

2019-2020



EARLY KINDER ENROLLMENT INFORMATION

Please be advised that for the safety and security of all children ONLY the parent(s), legal guardian(s) or educational rights holder(s) may enroll a child into our district. The parent/legal guardian/educational rights holder who enrolls the child will be REQUIRED TO PRESENT PHOTO IDENTIFICATION.

The following documents are required to complete enrollment for students *NEW to the district.

1. Address verification: Bring ONE of the following forms:
 - CURRENT Mortgage Statement (Issued within 30 days)
 - CURRENT Property Tax Bill (Issued within 30 days)
 - CURRENT Rental / Lease Agreement with Landlord's Information (If the lease is older than one year OR is a month to month contract the current month's rent receipt is required)
 - CURRENT Utility Bill (SMUD, PG&E, or WATER) with correct same name and address in the parent/legal guardian or education rights holder's name (Issued within 30 days, NO PAST DUE BILLS will be accepted)
 - CURRENT Voter Registration (Issued within 30 days)
 - CURRENT Government Agency Letter (Issued within 30 days)
 - CURRENT Employment Pay Stub (Issued within 30 days)
2. Proof of birth – Original COUNTY ISSUED birth certificate or non-expired passport for each child
3. Immunization Record Current for each child.
4. Individualized Education Plan (IEP) (if applicable)
5. Guardianship / Custody papers (if applicable)

NO ADDRESS VERIFICATION IN YOUR NAME?

Important- If you reside with someone and you are the parent/guardian/educational rights holder and do not have address verification in your name, you **MUST BRING THE FOLLOWING:**

- Declaration of Residency form (DOR) **must be completed and signed** (see DOR form).
- A copy of the photo I.D. of the person who's name is on the address verification document.
- A copy or original of the address verification document.

Please contact the school office for information about Early Kinder enrollment

A.M. WINN Waldorf-Inspired K-8

3551 Explorer Dr. 95827
(916) 228-5880

Hubert Bancroft

2929 Belmar St. 95826
(916) 395-4595

Pacific

6201 41st St. 95824
(916) 433-5089

Alice Birney Waldorf-Inspired K-8

6251 13th St. 95831
(916) 395-4510

John Sloat

7525 Candlewood Way 95822
(916) 433-5051

Tahoe

3110 60th St. 95820
(916) 277-6360

H.W. Harkness

2147 54th Ave 95822
(916)433-5042

Leonardo da Vinci K-8

4701 Joaquin Way 95822
(916) 395-4635

Theodore Judah

3919 McKinley Blvd 95819
(916) 395-4790

Washington

520 18th St. 95811
(916) 264-4160

For further information regarding SCUSD'S Early Kinder Program, please contact
John Conway, Early Kinder Coordinator SCUSD, at (916) 643-9280



Early Kinder Program

What is Early Kinder?

Early Kinder (also called Transitional Kindergarten) is the first year of a two-year kindergarten experience for children who turn age five from September 2nd through December 2nd.

The Early Kinder classes are taught by a credentialed teacher with a developmentally appropriate curriculum, which promotes a strong foundation and prerequisite skills needed for student success in kindergarten. Early Kinder is an optional program that gives children an additional year of preparation so they enter kindergarten with stronger academic, social and emotional skills needed for future success in school.

Early Kinder / Kindergarten registration information

A child is eligible for Kindergarten in the same year that he or she has her fifth birthday by September 1st of that school year.

A child shall be eligible for Early Kinder (Transitional Kindergarten) if he or she has their fifth birthday from September 2nd through December 2nd of that school year.

Early Kinder Registration

School sites will consider student placement in SCUSD's Early Kinder Program based upon the following:

- Students born on September 2nd through December 2nd are eligible for Early Kinder not Kindergarten.
- Students shall not be enrolled into Early Kinder if the child turns age 5 after December 2nd.
- There is no separate priority for November, October, or September born children. Children born within this 3 month span have equal access to the Early Kinder program.
- Children with a sibling already enrolled in one of the ten schools with an Early Kinder Program will be given enrollment priority.

Parents requesting admission to a criteria-based school must meet admission requirements (example: Alice Birney Waldorf-Inspired K-8).

Due to space availability, parent's request for placement in SCUSD's Early Kinder Program does not guarantee student placement in the school or program requested. If over enrollment occurs, a special lottery will be held. All September 2nd through December 2nd born students shall have their names placed in an equitable lottery at the school site. The following year, Early Kinder students return to their home school site for kindergarten in accordance with district policy: "students enrolled at a regional non-neighborhood Early Kinder school site shall return to their assigned neighborhood home school to continue their regular second year in kindergarten. Parents requesting to continue the second year of kindergarten at a regional non-neighborhood school would apply to do so through the Open Enrollment process."



Early Kinder Information Request

Please print all information

Neighborhood/Requested School _____ Primary Language _____

Student Legal Name (last, first) _____ Birth Date _____ Gender: M F

Parent Name _____ Home Phone _____ Cell Phone _____

Street Address _____ Work Phone _____

City, State, Zip _____

GENERAL INFORMATION

- If available, I would like to request that my child be placed in the AM class PM class No Preference
- How will your child get to school?
 - I will transport to and from school My child will need to ride the SCUSD bus (bussing not available at all sites)
- Will your child be attending daycare?
 - No Private Daycare Child Development Site: _____
- Does your child have any allergies or medical needs? No Yes
If yes, please describe: _____
- Names and grade level of siblings (brothers/sisters) attending the requested school: _____
- Has your child been receiving Special Education services? No Yes
If yes, please tell us what services your child has received:
 - Special Day Class (SDC) Preschool Speech Therapy Adaptive P.E.
 - Other, please describe: _____
- Has your child attended preschool? No Yes If yes, how long? _____
- Is there any other information you would like us to know about your child? _____
- Are you interested in being a volunteer helper at the school site? Yes No

I understand that I have completed this form for informational purposes and I still need to complete enrollment. I also understand this does not guarantee placement in the school or program which I have requested.

Parent Signature: _____ Date: _____



Early Kinder Parent/Guardian Agreement Form

I, _____ parent/guardian(s) of

_____, fully understand that

the Early Kinder Program is not a substitution for the regular kindergarten program.

Therefore, I understand that upon completion of the Early Kinder Program in June,

2020, my child(ren) _____, will be

placed in a kindergarten program at their home school site or parents may apply for other school placement through the district Enrollment Center for the 2020/2021 school year.

Print Parent/Guardian Name(s)

Parent/Guardian – Signature

Date

Administrator – Signature

Date



STUDENT REGISTRATION FORM

For Office Use Only
Student ID #

****STUDENTS WHO ARE NEW TO SCUSD****

SECTION A: DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Incoming Grade
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Nickname: _____ Preferred Gender Pronoun: _____

Legal name of person registering student: _____ Relationship to student: _____

IS YOUR CHILD Hispanic or Latino? Yes No

WHAT IS YOUR CHILD'S RACE? (Check all that apply; mark "P" next to your child's primary race.)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese		

Date of Birth Month: _____ Day: _____ Year: _____
(Verification: Birth Certificate Other: _____)

Place of Birth City: _____ State: _____ Country: _____

Date student first attended school in California? Month: _____ Day: _____ Year: _____

Date student first attended school in the United States? Month: _____ Day: _____ Year: _____

PARENT EDUCATION: Check the box that best describes the highest education level of *either* parent/guardian.

<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College (includes AA degrees)
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Graduate Degree or Higher	

PRESCHOOL: Did your child attend a preschool program? No Yes (if yes fill in the information below):

Name of preschool _____ City/State _____ Number of years attended _____

HAS YOUR CHILD EVER BEEN EXPELLED? No Yes (Name of school and district: _____)

TRANSPORTATION AND RELATED INFORMATION

Check the boxes below if your child rides the bus. Daycare Provider: _____

To School From School Bus # _____ Phone #1: _____ Phone #2: _____

NON-HOUSEHOLD EMERGENCY CONTACTS: Authorized to pick up and care for the student with written or verbal permission

Legal Name: _____	Relationship to student: _____	Primary Phone Number: _____
Legal Name: _____	Relationship to student: _____	Primary Phone Number: _____
Legal Name: _____	Relationship to student: _____	Primary Phone Number: _____

PLEASE READ: California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

Parent/Guardian Initials: _____

EARLY KINDER

SECTION B: HEALTH AND EMERGENCY INFORMATION

Check here if student has NO KNOWN HEALTH PROBLEMS.

Check here if student has KNOWN HEALTH PROBLEMS and check all that apply below.

- ADD/ADHD Asthma Heart Problems Seizures
 SEVERE Allergy to: _____ Diabetes ___Type I ___Type II
 Epi-Pen Other: _____

Check here if student wears glasses/contact lenses.

Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in: Classroom Physical Education
 Explain: _____

List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school, or both. Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.

AT HOME _____
 AT SCHOOL _____

WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

- Resource (RSP) 504 Speech & Language Gifted (GATE)
 Special Day Class (SDC) IEP English Learner Support NONE

*This information does not exclude any student from any Open Enrollment Lottery

Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility and Phone Number _____

Does this student have health insurance? Yes No Does this student have dental insurance? Yes No

Name of Insurance or Health Plan Provider: _____ Student's Medical Record Number: _____

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. Yes No

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

Signature of Person Registering Student

Relationship to Student

Date

EARLY KINDER

Student Name:	Grade:
----------------------	---------------

SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?

No

(Skip to Primary Household.)

Yes

(Complete the table below. Attach additional paper if needed.)

1 st student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
2 nd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
3 rd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
4 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
5 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:

Is there a legal custody agreement regarding this student?

If yes, check: Sole Custody Joint Custody Guardian Foster/Group Home

Is the student involved in any active court orders? No Yes *If yes, what kind?*

Is the student part of an active military family? If yes please enter the Start Date: _____ End Date _____

PRIMARY HOUSEHOLD:

This is the address where the student primarily lives.

Address:	<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Number</td> <td style="border: none; font-size: small;">Street</td> <td style="border: none; font-size: small;">Apt/Lot</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip</td> </tr> </table>	_____	_____	_____	_____	_____	_____	Number	Street	Apt/Lot	City	State	Zip
_____	_____	_____	_____	_____	_____								
Number	Street	Apt/Lot	City	State	Zip								
Mailing Address <i>(if different):</i>	<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Number</td> <td style="border: none; font-size: small;">Street</td> <td style="border: none; font-size: small;">Apt/Lot</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip</td> </tr> </table>	_____	_____	_____	_____	_____	_____	Number	Street	Apt/Lot	City	State	Zip
_____	_____	_____	_____	_____	_____								
Number	Street	Apt/Lot	City	State	Zip								

Parent/Guardian	Full Legal Name: _____
------------------------	------------------------

Date of Birth	Home Phone	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
---------------	------------	------------	------------	---

Email Address:	Relationship to Student:	Contact Preferences <i>(check preferred methods):</i> <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings
----------------	---------------------------------	--

Other Adult in Household	Full Legal Name: _____
---------------------------------	------------------------

Relationship to Student:	Date of Birth	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
---------------------------------	---------------	------------	------------	---

EARLY KINDER

SECONDARY HOUSEHOLD: Complete this section **ONLY** if parents **do not** live in same household.

Address:	Number	Street	Apt/Lot	City	State	Zip
Mailing Address (if different):	Number	Street	Apt/Lot	City	State	Zip

Parent/Guardian Full Legal Name: _____

Date of Birth	Home Phone	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
---------------	------------	------------	------------	---

Email Address:	Relationship to Student:	Contact Preferences (check preferred methods): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings
----------------	---------------------------------	---

Other Adult in Household Full Legal Name: _____

Relationship to Student:	Date of Birth	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
---------------------------------	---------------	------------	------------	---

AUTOMATED MESSENGER CONTACT INFORMATION: Check to *receive automated messages.*

	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL MOST RECENTLY ATTENDED (Attach additional information, if needed.)

School	City and State	Grade Level	Date Started	Date Left

For District Use Only

Proof of Residence	Proof of Immunization	Date/Time Registered	Enrollment Date	Grade	District Official Signature
Type: Verified:	Type: Verified:	Date: Time:			

TYPE OF REGISTRATION

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Program Improvement | <input type="checkbox"/> Intra-district Transfer | <input type="checkbox"/> Inter-district Transfer |
| <input type="checkbox"/> Charter School | <input type="checkbox"/> Over Enrollment – Neighborhood School: | Receiving School: _____ | | |
| <input type="checkbox"/> SHPD | <input type="checkbox"/> Foster Youth | <input type="checkbox"/> In-Transition | <input type="checkbox"/> Special Education – Placement: _____ | |



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1,2,3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸				2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
- For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the first birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

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.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose	12 months after 2nd dose and at least 4 months after 1st dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil’s record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

