



Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

www.loomis-usd.k12.ca.us

Building Excellence in Education since 1856

Gordon T. Medd, Superintendent

Registration Checklist 2nd-8th Grade

Student Name _____ School _____

Date _____ Grade _____

Registration Checklist 2nd-8th Grade

| √ | Documents | Official Use Only |
|---|--|-----------------------|
| | Completed Registration Packet | |
| | Emergency Form/Annual Health Inventory | |
| | Registration Form | Special Services? Y/N |
| | Home Language Survey | |
| | Immunizations Records | |
| | T-DAP- (7 th /8 th Grades) | |
| | Health History | |
| | *Proof of Residence | Intra? Or Inter? |
| | Cum Request | |
| | Intra: Resident School: | Requested School: |

*Proof of Residency for new Enrollments:

All new enrollments will be required to show ONE (1) of each pieces of information showing name and address of resident:

1. One of: Home purchase closing documents, escrow papers or rental/lease agreement.
2. One of: PG & E bill, cable bill, water bill, or driver's license.

No other documents will be accepted. *Initial sales agreements DO NOT meet the requirement.*

If two (2) pieces of documentation showing the name and address cannot be obtained then the parent/guardian can obtain an Inter-District from the district they are currently residing in. Student(s) will be placed at the school where space is available. When they become an actual resident of our district, showing the required documentation, then their status can be changed from an IDA to resident.

**In accordance with California Education Code 49076, school records will be requested from the student's prior school of attendance upon completion of registration paperwork.*



Loomis Union School District
3290 Humphrey Road, Loomis CA 95650
(916) 652-1800 (916) 652-1809 Fax

Emergency Card

If you are returning from the previous school year, has any information changed? Yes No
All students must return a completed emergency card to the school office annually.

Student Name _____ Home Phone _____
(Last) (First)

M () F () Grade _____ Birth date _____

Street Address _____ Town _____ Zip _____

Mailing Address _____ Town _____ Zip _____

Father or Step Father Name (living in the home) _____

Work Phone _____ Cell Phone _____

E-mail _____

Mother or Step Mother Name (living in home) _____

Work Phone _____ Cell Phone _____

E-mail _____

Father or Mother Name (if **NOT** living in the home) _____

Work Phone _____ Cell Phone _____

Address: _____

E-mail _____

By providing my e-mail address above, I agree to receive pertinent information generated from the school and district offices.

If I cannot be reached in an emergency (accident, illness), I hereby grant permission for my child to be released from school to the contact person(s) listed below:

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____

3) _____ Phone _____ Relationship _____

After School Day Care Provider _____ Phone _____

_____ We have a RESTRAINING ORDER # _____

Family Physician _____ Phone _____

What action is to be taken if a complication is due to an allergic or health condition? _____

In case of accident/emergency, *if parent or guardian cannot be reached*, I authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian Signature: _____ Date _____



Loomis Union School District
Annual Student Health Inventory

Returning Students fill out the form in full. Check "Yes", if new condition has occurred in the last year **YES** **NO**

New Students fill out the form in full. Initial any medical condition that pertains to the above named student. Attach a supplemental sheet to this form if you would like to provide more detailed information.

| | | Health code |
|-------------------------|--|--------------------|
| Initial _____ | Condition description Asthma, reactive airway disease, exercise-induced asthma that requires daily medication and/or an inhaler. Please specify (including) asthma triggers _____ | AS |
| _____ | Diabetes, Type 1 or 11; wears insulin pump, uses glucometer Please specify _____ | DM |
| _____ | History of seizures, epilepsy, convulsions or treated with medication Please specify date of last seizure _____ | S |
| _____ | Significant allergic reaction (bees, peanuts, latex, etc.). If uses Epi-pen, MD form req'd Please specify _____ | AL |
| _____ | Learning disability (ADD, ADHD, dyslexia, etc.) that requires medication Please specify _____ | LD |
| _____ | Migraines or significant headaches that impact school performance Please specify _____ | HA |
| _____ | Medication request for school, including prescription or over-the-counter. MD Form Req'd | SM |
| _____ | Orthopedic problems (scoliosis, arthritis, joint problems, cast/traction, etc.) Please specify _____ | OR |
| _____ | Heart condition (murmurs, pacemaker, valve disease, surgical history, etc.) Please specify _____ | CV |
| _____ | Significant recent illness/injury/surgery within the last 12 months (car accident, broken bone, Mononucleosis, Lyme disease, Whooping cough, Chicken pox, etc.) Please specify _____ | HHx |
| _____ | Medications taken at home on a daily basis, including vitamins and herbal supplements Please specify _____ | HM |
| _____ | Sensory deficit (hearing or visually impaired, hearing aids, glasses, contact lenses, etc.) Please specify _____ | SEN |
| _____ | Hepatitis A, B, or C, positive TB test, HIV, Meningitis or infectious disease Please specify _____ | INF |
| _____ | Depression, anxiety/panic disorder, schizophrenia, previous suicide attempts and/or on daily Mental health medications or treatment Please specify _____ | MH |

My signature indicates that I understand the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

Parent Signature _____ Date _____

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For Office Use Only

Date Rec'd _____

Hm. School _____

Intra _____

Inter _____

Today's Date: _____

STUDENT REGISTRATION FORM

Child's LEGAL Name: _____ M F Grade: _____ DOB: _____
(Last) (First-Not Nickname) (Middle)

Age: _____ Child's Preferred Name (ALIAS) if different from legal name: _____

Parent/Guardian: _____ Phone: _____ Father's Work: _____ Mother's Work: _____

Physical Address: _____
(House # & Street Name) (City) (State) (Zip)

Mailing Address **If Different:** _____
(House # & Street Name) (City) (State) (Zip)

Home Language – Which language is spoken most frequently in your home? (Check one) English (00)

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Portuguese (06) | <input type="checkbox"/> Farsi (Persian) (16) |
| <input type="checkbox"/> Spanish (01) | <input type="checkbox"/> Japanese (08) | <input type="checkbox"/> French (17) |
| <input type="checkbox"/> Vietnamese (02) | <input type="checkbox"/> Khmaf (Cambodian) (09) | <input type="checkbox"/> German (18) |
| <input type="checkbox"/> Cantonese (03) | <input type="checkbox"/> Arabic (11) | <input type="checkbox"/> Russian (29) |
| <input type="checkbox"/> Korean (04) | <input type="checkbox"/> Armenian (12) | <input type="checkbox"/> American Sign Language (37) |
| <input type="checkbox"/> Filipino (05) | <input type="checkbox"/> Dutch (15) | <input type="checkbox"/> Other (please specify): _____ |

Federal Race and Ethnicity Data Collection – Please complete part A & B

A. Is this student Hispanic or Latino? (Select only one) No, not Hispanic or Latino Yes, Hispanic or Latino?

B. What is this student's race? (Select one or more) You must check at least one. If more than one please check all that apply.

- White (700) Black or African American (600) American Indian or Alaskan Native (100)

Asian – Specify (see below)

Native Hawaiian or Other Pacific Islander (see below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Hawaiian (301) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Guamanian (302) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Filipino (400) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Other Pacific Islander |

Birthplace: City: _____ State: _____ Country: _____

If Country is other than US, please complete the following:

Arrival date in US: _____ Date of initial enrollment in a US School: _____ Date of enrollment in CA school: _____

If born outside the United States or U.S. Territories, was child born to United States military or United States diplomatic personnel? Yes No

The Loomis Union School District accepts all students, regardless of their birthplace and immigration status.

Parent Education Level- Please mark the education level of the most educated Parent

- Not a High School Graduate (1)
 High School Graduate (2)
 Some College (3)
 College Graduate (4)
 Graduate/Post Graduate Training (5)

Residence – Where is your child currently living?

This information is federally mandated by No Child Left Behind- Please check appropriate box/es.

- In a single family permanent residence-house, apartment, condominium, mobile home
 In or awaiting foster care placement
 With more than on family in a house or apartment
 In a motel, car or campsite
 With friends or other family members-other than parents, grandparents or legal caregiver
 In a group home
 In a shelter or transitional housing program

With whom does the student live: (Check all that apply)

- Father Mother Both Step-Father Step-Mother Foster/Group Home Other

Is the above checked person(s) the student's LEGAL guardian? YES NO If NO, please obtain a "Caregiver's Authorization Affidavit."

If Foster or Group Home, name of organization: _____ Name of Case Worker: _____ Phone: _____

Contact Information

Check one: Father Step-Father Guardian Name: _____

Employer: _____ Occupation: _____ Work phone (with area code): _____

Cell #: _____ Email: _____

Check one: Mother Step-Mother Guardian Name: _____

Employer: _____ Occupation: _____ Work phone (with area code): _____

Cell #: _____ Email: _____

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

Full Name: _____ Address: _____ Phone: _____

Special Services

Is your child currently enrolled in special education class or receiving special support services? YES NO

If YES, check type of program (s): Resource (RSP) Special Day (SDC) 504 Plan Speech/Language

Hearing Vision GATE Occupational Therapy English Learner Other: _____

Is your child currently under an Expulsion Order from another school district? YES NO If YES, what district: _____

Student's last school of attendance: _____ **Complete Address of School:** _____

OTHER CHILDREN IN FAMLY ATTENDING LUSD SCHOOLS: _____ (City) _____ (State)

| Name | Birth Date | Name | Birthdate |
|------|------------|------|-----------|
| | | | |
| | | | |
| | | | |

*I certify that the above information is correct and understood any incorrect information could compromise the enrollment of my student.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

FOR OFFICIAL USE ONLY:

EVIDENCE OF BIRTH for First-Time TK/Kindergarten

Registration form Verified by (Registrar) _____

- Birth Certificate
 Baptismal Record
 Passport
 Affidavit
 Notice of Birth Registration

Verification of School residence: Street Address verified _____

Inter District Agreement verified _____



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HOME LANGUAGE SURVEY*

Student's Legal Name: _____
Last Name First Name Middle Name

School: _____ Date of Birth (Month/Day/Year): _____ Grade Level: _____

**A Home Language Survey (HLS) MUST ONLY be completed for NEWLY ENROLLED students in grades K-12. Parents or guardians who have previously completed a Home Language Survey do not need to complete this form a second time.*

Directions to Parents and Guardians:

The California Education Code requires schools to determine the language(s) spoken in the home of each student. If the Home Language Survey indicates a language other than English on the first three questions, or if it is believed through observation that the student speaks a language other than English, the student will be assessed for their English language proficiency.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently use at home? _____
3. Which language do you use most frequently use to speak with your child? _____
4. Name the language(s) most often spoken by the adults at home? _____

Please sign and date this form in the spaces provided below. Thank you for your cooperation.

Signature of Parent or Guardian

Date

For Office Use Only/ Solo para el uso de la escuela:

- Yes Completed HLS recorded on Aeries Language page
- Yes n/a EL Coordinator informed if a language other than English indicated
- Yes Completed HLS filed in cum



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Health History New Student Enrollment

Note: Your child's success in school depends to a great extent on his/her physical well-being. Completion of this Health History form is optional, but the information obtained will help the School Nurse in identifying any health or educational needs of your child and will be kept confidential for school personnel use only.

| | |
|----------------------|-----------------------|
| Student Name: | Date of Birth: |
|----------------------|-----------------------|

Names and ages of other children in family:

| | |
|-------|------|
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |

Are there any additional residents in the home? Yes No

| |
|--|
| If yes, please list and provide relationship to student: |
|--|

| | |
|---|---------------|
| Date of last physical examination: | Completed by: |
| Date of last dental examination: | Completed by: |

Has your child had a professional eye exam? Yes No

| |
|--|
| If yes, <u>Date of Last Exam:</u> |
| Does your child wear glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, <u>when should glasses be worn?</u> |

Birth History:

| |
|---|
| Pregnancy: (Any complications or abnormalities?) |
| Delivery: (Any complications or abnormalities?) |
| Condition at Birth: (Any complications or abnormalities?) |

Developmental History:

Please provide the approximate age at which your child reached the following milestones:

| | | |
|---------------------|-----------------|--------------------|
| Sat unassisted: | Walked: | Spoke First Words: |
| Spoke in Sentences: | Toilet Trained: | |

Handedness: Right Left

Any challenges with: Thumbsucking Behavior Speech/Language

Bowel or Bladder Control Other- Explain_____

(please complete reverse side)

Health History:

Has your child had any of the following? (Please check and describe)

| |
|--|
| <input type="checkbox"/> Serious Illness: |
| <input type="checkbox"/> Serious Accidents: |
| <input type="checkbox"/> Operations or Hospitalizations: |
| <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Frequent colds, minor illness |
| <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Learning Difficulties |

Does your child take any medication on a regular basis? Yes No

If yes, please list: _____

Does your child have any limitations or special conditions to be watched at school?

No Yes Explain: _____

Health Habits/Behavior:

| |
|---|
| Eating Habits: <input type="checkbox"/> Good <input type="checkbox"/> Fussy <input type="checkbox"/> Poor |
| Food Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____ |
| Sleep Habits: <input type="checkbox"/> Sound Sleeper <input type="checkbox"/> Restless <input type="checkbox"/> Night Terrors |
| Number of Hours of Sleep per night: _____ |
| Personality: <input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive <input type="checkbox"/> Leader <input type="checkbox"/> Follower |
| Behavior: <input type="checkbox"/> Easy/Average <input type="checkbox"/> Challenging <input type="checkbox"/> Hard to Manage |
| Activity Level: <input type="checkbox"/> Inactive <input type="checkbox"/> Very Active <input type="checkbox"/> Average |
| Play preference: <input type="checkbox"/> With others <input type="checkbox"/> With self <input type="checkbox"/> Gets along with other children |
| Self care: <input type="checkbox"/> Feeds self <input type="checkbox"/> Dresses self <input type="checkbox"/> Ties shoes |

Are there any concerns (health, family, learning, etc.) the school staff should know?

Completed by:

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

Thank you!

If you have any additional health concerns to share, please contact your School Nurse.

| | | |
|---|---|--|
| Sheree Palma RN MSN School Nurse Placer/Penryn/Ophir Schools | Wendy Freeman RN School Nurse Loomis/HC Powers Schools | Karen Jarvis RN School Nurse Franklin /LBCS Schools |
|---|---|--|



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Dear Parents,

The purpose of this form is to request that your child's records be forwarded to the Loomis Union School District. Please complete the bottom portion of this form indicating the school that your child will be attending and return it with your enrollment packet.

Thank you.

Your former student: _____

Date of birth: _____

We are requesting the above student's cumulative records, including transcripts, most current achievement scores, health data, psychological and special education records, social and emotional information and any other pertinent information to be sent to:

Franklin Elementary School
7050 Franklin School Road
Loomis, CA 95650
(916) 652-1818

Loomis Grammar School
3505 Taylor Road
Loomis, CA 95650
(916) 652-1824

Placer Elementary School
8650 Horseshoe Bar Rd
Loomis, CA 95650
(916) 652-1830

H. Clarke Powers Elementary School
3296 Humphrey Road
Loomis, CA 95650
(916) 652-2635

Penryn Elementary School
6885 English Colony Way
Penryn, CA 95663
(916) 663-3993

Ophir Elementary School
1373 Lozanos Road
Newcastle, CA 95658
(530) 885-3495