

Items to Return to office

	Student Enrollment Form
	Household Income (White with yellow highlighted area)
	Housing Questionnaire
	Confidential Health Questionnaire
	Request for school records
	Copy of Immunization record
	Birth Certificate

McCloud Union School District

Shelley Cain, Superintendent-Principal

P.O. Box 700 McCloud, California 96057 530-964-2133

FAX 530-964-2153



School Year: _____

Student Name: _____
Last Name First Name Middle Name or Initial aka

Male / Female Grade: _____ Birth Date: ____/____/____ Birthplace: _____
Circle One City State Country

Lives With: _____ Father _____ Mother _____ Stepfather _____ Stepmother _____ Other: _____

Parent/Guardian Name Relationship Home Phone

Work Phone Cell Phone Email Address

Parent/Guardian Name Relationship Home Phone

Work Phone Cell Phone Email Address

Mailing Address: _____
Street / PO Box City State Zip Code

Residence Address: _____
(If different from above) Street / PO Box City State Zip Code

What is your child's ethnicity? (Please check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino (Regardless, complete race section)

Race: (Choose the group with which the student most closely identifies.)

- | | |
|---|--|
| <input type="radio"/> American Indian/Alaska Native (100) | <input type="radio"/> Korean (203) |
| <input type="radio"/> Asian Indian (205) | <input type="radio"/> Laotian (206) |
| <input type="radio"/> Black/African American (600) | <input type="radio"/> Other Asian (299) |
| <input type="radio"/> Cambodian (207) | <input type="radio"/> Pacific Islander (399) |
| <input type="radio"/> Chinese (201) | <input type="radio"/> Samoan (303) |
| <input type="radio"/> Filipino/Filipino American (404) | <input type="radio"/> Tahitian (304) |
| <input type="radio"/> Guamanian (302) | <input type="radio"/> Vietnamese (204) |
| <input type="radio"/> Hawaiian (301) | <input type="radio"/> White (Not Hispanic) (700) |
| <input type="radio"/> Japanese (202) | |

Primary Home Language:

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="radio"/> Arabic (11) | <input type="radio"/> Armenian (12) | <input type="radio"/> Cantonese (03) |
| <input type="radio"/> English (00) | <input type="radio"/> Farsi (16) | <input type="radio"/> Filipino (05) |
| <input type="radio"/> French (17) | <input type="radio"/> German (18) | <input type="radio"/> Hindi (22) |
| <input type="radio"/> Hmong (23) | <input type="radio"/> Japanese (08) | <input type="radio"/> Khmer (09) |
| <input type="radio"/> Korean (04) | <input type="radio"/> Lao (10) | <input type="radio"/> Mandarin (07) |
| <input type="radio"/> Punjabi (28) | <input type="radio"/> Russian (29) | <input type="radio"/> Samoan (30) |
| <input type="radio"/> Spanish (01) | <input type="radio"/> Taiwanese (46) | <input type="radio"/> Thai (32) |
| <input type="radio"/> Ukrainian (38) | <input type="radio"/> Urdu (35) | <input type="radio"/> Vietnamese (02) |
| <input type="radio"/> Other: _____ | (99) | |

Has your child ever been retained? Yes / No If yes, what grade? _____

Has your child ever been expelled? Yes / No If yes, what year? _____ What school? _____

Special Services: _____ RSP _____ Speech _____ GATE _____ 504 Plan _____ Behavior Plan

Parent Education: Highest level of education of father

_____ Not High School Graduate _____ High School Graduate/GED _____ Some College/AA _____ College Graduate _____ Graduate School/Post Graduate

Parent Education: Highest level of education of mother

_____ Not High School Graduate _____ High School Graduate/GED _____ Some College/AA _____ College Graduate _____ Graduate School/Post Graduate

Duplicate Mailing: _____ Father _____ Mother (If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and telephone number.)

Full Name Home Phone Cell Phone Work Phone

Street / PO Box City Zip Code

EMERGENCY CONTACTS: (Other than above. Parent/guardian will be contacted first.)

Full Name _____	Phone/Cell Number _____	Relationship to student _____	Release OK: Yes / No Circle One
Full Name _____	Phone/Cell Number _____	Relationship to student _____	Release OK: Yes / No Circle One
Full Name _____	Phone/Cell Number _____	Relationship to student _____	Release OK: Yes / No Circle One
Full Name _____	Phone/Cell Number _____	Relationship to student _____	Release OK: Yes / No Circle One

COURT ORDERS: (If you have a court order please make sure the office has a copy of it on file.)

List Order(s): _____

Health Conditions: ☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Heart Problems ☐ Seizures ☐ Bee Allergies
☐ Food Allergies (If this is checked, please fill out the Medical Statement for Participants with Allergies/Chronic Diseases form.)

Does your child take medication regularly?	Yes / No	If yes, what kind? _____
Does your child have a speech problem?	Yes / No	Please explain: _____
Does your child have an ear problem?	Yes / No	If yes, what kind? _____
Does your child have a physical handicap?	Yes / No	Please explain: _____
Does your child have an eye problem?	Yes / No	Please explain: _____

We will ALWAYS try to contact parents or contacts before a student will be transported for emergency medical treatment

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Hospital Name: _____ Phone Number: _____

Does your child have health insurance? ☐ Yes ☐ No If no you may be eligible for free or low cost insurance through Medi-Cal or Covered California
Please check with the School office to get more information or assistance in obtaining health coverage

Medical Insurance Co./Group Number: _____

☐ I **DO NOT** wish medical care secured for my child because of religious/personal beliefs. Please Explain: _____

I hereby authorize the staff of McCloud Union Elementary School District to secure and sign for emergency medical care for my child at my expense, when necessary

Parent's Signature _____

Date _____

According to appropriate grade level schedules, all children will receive vision, hearing, dental, scoliosis, speech and language screening. 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.

Household Income Data Collection – McCloud Union School District (Rev.4/15)

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following information for Household Size

Total number of adults and children in Household:

Circle one: 1 2 3 4 5 6 7 8 Other_____

See back of this form for information on household size.

PART III: Fill in the following for each source of Household Income

Household Income reported by Frequency:

Household Members	Amount if Paid Weekly	Amount if Paid Twice Per Month	Amount if Paid Every Other Week	Amount if Paid Monthly	Amount if Paid Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
All Additional Income	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$
Multiply Subtotal by:	X 52	X 24	X 26	X 12	
Total Income by Frequency	\$	\$	\$	\$	\$
Total Household Income (sum of all columns):					\$

PART IV: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of Adult Household Member
Completing this Form

Date

Printed Name of Adult Household Member
Completing this Form

McCloud Elementary School
Shelley Cain, Administrator
Housing Questionnaire

Student Last Name	First	Middle
-------------------	-------	--------

Name of School

The information provided below will help the LEA determine what services you and/or your child may be eligible for. 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
----------------------------	-----------	------

(Area Code) Phone Number	Street Address	City	State	Zip
--------------------------	----------------	------	-------	-----

Your child or children 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, Shelley Cain, by phone at (530)964-2133 or by email at scain@sisnet.ssku.k12.ca.us

Confidential Health Questionnaire

Child's Name:	M / F Birthdate:
Physician:	Phone number:
Dentist:	Phone number:
<input type="checkbox"/> Check here if your child has NO KNOWN HEALTH CONCERNS	
<input type="checkbox"/> Check here if your child has KNOWN HEALTH CONCERNS and check all that apply below:	
<input type="radio"/> ADD/ADHD	
<input type="radio"/> Asthma	
<input type="radio"/> Severe Allergy to _____	
<input type="checkbox"/> Has an epinephrine auto-injector	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Diabetes ____Type I ____Type II	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Check here if your child wears glasses or contact lenses.	
<input type="checkbox"/> Check here if your child has a hearing loss or uses hearing aids.	
<input type="checkbox"/> Check here if your child has had chicken pox.	
<input type="checkbox"/> My child has dietary restrictions (please explain)	
Does your child have a condition that limits participation in :	
<input type="checkbox"/> Classroom	
<input type="checkbox"/> Physical Education	
Explain:	
List all medication your child takes and indicate whether it is needed at home, school or both. <i>Note: If your child requires medication while attending school, there are forms that need to be completed by you and your child's physician so that the school may dispense the medication safely (California Education Code 49423).</i>	
AT HOME:	
AT SCHOOL:	
Special Instructions/Comments/Health Needs/Emergency Care Plans:	
If you would rather not use this form or would like to discuss any matter with the School Nurse, you may call your child's school and request that the School Nurse call you.	
Name of person completing form	Relationship to the student
Date	

McCloud Union School District

Shelley Cain, Superintendent-Principal

P.O. Box 700

McCloud, California 96057

530-964-2133

FAX 964-2153



STUDENT RECORDS REQUEST AUTHORIZATION FOR RELEASE OF ALL RECORDS

Attn: Records Clerk

SCHOOL NAME: _____

PHONE: _____

Please send cumulative records and any and all records including **Confidential** and **Special Education** files you may have for the following students:

STUDENT NAME	GRADE	BIRTHDATE	DATE OF ENROLLMENT

The above identified student(s) has enrolled in McCloud Elementary School.
Please **FAX *Immunization record AND Birth Certificate*** to (530) 964-2153.

Please **mail all records** to:

**McCloud Elementary School
PO Box 700
McCloud, CA 96057
Phone (530)964-2133
Fax (530)964-2153**

Rosa Mero: Administrative Secretary/ Registrar McCloud Elementary School

In accordance with the Family Education Rights & Privacy Act, I authorize the release of my child's records, including confidential records, to the school listed below. I understand that I have the right to examine these records upon written request.

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **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.
- ☐ **Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).