

# REGISTRATION DOCUMENT REQUEST FOR PLEASANT VALLEY SCHOOL

TO: PARENTS/GUARDIANS  
FROM: PLEASANT VALLEY SCHOOL  
SUBJECT: STUDENT REGISTRATION

THE FOLLOWING ARE DOCUMENTS NECESSARY TO ENROLL STUDENT:

- Completed Gold Oak Union School District Student Enrollment Form (yellow)
- Completed Gold Oak Union School District Request for Student Records (white)
- Local Educational Agency Name Housing Questionnaire
- Caregiver Authorization Affidavit if student does not live with parent (yellow)
- Proof of Residency
- Student Immunization Record
- Student Birth Certificate
- Student's most current grades

**GOLD OAK UNION SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM**

*(Do not remove this form from folder)*

**GOLD OAK SCHOOL**

**PLEASANT VALLEY SCHOOL**

**Please Print**

Student's Name \_\_\_\_\_  
Last First Middle

Student's Legal Name (If different from name listed above) \_\_\_\_\_

Grade Entering Sex (M/F/Nonbinary) Birth Date (MM/DD/YR) Birth Place (City and State)

Physical Address City Zip Code Home Phone  YES  NO  
Unlisted?  
\_\_\_\_ Current address is a temporary living arrangement. \_\_\_\_ Temporary living arrangement is due to loss of housing or economic hardship.

Mailing Address (if different from above) City Zip Code

**IF STUDENT RESIDES WITH SOMEONE OTHER THAN A PARENT OR LEGAL GUARDIAN - A CAREGIVER AFFIDAVIT MUST BE COMPLETED.**

Parent/Legal Guardian \_\_\_\_\_ Living with child?  YES  NO  
Email \_\_\_\_\_

**Parent Highest Education Level:**

Not high school graduate  High school graduate  Some academic college  College graduate  Graduate school/post graduate training

Address (If different from student) City Zip Code Employer Work Phone Cell Phone  
Active Duty Military \_\_\_\_ Army/Navy/Air Force/Marines/Coast Guard

Parent/Legal Guardian \_\_\_\_\_ Living with child?  YES  NO  
Email \_\_\_\_\_

**Parent Highest Education Level:**

Not high school graduate  High school graduate  Some academic college  College graduate  Graduate school/post graduate training

Address (If different from student) City Zip Code Employer Work Phone Cell Phone  
Active Duty Military \_\_\_\_ Army/Navy/Air Force/Marines/Coast Guard

**OTHER CHILDREN IN THE FAMILY**

Name	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LANGUAGE SURVEY**

STATE OF CALIFORNIA, DEPT. OF EDUCATION, FORM HLS REV DEC 2016

The California Education Code, Section 52164.1(a) 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.

- Which language did your child first learn to speak? \_\_\_\_\_
- Which language does your child use most frequently at home? \_\_\_\_\_
- Which language do you most frequently use to speak to your child? \_\_\_\_\_
- Which language is most often spoken by the adults in the home? \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 1 AND 2**

1. **Is student's ethnicity Hispanic or Latino? (choose only one)**  No, Not Hispanic or Latino  Yes, Hispanic or Latino

2. **What is the student's race (choose one or more)**

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

**SPECIAL PROGRAM INFORMATION**

Has your child ever been enrolled in a Title I program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been enrolled in a Special Education Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does your child have a current Individualized Education Plan (IEP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been enrolled in a G.A.T.E. Program (Grade 3-8)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child qualify for Adaptive Physical Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child currently have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**HEALTH INFORMATION - LIST ANY MEDICAL PROBLEMS, IMPAIRMENTS, NEEDS OR SERVICES WHICH THE SCHOOL SHOULD BE AWARE.**

Sight: \_\_\_\_\_

Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_ Other: \_\_\_\_\_

COUNSELING SERVICES: \_\_\_\_\_

**DOES YOUR CHILD HAVE A PHYSICAL DISABILITY?** Yes  No

PLEASE SPECIFY \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS?** Yes  No

PLEASE SPECIFY \_\_\_\_\_

**DOES YOUR CHILD TAKE MEDICATION DAILY?** Yes  No

If yes, what type \_\_\_\_\_ Dosage \_\_\_\_\_ Time of day \_\_\_\_\_

**HAS YOUR CHILD EVER BEEN EXPELLED FROM SCHOOL?** Yes  No

If yes, a brief explanation \_\_\_\_\_

Expulsion Date: \_\_\_\_\_ Readmission Date: \_\_\_\_\_

**OPTIONAL: IS THERE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE SCHOOL SHOULD BE AWARE OF REGARDING YOUR CHILD?**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

**ALL INFORMATION IS NEEDED FOR SCHOOL RECORDS AND IS REGARDED AS CONFIDENTIAL.**

**Last school attended** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL:**

**DATE REGISTERED** \_\_\_\_\_ **DATE ENTERED** \_\_\_\_\_ **STUDENT #** \_\_\_\_\_

**GRADE LEVEL** \_\_\_\_\_ **HOMEROOM/TEACHER PLACEMENT** \_\_\_\_\_

**DATE CUM REQUESTED** \_\_\_\_\_

# Gold Oak Union School District

## Request for Student Records

4120 Pleasant Valley Road  
Placerville, CA 95667  
(530) 644-9620

Request records from the school listed below.

\_\_\_\_\_  
School Name Phone number

\_\_\_\_\_  
Address City State Zip

Please send the cumulative records (including health records, intelligence and achievement test records, and *confidential files*—physiological testing, assessment, and placement) for the following children who have enrolled in our school:

Student Name	Date of Birth	Enrolled in Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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### AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with Public Law 93-380, I hereby authorize the release of psychological, medical, and academic information regarding my child(ren) listed above.

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Dated*

Please send all records to:



**Pleasant Valley Middle School**

**Attn: Registrar**

**4120 Pleasant Valley Road, Placerville, CA 95667**

## Local Educational Agency Name Housing Questionnaire

California Department of Education  
2026-2027

The form should be included on the top page of registration materials that the local educational agency (LEA) shares with families.

Student Last Name	First	Middle
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Name of School: \_\_\_\_\_

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? *Check all that apply.*

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e., lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent
- I am a student under the age of 18 and living apart from parent(s) or guardian

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip
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Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs, and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	M/F	Birthdate	Grade	School

If you have any questions about these rights, please contact the local homeless liaison, Jennifer Kloczko, by phone at 530-626-3150 or by email at [jkloczko@gousd.org](mailto:jkloczko@gousd.org).