|  |
| --- |
| Has your child ever attended BCOE public schools before: ◇ Yes ◇No Name of school:  |
| **PLEASE PRINT** |  |  |  |
|  |  |  |  |
| Legal Last Name | Legal First Name | Middle Name | Alias  |
|  |  |  |  |  | **Grade enrolling:** |
| ◇ Male ◇ Female | Birth Date: | Month  | Day  | Year |  |
|  |  |  |
| Parent/Guardian Last Name:  | First Name | **Parent email address** |
| Home Phone:  | Work Phone:  | Cell Phone:  |
|  |  |  |
| Spouse of Parent/Guardian Last Name  | First | Spouse email address |
|  |  |  |
| Home Phone | Work Phone  | Cell Phone |
|  |  |  |  / |
| Mailing Address ( P.O. Box or House # and street name | Apt # | City | State /Zip code  |
|  |  |  |  / |
| Residence Address (House # and street name)(IF DIFFERENT) | Apt # | City | State /Zip code  |
|  |
| **School District Where You Live (mark only one):**  |
| ◇ Bangor Union Elementary (21) | ◇ Feather Falls Union Elem (101) | ◇ Marysville Joint Unified(243) | ◇ Red Bluff Union Elementary (342) |
| ◇ Biggs Unified (22) | ◇ Golden Feather Union (121) | ◇ Orland Joint Unified (282) | ◇ Thermalito Union (382) |
| ◇ Chico Unified (41) | ◇ Gridley Unified (123) | ◇ Oroville City Elementary (283) | ◇ Yuba City Unified (481) |
| ◇ Corning Union Elementary (43) | ◇ Los Molinos Unified (226) | ◇ Palermo Union (301) | ◇ Paradise Unified (303) |
| ◇ Durham Unified (61) | ◇ Manzanita Elementary (242) | ◇ Other: |

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| **What is Your Child’s Ethnicity?** (Please check one):  |
| ◇ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin |
| ◇ Not Hispanic or Latino  |
|  |
| **What is Your Child’s Race?** The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate your child’s race. If your child is multiracial, you may select two or more races.  |
| ◇ American Indian or Alaska Native (100) Persons having origin in any of the original people of North, Central, or South America | ◇ African American or Black (600) | ◇ White (700) Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East |
| ◇ Chinese (201) | ◇Japanese (202) | ◇ Korean (203) |
| ◇ Vietnamese (204) | ◇ Asian Indian (205) | ◇ Laotian (206) |
| ◇ Cambodian (207) | ◇ Hmong (208) | ◇ Other Asian (299) |
| ◇ Hawaiian (301) | ◇ Guamanian (302) | ◇ Samoan (303) |
| ◇ Tahitian (304) | ◇ Other Pacific Islander (399) | ◇ Filipino/Filipino American (400) |

**Certification:** I certify that all the information on this form is correct and true to the best of my knowledge and that, I am the parent, legal guardian and/or caregiver of the above named student.

Signature of Parent/Guardian/Caregiver Today’s Date

|  |  |  |  |
| --- | --- | --- | --- |
| Shaded areas for office use only: | LEAD:  |  | STEP UP:  |
| ◇ Returning Student  | ◇ New Student  | Teacher: | Assigned Grade:  | Enrollment Date:  |
| ◇ Proof of Residency  | Verification Date:  | ◇ BC  | ◇ IZ [ ]  | Student ID# :  |
| **Parent Education** – Check the response that describes the education level of the most educated parent.  |  | Date your child first attended school in the U.S.  |
| ◇ Graduate Degree or Higher (5)  |  | Month  | Day  | Year |
| ◇ College Graduate (4) |  |  |  |  |
| ◇ Some College or Associate’s Degree (3) |  | Date your child first attended school in California |
| ◇ High School Graduate (2) |  |  |  |  |
| ◇ Not a High School Graduate (1) |  | Month  | Day  | Year |

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| **Military:** Are you or your spouse full time active Armed Forces or National Guard members? ◇ Yes ◇ No ◇ Both |

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| **Residence**-where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:  |
| ◇ In a permanent residence (house, apartment, condo, mobile home) | ◇ In a motel/hotel |
| ◇ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | ◇ Temporarily unsheltered (car/campsite) |
| ◇ In a shelter or transitional housing program | ◇ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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 one and provide a copy of the agreement: ◇ Joint Custody ◇ Sole Custody ◇ Guardian  |
|  |
| **Student Medical Information:**  |
| List any known allergies to medication, food, or environment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List medical issues which staff needs to be aware of, i.e., asthma, diabetes, seizures, medications, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will your child need to take medications at school? ◇ Yes ◇ No If yes, please complete Medication Authorization form |
| Has your child had any illnesses or accidents during the past year: If so please give dates and details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Special Services:** What special services or Special Education has your child received? (please check all boxes that apply) |
| ◇ Resource (RSP) ◇ Speech ◇ Special Day Class (SDC) ◇ ED ◇504 Plan ◇Help to Improve Attendance/Behavior  |
| ◇ Gifted (GATE) ◇ Remedial Math ◇Remedial Reading ◇ Counseling ◇English Language Development ◇ Other: \_\_\_\_\_\_\_\_\_\_\_ |
| Are there psychological or confidential reports available from your child’s former school?  | ◇ Yes ◇ No |
| Has your child ever been suspended:  | ◇ Yes ◇ No |
| Has your child ever been expelled? | ◇ Yes ◇ No |
|  |
| **Publication Permission:** Do you give your permission for your student’s photograph, recorded images or audio, or student work or name to be displayed publicly, published in print or other media or displayed on our district and/or school’s web site.  |
| ◇ Yes ◇ No Parent/guardian initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **SOCIAL MEDIA USE GUIDELINES FOR STUDENTS AND PARENTS: UNDERSTANDING OF LIABILITY, POLICY AND MEDIA USE EXPECTATIONS:** By signing below I acknowledge that I have read the **BCCS School Social Media Use Guidelines for Students and Parents** *(Handout attached)* and understand and agree to all terms and conditions expressed therein. **Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Acceptable Use Agreement:** As a parent/guardian of a student enrolled in a Butte County Office of Education program or school, I have read the Student Use of Technology Acceptable Use Agreement and I understand this agreement will be kept on file at the school/program site. I am allowing my student to participate in the following: (Please check the appropriate boxes)  |
| ◇ I consent that my child may use a student computer in accordance with the rules outlined in Butte County Office of Education Acceptable Use Agreement.  |
| ◇ I give my consent allowing my child to set up and use email in accordance with the rules outlined in Butte County Office of Education Acceptable Use Agreement.  |
|  Parent/guardian initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **RELEASE OF STUDENT DIRECTORY INFO:** Student Directory Information is released upon request to colleges, representatives of the news media, prospective employers, non-profit organizations and military recruiters according to law unless you chose to opt-out. Information may include student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance, degrees and awards receive,; most recent previous school attended. |
| Section 9528 of the No Child Left Behind Act of 2001 requires schools to release our family’s private information to military recruiters unless we “**opt-out**” in writing. Federal public law 107-110, section 9528 of the ESEA, “No Child Left Behind Act” requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires the school district to notify students and parents of the right to Opt-Out from this by requesting that the district not release students’ information to military recruiters. This form is intended to serve as a request to withhold this information. |
| **Initial to verify that you have read the information above concerning release of student directory information.** |
|  Parent/guardian initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_ High school student initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **OPT-OUT:** Directory Information is released according to law unless you choose to opt-out and inform your child’s school in writing of your choice to opt-out. Student Directory Information may include one or more of the following items: student’s name; address; telephone number; date and place of birth; major field of study; participation in officially recognized activities and sports; weight and height of athletic team members; dates of attendance; degrees and awards received; most recent previous school attended.  |
| **Please initial that you have read and understand the OPT-Out information.** Parent/guardian initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *To opt-out the parent may complete the opt-out section below or complete an OPT-OUT form and return it to the school office at time of enrollment, or by October 31st. .*  |
| **For All Students: Parent/guardian, check appropriate box, initial and date** |
| ◇ I am exercising the right to “opt-out” for my student for release of directory information to **colleges;** |
| ◇ I am exercising the right to “**opt-out**”for my student named above for release of directory information to **representatives of the news media;** |
| ◇ I am exercising the right to “**opt-out**”for my student named above for release of directory information to **prospective employers;** |
| ◇ I am exercising the right to “**opt-out**”for my student named above for release of directory information to **nonprofit organizations**. |
| **( High School Students/Parents Only)** **Military Recruiters:** I am exercising the right to “opt-out” for release of directory information  |
| Parent/guardian initial: \_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_ High school student initial: \_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **RECEIPT OF ANNUAL NOTIFICATION AND PARENTS RIGHTS AND PARENT STUDENT HANDBOOK RESPONSIBILITIES:** Education Code Section 48980 requires schools to provide annual notification of their rights regarding certain school activities to parents and legal guardians of minor students. Education Code Section 48982 requires that parents sign the notice acknowledging that they have been informed of their rights, but not necessarily indicating that consent to participate in any particular program has been given or withheld, and return the signed notice to the student’s school. **I hereby acknowledge receipt of information required by CA Ed Code, section 48980, regarding Annual Notification to Parents and Guardians of Rights & Responsibilities which are published in the Butte County Community School Parent/Student Handbook.** Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_**Closed Campus:** I understand that Butte County Community Schools are closed campuses and my child will not be able to sign in and out throughout the school day. I also understand that my child may not arrive before 8:30 a.m. at LEAD and 8:00 am at STEP UP and must be picked up or released to walk home prior to closing.**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Emergency Contacts:** I grant permission for the persons listed below to pick up my children from school, in the case of illness, emergency and/or discipline. School staff will contact these persons when we are unable to reach parent/guardian/caregiver.  |
| I understand the school will only release my children to the persons on this list and verification of identity will be required.  |
| Name/Relationship to student | Phone#  | Name/Relationship to student | Phone # |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please Note: I understand that under NO circumstances will my children be released to anyone not known to the school without authorization from parent/guardian/caregiver. I understand that it is legal for either parent to pick up a child unless there is a copy of a court order restricting visitation on file with the school.**  |

 |
| **Injury or serious illness:** In the event your student should be injured or seriously ill and we are unable to locate you, your student will be taken to the nearest facility that has a licensed physician. Please provide your student’s medical insurance information below.Medical Insurance provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

|  |  |  |
| --- | --- | --- |
| **Student Birthplace:** City:  | State:  | Country:  |
|  |
| **Most recent school attended:**  |
|  |
| Name, Address or Phone number | City /State:  | Zip Code:  |

**Email Account:** Are you interested in setting up an email account? Please check the box and sign below. Office staff will contact you to set up a date and time to assist you.

◇ Yes, I would like to set up an email account. ◇ No, I have an active email account.

**Certification:** I certify that all the information on this form is correct and true to the best of my knowledge and that, I am the parent, legal guardian and/or caregiver of the above named student.

Signature of Parent/Guardian/Caregiver Today’s Date