



Mother Lode Union School District

3783 Forni Road * Placerville CA 95667 * (530) 622-6464 * Fax (530) 622-6163

REGISTRATION CHECK OFF FORM

It is absolutely necessary to have the following items in order to turn in registration papers. The following items are to be initialed by a Mother Lode District staff member as they are met.

- 1) Your child's original birth certificate
- 2) An immunization record that has been initialed or stamped by the Physician's office supplying the appropriate dates
- 3) Student Registration
- 4) Proof of residency in the Mother Lode Union School district (i.e. utility bill, rental agreement, escrow papers, etc.)
- 5) Student Residency Questionnaire

The Mission of the Mother Lode Union School District is the successful education of every student.

Student Last Name:

First Name:

School:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif. English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – Where is your child/family currently living? (federally mandated) – Please check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> Doubled up (sharing housing with other families not due to economic hardship) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> In a shelter or transitional housing program | _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

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

Is the above (checked) person(s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check box and attach most recent agreement:

- Joint Custody (%_____ Mother %_____ Father) Sole Custody Guardian

Armed Forces

Does the student have a Parent or Guardian in the Armed Forces on Active Duty or Full Time National Guard? Yes No

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step-Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Phone # _____
2. Mother Step-Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Phone # _____

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

Full Name: _____ Phone# _____ Email: _____

Mailing Address: _____ City: _____ State _____ Zip _____

MOST RECENT SCHOOL ATTENDED:

School	Address / City / State / Zip	Grades(s)	Date(s)

Has your child ever repeated a grade? Yes No If Yes, which grade? _____

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

What special services is your child currently receiving? **(please check all boxes that apply)**

Special Education: Resource (RSP) Special Day Class (SDC) Speech & Language

Other: 504 Other (Specify) _____

Signature of

Parent/Guardian: _____ Date: _____

Below for School Use Only

Proof of Birth:	Proof of Immunization:	Proof of Residence:	Interdistrict Attendance Agreement:	Enroll Date:	Assigned Grade:	Permanent ID:
Type: _____	Type: _____	Type: _____	Dist of Residence: _____			
Verified by: _____	Verified by: _____	Verified by: _____	Date Received: _____			

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Proof of Residence Verification

Student Name: _____ Parent Name: _____

Address: _____ City: _____

Please provide one (1) form of Verification:

Tax _____ *Utility* _____ *Rental* _____ *Escrow*
Record _____ *Billing* _____ *Agreement* _____ *Papers* _____

Other _____ *Explain:* _____

Signature _____ *Date* _____ *Verified by* _____

Date _____

**MOTHER LODE UNION SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE**

This document is intended to address the McKinney-Vento Assistance Act.

Your answers will help determine documents necessary to enroll your child quickly and to determine if you are eligible for some additional educational supports.

Student Name – Last		First	Middle
Gender (circle one): M F	Date of Birth:		Grade:
School		Teacher	

- I am (Select one):
 - the parent/legal guardian of the above-named student
 - a caretaker (but not a parent/legal guardian of the above-named student. (Relationship: _____))
 - a Foster parent of the above-named student.
- Do you and your student live in a fixed, regular, and adequate nighttime residence? **Yes** ___ **No** ___
- Do you and/or the student live in:
 - a shelter
 - motel/hotel
 - in a car or RV
 - at a campsite
 - transitional housing (e.g., Hope House, Safe House, Progress House, Mentor House, New Mornings, etc)
 - apartment/house
 - other location _____
- Do you and/or the student live with any of the following people due to a loss of housing or economic hardship:
 - grandma/grandpa
 - aunt/uncle
 - cousin(s)
 - friend(s)
 - Other: _____
 - Does not apply
- Is your current living situation intended to be: Temporary OR Long-term
- How many people are living in the home? _____ How many bedrooms are there? _____

Name of Parent(s)/Legal Guardian/Caregiver	
I can be reached for emergencies at the following address:	
Phone:	Cell Phone:
I receive mail at:	

Siblings (include children from 0-21 years)

Name	Age/Grade	School

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3783 Forni Road
Placerville CA 95667
(530)622-6464

CHARLES BROWN SCHOOL
6520 Oak Dell Road
El Dorado, CA 95623
(530) 622-5775

INDIAN CREEK SCHOOL
6701 Green Valley Road
Placerville, CA 95667
(530) 626-0765

HERBERT GREEN SCHOOL
3783 Forni Road
Placerville, CA 95667
(530) 622-4668

Attendance

The primary responsibility for regular and punctual attendance is that of the parents and students. School staff will work closely with students and parents to assist them in meeting this responsibility

Regular and punctual attendance will help increase student academic growth. Some student absences are unavoidable. California Education Code Section 46010 states that the only valid reasons for absence from school are:

1. Illness or injury to the child.
2. Quarantine of the home by a health official.
3. Doctor or dentist's appointment that can only be scheduled during school hours.
4. Attendance at funeral services of immediate family.

Excused absences no longer count toward school funding for ADA. This means that absences, excused or unexcused, reduce our district's general fund as well as your child's successful learning time in school. Please be sure to assist your child in maintaining exemplary attendance to insure the best possible education for him/her, as well as maximum state funding for student attendance. Absence notes will still be collected to verify excused and unexcused absences for compulsory education under Education Code 48200.

If this information is not received within a reasonable time after the absence, calls must be made or notes sent home to verify the reason. This is a very time consuming job for the office staff and every effort should be made by parents to get absence notes or calls to the school as soon as possible.

Students who arrive after the start of the school day or leave before the end of the school day are required to check in/out of the school office. Prompt attendance is an important factor in classroom success. Every effort should be made to be in school at the start of each day on time.

I have read and understand the above information pertaining to attendance in the Mother Lode Union School District. I agree to make every effort to be sure that my child attends school promptly and on a regular basis.

Name: _____ Date: _____

Student Emergency Information Form

FOR OFFICE USE ONLY: AERIES DATE _____ BY _____

Teacher/Homeroom: _____

STUDENTS LEGAL NAME: (LAST, FIRST, MIDDLE)		BIRTHDAY: (MM-DD-YY)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	GRADE:
PHYSICAL ADDRESS: (STREET, CITY, STATE, ZIP CODE)		PRIMARY PHONE # FOR SCHOOL NOTIFICATIONS:		
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)		HOME PHONE:	STUDENT'S CELL PHONE:	
<input type="checkbox"/> CHECK IF THIS REFLECTS ADDRESS CHANGE		<input type="checkbox"/> LEGAL PAPERS ON FILE:		

Do you and/or your student live in: a shelter, motel/hotel, in a car or RV, at a campsite, transitional housing (e.g., Hope House, Safe House, Progress House, Mentor House, New Mornings), an apartment/house with friends or family members (in addition to a parent/legal guardian due to loss of housing or economic hardship)

FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker (Not a parent/legal guardian)		<input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent		LIVING WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker (Not a parent/legal guardian)		<input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent		LIVING WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT/GUARDIAN NAME:						PARENT/GUARDIAN NAME:					
ADDRESS IF NOT LIVING WITH STUDENT: (STREET, CITY, ZIP CODE)						ADDRESS IF NOT LIVING WITH STUDENT: (STREET, CITY, ZIP CODE)					
HOME PHONE:			CELL PHONE:			HOME PHONE:			CELL PHONE:		
PARENTS E-MAIL:						PARENTS E-MAIL:					
EMPLOYER:			WORKPHONE:			EMPLOYER:			WORKPHONE:		

In case the student's parent/guardian cannot be reached, the school will contact and/or release the student to the following adults:

ADULT'S NAME	DAY-TIME PHONE	CELL PHONE	RELATIONSHIP TO STUDENT/FAMILY
1.			<input type="checkbox"/> Grandma/Grandpa <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Relative _____ <input type="checkbox"/> Friend LIVING WITH STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Grandma/Grandpa <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Relative _____ <input type="checkbox"/> Friend LIVING WITH STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Grandma/Grandpa <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Relative _____ <input type="checkbox"/> Friend LIVING WITH STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS (even those not in school):

Name: _____ Age: _____ School: _____
 Name: _____ Age: _____ School: _____
 Name: _____ Age: _____ School: _____

MEDICAL INFORMATION (PLEASE CHECK YES OR NO)

Allergic Reactions: Yes No If yes, type of allergies: _____
 Asthma: Yes No If yes, type of medication taken: _____
 Other medical conditions that would affect your child at school: Yes No If yes, type of treatment: _____
 Medication taken regularly: Yes No If yes, list type(s) of medication, dosage and schedule: _____

NOTE: No medication can be administered to students during school by school staff, including over-the-counter medicine such as aspirin, Tylenol, etc., without a Medication in School Form on file and the medication in the bottle or original container. **California Education Code 49423.**

Does your child have health insurance? Yes No*

*If you checked "No" your child may be eligible for free or low-cost health insurance through Medi-Cal or Covered California. More information is available in your school office.

DOCTOR: _____ Address: _____ Phone: _____

HEALTH INSURANCE CARRIER: _____ Policy Number: _____

I/WE authorize the District's authorized personnel to administer First-Aid and to obtain medical care for my child in the event of an emergency, illness, accident or injury (including necessary transportation).

I/WE authorize such care and treatment to be performed by any licensed physician or surgeon. I/WE agree to bear all costs incurred as a result of the foregoing.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

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(530) 626-9695 Fax

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Placerville, CA 95667
(530) 622-4668
(530) 622-4680 Fax

REQUEST FOR CUMULATIVE RECORDS

Date: _____

To: School Name and complete address of school or home school last attended

Pupil Name	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) is / are now enrolled at: Charles Brown Elementary
 Indian Creek Elementary
 Herbert Green Middle School

Please send the following: Cumulative File Discipline File
 Confidential File Health Immunization Records

Please send complete information by forwarding the cumulative records folder, or a copy of it, including a complete transcript of the work accomplished at your school. Also include any confidential files, standardized test scores, health and immunization records of the above student(s).

Note: The Federal Family Rights and privacy Act of 1974 and California Law do not require the school forwarding students records to obtain parent permission to release records.

Parent/Guardian Signature

By: _____
School Clerk