guardian a member of the U.S. Armed Forces (Army, Navy, Air Force, Marin Corps, or Coast Guard) on active duty or full-time National Guard duty ☐ Yes ☐ No

Relationship to student _____ Lives with student ☐ Yes ☐ No Receives school mail ☐ Yes ☐ No

Is the above person the student's LEGAL guardian ☐Yes ☐No If no, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, please check one: ☐Joint Custody ☐ Sole Custody ☐Guardian

Address (if different from student) _____
Street City State Zip

Main phone_____ Cell phone _____

Work phone _____Email_____

List other students of POUSD you are Parent/Guardian of _____

Parent/Guardian:_____ _____
Last Name First Name

Is this parent /guardian a member of the U.S. Armed Forces (Army, Navy, Air Force, Marin Corps, or Coast Guard) on active duty or full-time National Guard duty ☐ Yes ☐ No

Relationship to student _____ Lives with student ☐ Yes ☐ No Receives school mail ☐ Yes ☐ No

Is the above person the student's LEGAL guardian ☐Yes ☐No If no, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, check one: ☐Joint Custody ☐ Sole Custody ☐Guardian

Address (if different from student) _____
Street City State Zip

Main phone_____ Cell phone _____

Work phone _____Email_____

List other students of POUSD you are Parent/Guardian of _____

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.
☐Not a High School Graduate ☐High School Graduate ☐Some College or Associate's Degree
☐College Graduate ☐Graduate Degree or Higher

Residence – Where is your child/family currently living? Please check appropriate box
☐Permanent housing ☐ temporarily doubled-up ☐Temporary shelters ☐Motels/Hotels
☐Temporarily unsheltered ☐Foster-family home or kinship placement ☐Other (please specify)
_____

My signature below indicates that I have read and understand the registration form. It also certifies that the information on this form is true and correct. My signature affirms that the child resides with me at this address (affirmed by PG&E bill or recent bill with my name). I understand that any change of residency information (address, telephone number, guardianship) must be reported to the school, examined, and verified within 30 day of change. Falsification of information will be grounds for invalidating the student's enrollment.

Signature of Parent/Guardian _____ **Date**_____

Olivet – Schaefer – Jack London Elementary Schools

TEMPORARY EMERGENCY PROCEDURE FORM

STUDENT INFORMATION SHEET

* **PLEASE PRINT ALL INFORMATION**
* **RETURN TO SCHOOL OFFICE**
* ***This is a temporary form–you will receive an emergency card requesting extensive information on the first day of school.***

Name(Last)		Name(first)	
Male ☐ Female ☐ ☐ Nonbinary	Birth Date:	Home Phone:	Grade:
Address:		City:	Zip Code:

MOTHER:		**FATHER:**	
Home Phone Number:	Cell:	Home Phone Number:	Cell:
E-mail:		E-mail:	
Employer:	Work Phone Number:	Employer:	Work Phone Number:
Student lives with:		**Relationship:**	
If other than both parents (above), please supply name and address of non-resident parent:			
Siblings Attending District Name:		School:	
Name:		School:	

In case of an Emergency, (illness/accident) or Disaster, (flooding/earthquake/etc.), I authorize school personnel to release my child to the individuals, *other than parent* (**In order or preference**) below:

1	Name:	Home Phone:	Cell:
	Relationship:		
	Employer:	Work Phone:	
2	Name:	Home Phone:	Cell:
	Relationship:		
	Employer:	Work Phone:	

EMERGENCY INFORMATION

☐ **I DO authorize**

☐ **I DO NOT authorize** my son/daughter to be taken to the nearest medical center for treatment, (***if I am unavailable***)

Hospital: _____

Physician: _____

SERIOUS HEALTH PROBLEMS

(Please Note all Health Concerns & any New Concerns)

_____

_____

_____

_____

OFFICE USE ONLY

☐ **RSO**

☐ EPI-PEN

☐ GRANTED

☐ DENIED

In case of an emergency, ☐ **I DO authorize** ☐ **I DO NOT authorize** my son/daughter to be given a blood transfusion, (if I am unavailable)
IN THE EVENT OF A LIFE-THREATENING ALLERGIC REACTION, ☐ **I DO authorize** ☐ **I DO NOT authorize**, TRAINED SCHOOL PERSONNEL TO ADMINISTER EMERGENCY TREATMENT (ADRENALINE VIA EPI-PEN) TO MY CHILD

_____ _____

* **Signature of Parent/Guardian** **Date**

PINER-OLIVET UNION SCHOOL DISTRICT

3450 Coffey Lane ◆ Santa Rosa, California 95403-1919 ◆ (707) 522-3000 ◆ Fax (707) 522-3007

PREVIOUS SCHOOL INFORMATION: (INFORMACIÓN DE LA ESCUELA ANTERIOR:)

Name of previous school (Nombre anterior de la escuela)

Address (Dirección) | Area code (código de area) | Telephone (Teléfono)

City (Ciudad) | State (Estado) | Zip (Código postal) | Area code (código de area) | FAX (Número de fax)

RELEASE OF STUDENT RECORDS: LANZAMIENTO DE LOS EXPEDIENTES DEL ESTUDIANTE:)

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of the school name below of all records, including grades and health records, as well as psychological, social, educational, or developmental information regarding the following pupil(s).

(De conformidad con los Derechos Educativos Familiares y Ley de Privacidad de 1974 y la Ley del Estado de California, Yo autorizo la liberación de la escuela nombrada a continuación todos los expedientes , incluídos los grados y los historiales medicos, así como psicológicos, sociales, educativos o de desarrollo en relación con la información siguiente del alumno (s).)

Name (Nombre) | **Date of Birth (Fecha de nacimiento)** | **Grade** (Grado)

☛ ***Parent Signature*** *(Firma del padre)* | ***Date*** *(Fecha)*

Office Use Only: (Uso de Oficina Solamente:)

ELPAC SCORE: *(If Applicable)*

Under State and Federal Law, schools and school districts are required to provide student ELPAC results to schools receiving English Learner students.

➢ **Please complete the ELPAC Score section below and return it to the receiving school immediately.**

Has student taken the ELPAC? _____NO _____YES **SSID #**_____

If reclassified, provide date:_____(If reclassified, please send documentation.)

	Scale Score	Level	Date Testing:
Oral			
Writing			
Overall			

PLEASE SEND RECORDS TO:

- ☐ **OLIVET ELEMENTARY CHARTER SCHOOL**
  1825 Willowside Rd.
  Santa Rosa, CA 95401
  (707) 522-3045
  (707) 522-3047 Fax
- ☐ **SCHAEFER CHARTER SCHOOL**
  1370 San Miguel Ave.
  Santa Rosa, CA 95403
  (707) 522-3015
  (707) 522-3017 Fax
- ☐ **JACK LONDON ELEMENTARY SCHOOL**
  2707 Francisco Avenue
  Santa Rosa, CA 95403
  (707) 522-3030
  (707) 522-3317 Fax
- ☐ **PINER-OLIVET CHARTER**
  2707 Francisco Avenue
  Santa Rosa, CA 95403
  (707) 522-3310
  (707) 522-3317 Fax
- ☐ **NORTHWEST PREP CHARTER SCHOOL**
  2590 Piner Rd.
  Santa Rosa, CA 95403
  (707) 522-3320
  (707) 522-3101 Fax

STUDENT HEALTH HISTORY

Date: _____ School: _____

Student's Name: _____ Sex: M F NB

Birthdate: _____ Teacher: _____

Parent/Guardian: _____

Address: _____
Street Apt. City Zip

Telephone: (Home) ( ) _____ (Work) ( ) _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING:

- ☐ Asthma
- ☐ Heart Problems
- ☐ Hearing Problems
- ☐ Bee Sting Allergy
- ☐ Food Allergies
- ☐ Other Allergies
- ☐ Environmental Allergies
- ☐ Recurring Ear Infections
- ☐ Diabetes
- ☐ Movement Limitation
- ☐ Does your child wear glasses or contacts? ☐Yes ☐No
- ☐ Convulsion, Seizure: Date of last seizure? _____

Recent illness, hospitalization, surgery or other physical condition which limits your child's physical activity at school

Please provide additional information for any of the above conditions checked:

_____

➢ ***ALL MEDICATION SENT TO SCHOOL MUST BE IN THE PRESCRIPTION CONTAINER WITH A CURRENT DATE.***

Does your child require medication while at school? ☐ Yes ☐ No

If yes, please complete an "Authorization for Administration of Medication" (obtain form from the school secretary)

Please indicate:

Medication _____ Dosage _____ Hour(s) given _____

Medication _____ Dosage _____ Hour(s) given _____

Date of last physical exam: ___/___/___ Doctor _____

Date of last dental exam: ___/___/___ Dentist _____

Does your child have any medical condition which might require care while at school or which might restrict his/her physical activity, such as in contact sports? (Please describe)

_____

Information obtained from this health history may be included on a confidential health conditions list, if appropriate. For more information/concerns, please contact the school nurse.

_____ _____

PARENT SIGNATURE DATE

Copy: CUM File

California Department of Education
Piner-Olivet Union School District

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: □ Male □ Female □ Nonbinary
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other_____ □ Native Hawaiian/Pacific Islander □ 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:	Caries Experience (Visible decay and/or fillings present) □ Yes □ No	Visible Decay Present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) □ Urgent care needed (pain, infection, swelling or soft tissue lesions)

_____ _____ _____

Licensed Dental Professional Signature ***CA License Number*** ***Date***

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.

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

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.

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

PINER-OLIVET UNION SCHOOL DISTRICT

TECHNOLOGY PROMISES

ACCEPTABLE USE POLICY
WHILE ATTENDING PINER-OLIVET UNION SCHOOL DISTRICT
GRADES TK -12

Dear Parents:

We are pleased to provide nternet services for our students. Use of the Internet for educational projects will assist in preparing your child for success in life and work in the 21st Century.

The District Use Policy restricts access to material that is inappropriate in the school environment. Although your student's use of the Internet will be supervised by staff, we cannot guarantee that your child will not gain access to inappropriate material.

We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectations about how these values should guide your child's activities while they are on the Internet. It is also a good time to caution children about talking to or e- mailing strangers.

- I promise never to give out personal information such as my address, telephone number, or the name and location of my school.
- I promise to tell my teacher or parents right away if I come across any information that makes me feel uncomfortable.
- I promise to never agree to get together with someone I "meet" online without checking with my teacher or parents first.
- I promise to never send a person my picture or any other personal information without checking with my teacher or parents.
- I promise to never send, respond to, or forward to any messages that are mean or in any way make me or someone else feel uncomfortable.
- I promise that I will not access areas that are not approved by my teacher, librarian, or school staff.
- I promise not to break these rules.
- If I break these rules, I understand that I will not be allowed

Please return to your child's school office immediately. Thank you!

(PRINT) Student's Name:_____ **Grade:**_____

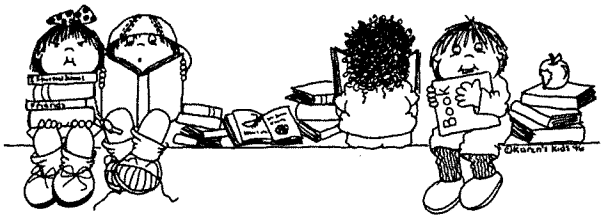
My Signature: _____

My Parent's Signature: _____

Date: _____

Updated: 12/17/18

Piner-Olivet Union School District



Library Materials Permission Slip

Dear Parents:

The Piner-Olivet Union School District values having a strong library program at each school. In order to have quality library materials readily available, we ask for your support and help seeing that students observe the following:

1. Books need to be returned on time. K-3 students will have their books for one (1) week. Students in grades 4-6 will have their books for two (2) weeks.
2. Students are responsible for the care and condition of library materials in their possession. It will be necessary to charge parents for lost or damaged items. Students will lose their library privileges until their library record is clear.
3. Notices will be sent to students with outstanding books or fines. We would greatly appreciate a response as soon as possible so that we can clear our records and students can regain their library privileges. If students have outstanding books or fines, their report cards will be held until these are cleared.

Thank you for your support of the library program.

Please return to your child's school office immediately. *Thank you!*

My child, _____ in grade_____

has my permission to check out library materials from the school library while attending Piner-Olivet Union School District. I understand that we are responsible for paying for lost or damaged items.

_____ _____

Parent Signature Date

****PLACE IN CUM FILE****

Updated: 11/2/15

HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: _____ Grade Level: _____ Teacher Name: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

_____ _____

Signature of Parent or Guardian Date

California Department of Education Form HLS, Revised December 2016