

STUDENT'S PREVIOUS SCHOOL INFORMATION / SCHOOL AND DISTRICT MOBILITY

School Name: _____ City _____ State _____ Last day attended: _____

Phone number: _____ Fax number: _____ If out of the County: City, State, Country _____

Has your student previously attended public school? Yes No If yes, what was your student's first day of school? _____Has your student ever been enrolled in the Mark Twain Union Elementary School District? Yes NoHas your student ever withdrawn from U.S. schools? Yes No If yes, what is the most recent date of re-entry? _____

Date your student first entered U.S. School _____ Date you student first entered State School _____

ADDITIONAL STUDENT INFORMATIONIs there a restraining order in effect? Yes No If yes, against whom? _____ Proof provided? Yes NoHas your student ever been retained? Yes No If yes, what grade? _____Has your student ever been given the ELPAC (English Language Proficiency Assessments for California)? Yes No Don't KnowHas your student ever been referred to SARB (School Attendance Review Board)? Yes No If yes, what school? _____Is your student currently receiving any of the following services? 504 Plan Special Education (IEP) Yes No If yes, was your student enrolled in a Special Day Class setting? Yes NoIs your student currently expelled or pending expulsion? Yes No If yes, what school and district? _____**STUDENT MEDICAL HISTORY**Does your student have a medical condition? Yes No If yes, please specify condition. Heart Disease Epilepsy Diabetes Migraines Asthma: Carries Inhaler Yes No Other _____
Please specify

SEVERE Allergic Reactions to: _____

STUDENT ETHNICITY AND RACE INFORMATIONIs your student Hispanic or Latino? Yes No If yes, is your student new to the United States? Yes No

Please check one or more boxes below to indicate what you consider your student's race:

 American Indian or Alaskan Native Asian: Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian Hmong Other Asian Pacific Islander: Hawaiian Guamanian Samoan Tahitian Other Pacific islander _____ Filipino Black or African American White**RESIDENTIAL STATUS**As of today, the student being registered is living in: single family permanent residence (house, apartment, condo, mobile home) Temporarily Double up (sharing housing with others due to economic hardship) Shelter Car/Campsite/Trailer/Vacant Building Hotel/Motel Foster Family Home/Kinship Placement**SIBLINGS IN SAME HOUSEHOLD**Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____**PARENT SIGNATURE AND PERMISSION MEDICAL RELEASE**

I certify that all the above information is correct, and I am the parent and/or legal guardian of the named student.

Your signature below indicates you have given permission for emergency medical care under the supervision of Mark Twain Union Elementary School District

X _____
Parent/Guardian Signature Date

It is the responsibility of the parent/guardian to notify the school IMMEDIATELY of additions or changes to this information. I declare under penalty of perjury under the laws of the state of California that the information provided in this registration form is true and correct.

Mark Twain Union Elementary School District

Copperopolis Elementary

Mark Twain Elementary

Custody Issues

The courts must handle custody disputes. The school has NO LEGAL JURISDICTION to refuse a biological parent access to their child and/or school records. The only exception is when a signed restraining order or proper divorce papers, specifically stating court ordered visitation, limitations, are on file in the school office. Should any such situation become a disruption to the school, the Police Department will be contacted and an Officer will be requested to intervene.

**PARENTS ARE ASKED TO NOT INVOLVE THE
SCHOOL SITE IN CUSTODY MATTERS.**

The school will make every attempt to reach the custodial parent when another parent or any person not listed on the Emergency Card attempts to pick up your child. Please attach most recent court orders.

Signature of Parent/Guardian

Child's Name

Date _____

Mark Twain Union Elementary School District
Mark Twain Elementary School
PO Box 1239/646 Stanislaus Ave.
Angels Camp, CA 95222
Ph (209)736-6533 / Fax (209)736-6537

STUDENT CUMULATIVE RECORD REQUEST

Date: _____

Last school attended: _____

Address: _____

Phone number: (____) _____ Fax (____) _____

The following student(s) have enrolled at Mark Twain Elementary. Please forward cumulative records, health records, and other pertinent information.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any questions, please contact our office at (209) 736-6533 or fax us (209) 736-6537.

Requested by _____ Parent Signature _____

Harmony Skrobecky
hskrobecky@mtwain.k12.ca.us
School Office Manager

From the Nurse's Desk



Mark Twain Union Elementary School District
Mark Twain Elementary School Phone 209-736-6533 ♦ Fax 209-736-6537
Copperopolis Elementary School Phone 209-785-2236 ♦ 209-785-4903

ANNUAL STUDENT HEALTH UPDATE

(Circle Response)

Student Last Name _____ First Name _____ Middle Name _____ Birthdate _____ Grade _____ M F

Doctor _____ Dentist _____

Yes No Allergies: Requires medication? Yes or No When? _____
Name of Medication _____ Allergic to? _____

Yes No Asthma: **Mild Moderate Severe**
Requires inhaler/medication? Yes or No
Name of medication _____
Will your child require medication at school? Yes or No

Yes No Bee Sting sensitivity: Localized swelling Hives/rash Breathing problems
Will your child require medication/Epi-pen at school? Yes or No
Name of medication: _____

Yes No Diabetes: Type 1 Type 2
Taking medication?
Will you child require medication at school? Yes or No

Yes No Epilepsy (convulsions): Date of last seizure: _____
Requires medication? Yes or No Name of medication: _____

Yes No Heart Disease: Diagnosis: _____
Physical restrictions _____
Requires medication Yes or No Name of medication: _____

Yes No Migraine Headaches: How frequent? _____
Requires medication? Yes or No Name of medication: _____

Yes No Frequent ear infections: Requires medication? _____

Yes No Hearing Loss: Right Left Both Needs preferential seating? Yes or No
Percentage of hearing loss _____ Wears a hearing aid? _____
Audiologist Name: _____ Last exam date: _____

Yes No Vision problems: Wears glasses contacts? To be worn for reading only? _____
To be worn all the time? _____ Last eye exam? _____

Yes No Speech problems: Presently seeing a therapist? Yes or No For how long? _____

Is your child taking any other medication? Yes or No For what condition? _____
Medication name _____

Any other health or behavior information you would like us to be aware of? _____

Parent signature: _____ Date: _____

Library Use Agreement

The Library will open to all students during school. Students may check out two books (except kindergarten, which may check out one at a time) from the library. Please see that your child returns his/her books during the school year, as we do lose some very valuable books and they are very, very hard to replace. *Parents will be responsible for books if they are lost or not returned and report cards will be held.*

I agree to accept responsibility for all library materials checked out in my name and to return them on time and in good condition. Students through 4th grade require permission of parents or guardian in order to check out upper grade materials. The above named applicant has my permission to check out material from the library and upper grade materials.

PHOTO RELEASE FORM

Without this authorization we CANNOT acknowledge your child's accomplishments in our newsletter.

Mark Twain Elementary School District publishes names and/or pictures of students who participate in sports and other class activities or who achieve Honor Roll, Student-of-the-Month, special awards, sports, and other classroom activities in our newsletters or releases the information to local newspapers and social media.

Addresses and phone number are NOT released!

COMPUTER / INTERNET ACCEPTABLE USE AGREEMENT

I understand that the School District will provide me access to computers and the internet for educational purposes ONLY. The access is a privilege, not a right. I understand the consequences for failing to adhere to the District's regulations regarding computer and internet use. I agree not to hold the District responsible and shall agree to indemnify and hold harmless the District and all District personnel for the failure of any technology protection measures, violations of copyright restrictions, user's mistakes or negligence of any costs incurred by users.

Student Agreement

I have read and understand, and will abide by the following regulations in the Student Code of Conduct booklet:

1. Computer/Internet Use, Rules and Procedures
2. Internet Use Guidelines
3. Student Use of Technology Instructions - BP6163.4(a) and AR6163.4(a)

Parent Agreement

I am the parent/guardian of the student named above. I request that he/she be given access to computers and the Internet for educational purposes and in accordance with the District's rules and regulations. My student will receive education in digital citizenship. I have reviewed the above regulations with my student.

