

GRADE

# HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT STUDENT REGISTRATION

Student Last Name:

▶ Has your student ever attended Howell Mountain school before?  Yes  No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name      Legal Middle Name      Legal Last Name      Other Legal Name (if applicable)

Male     Female    Birth date:    

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

Parent/Guardian First Name      Last Name      Home Phone      Work Phone

Email Address      (    )      (    )

Parent/Guardian First Name      Last Name      Home Phone      Work Phone

Email Address      (    )      (    )

Mailing Address      Apt#    City      State    Zip

Residence Address (house # & street name) (IF DIFFERENT)      Apt #    City      State    Zip

First Name:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):     Hispanic or Latino     Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

- American Indian or Alaskan Native(100)
- Chinese (201)
- Japanese (202)
- Korean (203)
- Vietnamese (204)
- Asian Indian (205)
- Laotian (206)
- Cambodian (207)
- Hmong (208)
- Other Asian (299)
- Hawaiian (301)
- Guamanian (302)
- Samoan (303)
- Tahitian (304)
- Other Pacific Islander (399)
- Filipino/Filipino American (400)
- African American or Black (600)
- White (700)

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school in the U.S.

Month      Day      Year

Date first attended school in California

Month      Day      Year

Permanent ID:

BIRTHPLACE: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
U.S. Citizen  Yes  No

In which language do you wish to receive written communications from the school?  English  Spanish

**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 (09)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)       Unsheltered (car/campsite)(12)  
 In a shelter or transitional housing program (10)       Other (15) (please specify) \_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

- Father    Mother    Both    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"  
 If there is a legal custody agreement regarding this student, please check one:  Joint Custody    Sole Custody    Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father    Step Father/Guardian (check one)      **Full Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_      **City:** \_\_\_\_\_      **Daytime Phone # ( \_\_\_\_ )** \_\_\_\_\_  
 2.  Mother    Step Mother/Guardian (check one)      **Full Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_      **City:** \_\_\_\_\_      **Daytime Phone # ( \_\_\_\_ )** \_\_\_\_\_

**DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:**

**Full Name:** \_\_\_\_\_      **Phone #:** ( \_\_\_\_ ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_      **City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip code:** \_\_\_\_\_

| Other children in the home: | Name: | Birthdate: |
|-----------------------------|-------|------------|
|                             |       |            |
|                             |       |            |
|                             |       |            |
|                             |       |            |

**MOST RECENT SCHOOL ATTENDED:**

| School | Address/City/State/Zip | Grade(s) | Date(s) |
|--------|------------------------|----------|---------|
|        |                        |          |         |

- Are there psychological or confidential reports available from your child's former school?  Yes  No  
 Has your child been suspended?  Yes  No    Has your child ever been expelled?  Yes  No  
 What special services has your child received? (**please check all boxes that apply**)  
**Special Education:**  Resource (RSP)    Special Day Class (SDC)    Speech/Language    504  
**Other:**  Gifted (GATE)    Remedial Math    Remedial Reading    Counseling    English Language Development  
 Help to Improve Attendance/ Behavior    Other (Specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_      Date: \_\_\_\_\_

Student Last Name:

First Name:

Permanent ID:



HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT  
Student Emergency and Release Form  
CONFIDENTIAL

**PLEASE PRINT IN INK**

|                    |                          |                |  |
|--------------------|--------------------------|----------------|--|
| Student's Name:    | Male/Female              | Date of Birth: |  |
| Home Address:      | City:                    | Zip:           |  |
| Mailing Address:   | City:                    | Zip:           |  |
| Family Physician:  | Physician Phone:         |                |  |
| Insurance Company: | Insurance Policy Number: |                |  |

**EMERGENCY CONTACTS**

|                  |                  |
|------------------|------------------|
| Parent/Guardian: | Relation:        |
| Phone:           | Alternate Phone: |
| E-mail Address:  |                  |

|                  |                  |
|------------------|------------------|
| Parent/Guardian: | Relation:        |
| Phone:           | Alternate Phone: |
| E-mail Address:  |                  |

**OTHER EMERGENCY CONTACTS** *(Only people in this section will be allowed to pick up your child. Use another sheet if needed)*

|        |                  |
|--------|------------------|
| Name:  | Relation:        |
| Phone: | Alternate Phone: |

|        |                  |
|--------|------------------|
| Name:  | Relation:        |
| Phone: | Alternate Phone: |

|        |                  |
|--------|------------------|
| Name:  | Relation:        |
| Phone: | Alternate Phone: |

|        |                  |
|--------|------------------|
| Name:  | Relation:        |
| Phone: | Alternate Phone: |

|        |                  |
|--------|------------------|
| Name:  | Relation:        |
| Phone: | Alternate Phone: |

Parent/Guardian Signature

Date:

**SIGN BOTH SIDES  
(OVER)**

| SPECIAL NEEDS:           | Yes                                 | No | Frequency and/or Severity | SPECIAL NEEDS:    | Yes | Fr | Frequency and/or Severity |
|--------------------------|-------------------------------------|----|---------------------------|-------------------|-----|----|---------------------------|
| Allergies                | <input checked="" type="checkbox"/> |    |                           | Hearing Impaired  |     |    |                           |
| Asthma                   |                                     |    |                           | Nose Bleeds       |     |    |                           |
| Bedwetting               | <input type="checkbox"/>            |    |                           | Physical Handicap |     |    |                           |
| Behavioral or Cognitive  |                                     |    |                           | Sleepwalking      |     |    |                           |
| Diabetes                 |                                     |    |                           | Stomach Aches     |     |    |                           |
| Epilepsy                 |                                     |    |                           | Vegetarian/Vegan  |     |    |                           |
| English Language Learner |                                     |    |                           | Visually Impaired |     |    |                           |
| Fainting                 |                                     |    |                           | Other             |     |    |                           |
| Headaches                |                                     |    |                           | Other             |     |    |                           |

Please Explain any Item checked above:

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**MEDICATIONS:**

Medications, including over-the-counter medications, can only be administered by designated trained personnel from your child's school, provided that *this form is signed by the authorized health care provider AND the parent or guardian*. Over-the-counter medications include, but aren't limited to: sunscreen, allergy remedies (Benadryl, etc), antiseptic and/or topical ointments, cold remedies, insect bite remedies, non-aspirin substitutes and poison oak remedies. Medications must be packaged individually in pharmacy-prepared containers (with only amount to be administered) and given directly to your school personnel. Medication labels must include:

|                                 |                          |
|---------------------------------|--------------------------|
| Student's Name                  | Dose of Medication       |
| Authorized Health Care Provider | Method of Administration |
| Name of Medication              | Time of Administration   |

**PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:**

\_\_\_\_\_ should be given the following medication as designated below:

Student's Name

| Medication | Dosage | Method of Administration | Time of Administration | Special Instructions and/or precautions |
|------------|--------|--------------------------|------------------------|---|
|            |        |                          |                        |   |
|            |        |                          |                        |   |
|            |        |                          |                        |   |
|            |        |                          |                        |   |

- Please allow \_\_\_\_\_ to keep an inhaler with him/her at all times. He/she is competent to safely self-administer medication.
- Please allow \_\_\_\_\_ to keep an epi-pen with him/her at all times. He/she is competent to safely self-administer medication.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## HOME LANGUAGE SURVEY

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

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

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### 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

# HOWELL MOUNTAIN ELEMENTARY SCHOOL

## MEDICAL/HEALTH CONCERNS FORM

Please fill out the first section for each student any other applicable sections. Please sign

|  |   |  |   |
|--|---|--|---|
| Student Name:  | Age:  | Grade:   | Date of Birth:  |
| Allergies (List Below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Issues (List Below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Medication Required (List Below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Dietary Issues (List Below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### ALLERGIES

Please List All Allergies and Remedies Here

### MEDICAL ISSUES

Please List All Medical Issues Here

### MEDICATION REQUIRED

Please List All Medications. *A Separate Form Is Necessary For School Administration Of Medication*

### DIETARY ISSUES

Please List All Dietary Issues Here

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Howell Mountain Elementary School District



Date: \_\_\_\_\_

## **PHOTO RELEASE FORM**

*Howell Mountain Elementary School District*

Student Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Howell Mountain School the right and permission to publish without charge, photographs taken:

- During the 2021-2022 School Year for school functions and events
- Only for the activity listed below:

\_\_\_\_\_

These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, on the school's or teacher web sites, or in other, similar ways.

The actual/legal name of the subject may also be used:

- YES
- NO

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

City/State: \_\_\_\_\_

If necessary, I can be contacted at:

- Work
- Home

Telephone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

## Howell Mountain Elementary School District 2021-2022

### Verification of Residency Form - Choose one (A, B or C) and Sign Affidavit

Prior to admission, and yearly thereafter, students living within the district must provide proof of residency.

California Education Code (Section 48204) requires that a student be enrolled in, and attend, the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s)

>>>>>>>>>Choose One - A, B or C<<<<<<<<<<<

|                                  |  |                    |     |
|----------------------------------|--|--------------------|-----|
| <b>Homeowner's<br/>Statement</b> | <b>A. Homeowner's Statement of Residency</b>   |                    |     |
|                                  | Student Last Name  | Student First Name |     |
|                                  | Address  | City               | Zip |
|                                  | I certify that this student resides with me during the school week at this address which is a residence that I (we) own which lies within the boundaries of the Howell Mountain Elementary School District |                    |     |

|                               |   |                    |     |
|-------------------------------|---|--------------------|-----|
| <b>Renter's<br/>Statement</b> | <b>B. Renter's Statement of Residency</b>   |                    |     |
|                               | Student Last Name   | Student First Name |     |
|                               | Address   | City               | Zip |
|                               | I certify that this student resides with me during the school week at this address which is a residence that I (we) rent which lies within the boundaries of the Howell Mountain Elementary School District |                    |     |

|  |   |                                     |             |           |
|--|---|-------------------------------------|-------------|-----------|
| <b>Host Owner/Landlord<br/>Statement</b> | <b>C. Host Family/Owner/Landlord Statement (for those not living in a home they own or rent)</b>  |                                     |             |           |
|  | Student Last Name   | Student First Name                  |             |           |
|  | Address   | City                                | Zip         |           |
|  | I certify that I am the owner/landlord of this residence which lies within the boundaries of the Howell Mountain Elementary School District. I further certify that this student and his/her parent/guardian are residing at this address. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |                                     |             |           |
|  | Landlord/Property Owner Signature   | ID Checked <input type="checkbox"/> | Date Signed | Telephone |

|  |  |             |           |
|--|--|-------------|-----------|
| <b>Affidavit Statement<br/>of Veracity</b> | <b>Parent/Guardian Affidavit (Statement of Veracity)</b>   |             |           |
|  | I am aware and understand that should this statement be found to be false: I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year. My student will be dropped from enrollment and required to transfer to his/her resident district. I am aware and understand that it is my responsibility to notify the school should my student or I move from this address. |             |           |
|  | I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.   |             |           |
|  | In accordance with state compliance, I have attached the required documentation as proof of residence for enrollment.  |             |           |
|  | Parent/Guardian Signature  | Date Signed | Telephone |

### Verification for Office Use Only

Only use for A - Home Owner (Circle One):

Utility

Property Tax

Only use for B - Renter (Circle One):

Utility

Current Rental Agreement

Only use for C - Living with Another Family/Group Home (Circle two):

Driver's License

Host Utility Bill

Placement Papers





## Family-School Compact

Howell Mountain School

*It is important that families and schools work together to help students achieve personal excellence through a process that included teachers, families, students and community representatives. The following are agreed upon roles and responsibilities that we as partners will carry out to support student success in school and in life.*

### Staff Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Provide high-quality curriculum and instruction.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful homework assignments to reinforce and extend learning.
- Encourage kindergarteners and their parents to read daily.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make the school accessible and a welcoming places for families which help each student achieve his/her highest academic standards.
- Respect the school, students, staff and families.

## Student Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Come to school on time and ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Ask for help when I need it.
- Read for a minimum of 20 minutes a day outside of the classroom.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Maintain a healthy balance between family time, play time, and screen time.
- Respect the school, classmates, staff and families.

## Family/Parent Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework.
- Monitor screen time.
- Read to my child or encourage my child to read every day (20 minutes minimum)
- Communicate with the teacher or the school to support my child's progress and to address concerns.
- Ensure that my child arrives on time to school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Attend parent teacher conferences.
- Participate at school in activities such as school decision making and volunteering.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students, and families.

\_\_\_\_\_ Student

\_\_\_\_\_ Teacher

\_\_\_\_\_ Parent/Guardian