



MOTHER LODE UNION *School District*

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

Curtis Wilson, Superintendent
Board of Trustees
Glen Sellers, President
Cathy Wilson, Clerk
Valerie Baker, Member
Nancy Cahill, Member
Bridget Hartshorn, Member

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.

_____ Completed pupil registration forms.

_____ Original **certified** birth certificate (**DO NOT BRING A PHOTOCOPY**) or **Original** valid proof of birth such as baptismal certificate, hospital issues proof of birth, or passport.

_____ Proof of Residency (Physical Address) (i.e., utility bill, rental agreement, escrow paper or property tax record.

_____ Immunization records (Nurse will verify as to completeness)

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

**MOTHER LODE UNION SCHOOL DISTRICT (MLUSD)
STUDENT REGISTRATION**

GRADE

Student Last Name: _____
First Name: _____
School: _____

▶ Has your student ever attended Mother Lode USD before? Yes No
 ▶ If yes, please circle last school attended and indicate last year and grade attended
 Indian Creek _____ / _____ grade year Herbert Green _____ / _____ grade year Charles Brown _____ / _____ grade year

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name
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Male Female Birth Date: | mm ____ | dd ____ | yyyy _____

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
		Email _____	Cell _____

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
		Email _____	Cell _____

Mailing Address	Apt #	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
(P.O. Box or House # & Street Name)				

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? Please check all that apply (you may select up to five racial categories)

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Fillpino/Fillpino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

Not a High School Graduate (14)
 High School Graduate (13)
 Some College or Associate's Degree (12)
 College Graduate (11)
 Graduate Degree or Higher (10)

Date student first attended school in the U.S.		
Month	Day	Year
Date student first attended school in California		
Month	Day	Year

BIRTHPLACE: City _____ State _____ Country _____

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
5. 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	Grade(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: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Interdistrict Attendance Agreement: Dist of Residence: _____ Date Received: _____	Enroll Date: _____	Assigned Grade: _____	Permanent ID: _____
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Mother Lode Union School District
3783 Forni Road
Placerville CA 95667

Proof of Residence Verification

Student Name: _____ Parent Name: _____
Address: _____ City: _____

Method of Verification:

Tax Record _____ Utility Billing _____ Rental Agreement _____

Escrow Papers (show closure of escrow) _____

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 our child quickly.

Student Name - Last		First	Middle
Gender: Male	Female	Date of Birth:	Grade:
School		Teacher	

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to a loss of housing? Yes No Economic Hardship? Yes No
3. Are you enrolling a foster child? Yes No

*** If you answered "YES" to any of the above questions, please complete the remainder of the form. If you answered "NO," STOP NOW.**

4. Do you and/or the student live in:
- a shelter
 - motel/hotel
 - temporarily with another family in a house, mobile home, or apartment
 - in a car or RV
 - at a campsite
 - transitional housing (Hope House, Women's Center, Progress House, Mentor House, Grace Place)
 - other location _____

5. The student lives with:
- one parent friends
 - two parents an adult that is not the legal guardian.
 - a qualified relative alone with no adult(s)

6. I am:
- the parent/legal guardian of the above-named student
 - a qualified adult relative of the above-named student (relationship: _____)

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

Note to school staff: Please route a copy of the questionnaire to the MLUSD Counselor if answers to questions #1, #2, or #3 are "YES."

Mother Lode Union School District
3783 Forni Road
Placerville, CA 95667
(530)622-6464

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: _____

MOTHER LODE UNION SCHOOL DISTRICT HEALTH ENROLLMENT REQUIREMENTS

Congratulations, your child is about to enter school! Mother Lode Union School District is committed to assuring that your child has success in school. As the school nurse it is my responsibility to be sure your child:

- Has been fully immunized.
- Will obtain a physical exam after February 9, 2023.
- Will receive a dental exam by May 31, 2024

The purpose of these requirements and assessment is to detect unrecognized health problems that may interfere with your child's ability to learn and be successful.

IMMUNIZATIONS: We want to make sure ALL eligible students are able to attend the first day of school. Students with incomplete immunizations will not be allowed to attend school until immunizations are brought up to date.

Effective January 1, 2016, only students who have received the following vaccines will be admitted to public school:

- Polio —4 doses (3 if last dose was given on or after 4th birthday)
- DTaP (Diphtheria, Tetanus and Pertussis) — 5 doses (4 if last dose was given on or after 4th birthday)
- MMR (Measles, Mumps and Rubella) — 2 doses (both given on or after 1st birthday)
- Hepatitis B —3 doses
- Varicella (Chicken Pox) —2 doses

Personal Beliefs Exemptions PBE for either religious or other personal beliefs will no longer be accepted.

Medical exemptions from immunizations may be granted with a note from your physician, see detailed information at shotsforschools.org.

Immunizations can be obtained from your personal physician or at the El Dorado County Health Department. For information regarding immunization clinic dates and times call 530-621-6100.

PHYSICAL EXAM: A physical exam done after February 9, 2023, will satisfy this requirement. The attached "Report of Health Examination for School Entry" form should be completed by your physician. If you need assistance in obtaining a free physical, call the El Dorado County Health Department at 530-621-6110. Return the completed form to school so your child's records can be updated. If you do not wish to have your child examined, you may sign a waiver form, which is available in the school office.

DENTAL EXAM: Your child is required to have a dental check-up prior to May 31, 2024. Please see the attached information and resources regarding this requirement. The "Oral Health Assessment/Waiver" form needs to be completed by your dentist and returned to school* If you cannot take your child for the required exam, please indicate the reason in Section 3 of the form and return it to school.

FOR MORE DETAILED INFORMATION and RESOURCES REGARDING THESE HEALTH ENROLLMENT REQUIREMENTS PLEASE VISIT OUR WEBSITE

Student Emergency Information Form

FOR OFFICE USE ONLY: AERIES DATE: _____ BY: _____

Teacher/Room: _____

STUDENTS LEGAL NAME: (LAST FIRST, MIDDLE)		BIRTHDAY: (MM-DD-YY)	GENDER: Male Female	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 family members (in addition to parent/legal guardian due to loss of housing or economic hardship)

FAMILY INFORMATION

<input type="checkbox"/> FATHER <input type="checkbox"/> Stepfather Living with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caretaker (Not a parent/legal guardian)		<input type="checkbox"/> MOTHER <input type="checkbox"/> Stepmother Living with Student <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caretaker (Not a parent/legal guardian)	
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 <input type="checkbox"/> LIVING W/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 <input type="checkbox"/> LIVING W/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 <input type="checkbox"/> LIVING W/STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS (even those not in school):

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

ARMED SERVICES (PLEASE CHECK YES OR NO) Does the student have a parent/guardian serving **fulltime** in the United States Armed Services? Yes No

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 license's physician or surgeon. I/WE agree to bear all cost incurred as a result of the foregoing.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

MOTHER LODE UNION School District

3783 Forni Road, Placerville CA 95667

(530) 622-6464 Fax (530) 622-6163

Curtis Wilson, Superintendent

INDIAN CREEK SCHOOL

6701 Green Valley Road

Placerville, CA 95667

(530) 626-0765

(530) 626-9695 Fax

HERBERT GREEN SCHOOL

3781 Forni Road

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:

- Indian Creek Elementary
- Herbert Green Middle School

Please send the following: Cumulative File
 Confidential File

- Discipline 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

MOTHER LODE UNION SCHOOL DISTRICT

2023-24 Student Calendar



July

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

January

17

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

August

17

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

February

19

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	

September

20

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

March

15

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

October

22

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

April

21

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

November

16

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

May

18

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

December

15

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

June

15

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28



First Day of School



Last Day of School



Trimester End



Wed. Early Release (Collaboration)



School Closed:

Nov 20-24 Thanksgiving Recess

Dec 22-Jan 5 Winter Break

March 25-29 Spring Break



Legal Holidays

September 4 Labor Day

November 10 Veteran's Day (Observed)

November 23 Thanksgiving Day

December 25 Christmas Day

January 1 New Year's Day

January 15 MLK, Jr. Day

February 12 Lincoln's Day

February 19 Presidents' (Washington's) Day

May 27 Memorial Day



Student Free/Professional Development

August 7 & 8, May 28



Emergency School Closure Make Up Days

March 22, April 1



Minimum Days

October 31 Halloween/District Professional Development

November 13-17 Parent Conference

December 21 District Professional Development

Feb 29, Mar 1 Parent Conference

May 24 Last Day of School