



TOGETHER, EVERY DAY

2020 – 2021

Kindergarten

Registration Packet

- | | | |
|--|---|--|
| <input type="checkbox"/> Richard Bard School
622 E. Pleasant Valley Rd.
Port Hueneme, CA 93041
Office 805-488-3583
Fax 805-488-1303 | <input type="checkbox"/> Hueneme School
354 N Third Street
Port Hueneme, CA 93041
Office 805-488-3569
Fax 805-986-8765 | <input type="checkbox"/> Fred Williams School
4300 Anchorage Street
Oxnard, CA 93033
Office 805-488-3541
Fax 805-986-1184 |
| <input type="checkbox"/> Julien Hathaway School
405 E. Dollie Street
Oxnard, CA 93033
Office 805-488-2217
Fax 805-488-1304 | <input type="checkbox"/> Ansgar Larsen School
550 E. Thomas Avenue
Oxnard, CA 93033
Office 805-986-8740
Fax 805-986-8781 | <input type="checkbox"/> Charles Blackstock JHS
701 E Bard Road
Oxnard, CA 93033
Office 805-488-3644
Fax 805-488-1250 |
| <input type="checkbox"/> Art Haycox School
5400 Perkins Road
Oxnard, CA 93033
Office 805-488-3578
Fax 805-488-2459 | <input type="checkbox"/> Parkview School
1416 56th Place
Port Hueneme, CA 93041
Office 805-986-8730
Fax 805-986-8734 | <input type="checkbox"/> E. O. Green JHS
3739 South C Street
Oxnard, CA 93033
Office 805-986-8750
Fax 805-986-8756 |
| <input type="checkbox"/> Hollywood Beach School
4000 Sunset Lane
Oxnard, CA 93035
Office 805-986-8720
Fax 805-986-8719 | <input type="checkbox"/> Sunkist School
1400 Teakwood Street
Port Hueneme, CA 93041
Office 805-986-8722
Fax 805-486-8753 | |



HUENEME ELEMENTARY SCHOOL DISTRICT

"Inspiring and empowering every student to thrive every day."

205 N. Ventura Road, Port Hueneme, CA 93041-3065 • www.hueneme.org • 805-488-3588

WELCOME TO THE HUENEME ELEMENTARY SCHOOL DISTRICT

Dear Parents/ Guardians:

Attached is the registration packet to enroll your child in a school in the Hueneme Elementary School District. Please check off each of the following as completed and when all are completed, return to school office.

- ☐ **EMERGENCY CARE AUTHORIZATION AND HEALTH HISTORY CARD** - In case of illness, accident, or other emergency your child will be released from school only to those persons you list on this card.
- ☐ **STATEMENT OF RESIDENCY** - This form will be considered complete when **one** of the following acceptable verifications is provided.
- ☐ **Proof of Residence** - Acceptable documents are:
- Property tax payment receipts;
 - Rental property contract, lease or payment receipt;
 - Utility service contract, statement or payment receipt;
 - Pay stub;
 - Voter registration;
 - Correspondence from a government agency (welfare, AFDC, etc.);
 - Declaration of residency executed by the student's parent/ guardian.
 - If a family is living in a residence with another family for reasons excluding economic hardship and does not have any of the above verifications, they may complete a Statement of Residency and then the person who has primary responsibility for the residence (owner or lessee) must complete a Statement of Residency and provide one of the acceptable verifications. This second Statement of Residency with its verification then becomes the enrolling student's verification of residence; or
 - If due to economic hardship, a family is living in temporary quarters, the children will be immediately enrolled and begin participating in all activities. The office staff will notify David Castellano, Senior Director, Student Support Services.
- ☐ **PUPIL REGISTRATION FORM** - This form requires the following verifications:
- ☐ **Proof of Birth** - The legal evidences of age, in order of desirability, are a birth certificate, baptismal certificate, passport, immigration certificate, or affidavit from the parent/ guardian.
- ☐ **Proof of Immunization** - This information will be recorded on a California School Immunization Record. Acceptable written evidence of immunization against polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, Hepatitis B and varicella (chickenpox). Last dose of DPT and polio must be given after 4th birthday. Student's immunizations must be current to be enrolled.
- ☐ **REPORT OF HEALTH EXAMINATION for SCHOOL ENTRY (KINDERGARTEN and FIRST GRADE ONLY)**
- These forms require the SIGNATURE AND STAMP of a Health Examiner.***
- ☐ **Record of a Physical Examination** completed within the six months prior to kindergarten entry or a doctor's note specifying appointment date scheduled for the examination. Exceptions can be made only with a signed parental waiver stating reason.
- ☐ **Oral Health Requirement (AB1433)** Children entering public school for the first time, in kindergarten or first grade, are to have a dental check-up by May 31st of the first school year. The evaluation must be completed by a licensed dental professional. Oral health evaluations that occurred within the 12 months prior to school entry also meet this requirement. (Parents may obtain a waiver of this requirement if they cannot find a dental office that takes their child's insurance, cannot afford to pay for it, or the parent chooses not to have their child's oral health evaluated.)
- ☐ **HOME LANGUAGE SURVEY**

ALL DOCUMENTS LISTED ABOVE MUST BE COMPLETED, SIGNED, AND RETURNED IN ORDER TO COMPLETE REGISTRATION.

UNIFORM POLICY

Some schools require school uniforms. Please check your school's policy before purchasing school clothing or uniforms.

Rev. 01/20

EMERGENCY AUTHORIZATION**TO BE FILLED OUT BY PARENT(S) OR LEGAL GUARDIAN(S)**

please print in blue/black ink

Completed card must be returned in order to complete registration

☐ MALE ☐ FEMALE ☐ NON BINARY**STUDENT INFORMATION:**

Last Name _____

First Name _____

Middle Initial _____

BIRTHDATE _____

Home Address: _____

City _____

Zip Code _____

Home Phone # _____

Grade _____

Room # _____

Student ID # _____

DO YOU HAVE COURT-ORDERED CHILD CUSTODY PAPERWORK, SCHOOL DAY DROP-OFF/PICK UP AGREEMENTS OR RESTRAINING ORDER? ☐ YES ☐ NO
IF YES, PLEASE GIVE A COPY TO THE SCHOOL OFFICE MANAGER

NAME OF PARENT	EMPLOYER/MILITARY COMMAND	WORK PHONE	CELL PHONE	LIVES W/ STUDENT	MAY WE CONTACT YOU WITH TEXT MESSAGES?
PARENT/GUARDIAN				YES / NO	YES / NO
Email:					
PARENT/GUARDIAN				YES / NO	YES / NO
Email:				YES / NO	YES / NO

IF WE/I CANNOT BE REACHED, AN AUTHORIZED SCHOOL OFFICIAL MAY CALL THE FOLLOWING RELATIVE(S) OR FRIEND(S)
WHO WILL TAKE RESPONSIBILITY FOR MY CHILD'S CARE

1. NAME: _____ PHONE # _____

2. NAME: _____ PHONE # _____

In the event the parent/guardian cannot be contacted, the school reserves the right to act in place of the parent(s)/guardian(s)

Signature of Parent/Guardian _____

Date: _____

In compliance with State Education Code 12020:DOES YOUR CHILD RECEIVE MEDICATION DAILY ☐ YES ☐ NO

If your child does use any medication daily, please state: _____

NAME OF MEDICINE: _____

DATE STARTED: _____

PHONE # _____

• In an emergency, may a school official call the above named Physician regarding this student, if parent or guardian cannot be contacted? ☐ YES ☐ NO• May we contact any Licensed Physician if your physician is not available? ☐ YES ☐ NO• May the School Nurse communicate regarding his/her care? ☐ YES ☐ NO

Physical Education is a state requirement, and restrictions require a Physician's statement. List any serious illnesses or accidents that could interfere with physical education activities: _____

CONDITION		DATE	CONDITION		DATE
If student has any of the listed, please "X"			If student has any of the listed, please "X"		
Wears Glasses			Allergies		
Frequent Headaches			Orthopedic Condition		
Hearing Impairment			Allergy to Bee Stings		
Epilepsy or Convulsion			Heart Condition		
Diabetes			Asthma		
Surgical Operations			Please Explain		
OTHER CONDITION: (Please explain)					

Hueneme Elementary School District submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. **Parents will not be asked to pay for any school health services.**I consent for billing to Medi-Cal/Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing services company.
PLEASE INITIAL ☐ YES ☐ NO

Parent/Legal Guardian Signature: _____

Date: _____

HUENEME ELEMENTARY SCHOOL DISTRICT

205 North Ventura Road

(805) 488-3588

Port Hueneme, California 93041

RESIDENCY REQUIREMENTS FOR SCHOOL ENROLLMENT

Students permitted to attend the schools of the Hueneme Elementary School District shall reside within the area served by the school district and be able to furnish an address within the district's boundaries. In the case of a minor, residence for school attendance purposes is defined as the residence of the parent or legal guardian with whom the child most resides (Ed. Code 48204 and 2.1.1 of Welfare and Institutions Code).

Acceptable verification documents are:

1. Property tax payment receipts;
2. Rental property contract, lease or payment receipt;
3. Utility service contract, statement or payment receipt;
4. Pay stub;
5. Voter registration
6. Correspondence from a government agency (welfare, AFDC, etc.);
7. Declaration of residency executed by the student's parent/guardian.
8. If a family is living in a residence with another family for reasons excluding economic hardship and does not have any of the above verifications, they may complete a Statement of Residency and then the person who has primary responsibility for the residence (owner or lessee) must complete a Statement of Residency and provide one of the acceptable verifications. This second Statement of Residency with its verification then becomes the enrolling student's verification of residence; or
9. If due to economic hardship, a family is living in temporary quarters, the children will be immediately enrolled and begin participating in all activities. The office staff will notify Mr. David Castellano, Senior Director, Student Support Services/Homeless Liaison for the District.

The only exceptions to the residency requirement are temporary or short-term non-resident students (1) whose parents/guardians have a home which is under construction or in escrow and which they will occupy; (2) who are in good standing and make an out-of-district move no earlier than the seventh month of their eighth-grade year.

If a *pupil is living with someone other than his parent or legal guardian*, the Statement of Residency and proof of guardianship *must be verified in the presence of the school principal or his designee* under provisions of Section 16000 of the Welfare and Institutions Code.

Residency information will be verified. Should it be determined that residency requirements are not being satisfied, the pupil's enrollment shall be terminated on the 11th day after notification to the parent/legal guardian.

Please complete Statement of Residency on reverse side.

Over →

STATEMENT OF RESIDENCY

1. We/I have read the provisions governing enrollment eligibility in the Hueneme Elementary School District.

We/I understand and certify that this affidavit is signed by the student's parent(s) or guardian and all information given is accurate.

2. We/I reside at _____
(Street) (City)
and have resided at this address from _____ to the present.
(month / day / year)

NOTE: Residence is defined as the place where the student and the parent/legal guardian actually live. There can only be one residence for registration purposes. [G.C. 244 (a) (b)]

3. We/I can be reached at the above address by telephone at _____
(Telephone Number)

4. We/I have legal custody of/guardianship responsibilities for:

Student's Full Name Birthdate

NOTE: If the above-named child is living with someone other than his parent or legal guardian, the Affidavit of Guardianship Responsibility must be attached.

5. The above named child is living with the following adults:

☐ Mother ☐ Father ☐ Guardian ☐ Stepfather ☐ Stepmother

☐ Brother ☐ Sister ☐ Foster Parent _____
(Name of Social Worker)

☐ If other than parent/legal guardian, list name(s) and relationship(s) _____

WE/I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. WE/I ALSO HEREBY AGREE TO NOTIFY THE SCHOOL OFFICE IMMEDIATELY OF ANY CHANGE IN THE RESIDENCE OR TELEPHONE INFORMATION CITED ABOVE.

a. _____ b. _____
Parent/Guardian homeowner/lessor
(Signature[s] of person[s] executing this statement)

Relationship to child: _____ Date: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

PLEASE PRINT

HUENEME ELEMENTARY SCHOOL DISTRICT
Port Hueneme, California 93041 • (805) 488-3588

PLEASE PRINT

FOR OFFICE USE ONLY

Paperwork Rec'd _____ Start Date _____ Student ID No. _____
Grade _____ Assigned to _____ School _____ Verification of Birth _____

PARENT COMPLETES

PUPIL REGISTRATION FORM

Pupil's Name _____ Male Female
(Last) (First) (Middle) (Circle One)

Address _____
(Street) (City) (Zip)

Do you and your child have a permanent residence? Yes No (Circle one)

Home Phone _____ Cell Phone _____ Contact Phone: _____

Birth Date: _____ Place of Birth _____

PREVIOUS SCHOOL(S) ATTENDED (List in order; include pre-school attendance)

GRADE(S)	NAME OF SCHOOL	CITY	STATE	DATE ATTENDED

Is/was pupil in any Special Education programs? (Please check all that apply)

- ☐ Special Day Class ☐ Resource Specialist ☐ Speech Therapy ☐ Gifted & Talented Educ. ☐ Bilingual Educ.
☐ Other _____

Has your child been retained? ☐ Yes ☐ No Has your child ever been tested by a school psychologist? ☐ Yes ☐ No
(If yes, see the school office manager or school clerk for confidential release form.)

What is the Child's Primary Language? _____ Parent's Primary Language: _____

Are there any special custody regulations regarding your child? ☐ No ☐ Yes- If yes, see school principal

EXPULSION INFORMATION

California Education Code Section 48915.1(b) states that "If a pupil has been expelled from his or her previous school for any of the offenses listed in paragraphs (1) to (4) [(1) *Causing serious physical injury...*, (2) *Possession of any firearm, knife, explosive, or other dangerous object of no reasonable use to the pupil at school or at a school activity ...*, (3) *Unlawful sale of any controlled substance ...*, (4) *Robbery or extortion*] ... the parent, guardian, or pupil (if emancipated), shall, upon enrollment, inform the receiving school district of his or her status with the previous school district."

Has the above named pupil ever been or is he/she currently on expulsion from another school district? ☐ Yes ☐ No

If yes, for what offense? _____

Date expelled: _____ Name of school / district: _____

Address of school / district: _____

THE FOLLOWING INFORMATION IS REQUIRED BY THE STATE OF CALIFORNIA

STUDENT ETHNICITY - IS THIS STUDENT HISPANIC OR LATINO? (Choose only one)

- ☐ YES, Hispanic / Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ NO, NOT Hispanic / Latino

STUDENT RACE - PRIMARY

Check the one group with which the pupil most closely identifies.

<input type="checkbox"/> White - A person having origins in Europe, the Middle East or North Africa	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black / African American / Haitian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Asian / Asian Indian / Asian American	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino / Filipino American	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Tahitian
<input type="checkbox"/> American Indian / Alaskan Native*	<input type="checkbox"/> Native Hawaiian
- A person having origins in any of the original peoples of North & South America (including Central America), AND who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Guamanian
	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Laotian
	<input type="checkbox"/> Cambodian

STUDENT RACE - SECONDARY

Check all other groups with which the pupil identifies.

<input type="checkbox"/> White - A person having origins in Europe, the Middle East or North Africa	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black / African American / Haitian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Asian / Asian Indian / Asian American	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Tahitian
<input type="checkbox"/> American Indian / Alaskan Native*	<input type="checkbox"/> Native Hawaiian
- A person having origins in any of the original peoples of North & South America (including Central America), AND who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Guamanian
	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Laotian
	<input type="checkbox"/> Cambodian

*Ask office staff for Student Eligibility Certification for Indian Education

*Ask office staff for Student Eligibility Certification for Indian Education

PARENTAL INFORMATION

GUARDIAN 1: _____ FATHER _____ MOTHER _____ LEGAL GUARDIAN/FOSTER PARENT				CONTACT INFORMATION	
LAST NAME		FIRST NAME		MIDDLE	
ADDRESS		UNIT		CITY	
EMPLOYER		OCCUPATION		ZIP	
WORKPLACE		UNIT		CITY	
PARENT EDUCATION LEVEL (Please check the highest level completed) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate		LANGUAGE PREFERENCE	
GUARDIAN 2: _____ FATHER _____ MOTHER _____ STEP PARENT _____ LEGAL GUARDIAN/FOSTER PARENT				CONTACT INFORMATION	
LAST NAME		FIRST NAME		MIDDLE	
ADDRESS		UNIT		CITY	
EMPLOYER		OCCUPATION		ZIP	
WORKPLACE		UNIT		CITY	
PARENT EDUCATION LEVEL (Please check the highest level completed) <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate		LANGUAGE PREFERENCE	

ADDITIONAL SIBLINGS living with family					
Name	Sex	Birth Date	Name	Sex	Birth Date

MIGRANT PROGRAM		Migrant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please answer the following questions to see if you qualify for the Migrant Education Program. A person from the Migrant Office will contact you for an eligibility interview. For additional information, or if you have any questions, please contact the Migrant Office at 437-1520.				
1.	Do you work in agricultural (fruits or vegetables), food processing/packing, nursery or fishing industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Did you come to this school district looking for work in agriculture or in the fishing industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	What type of agricultural or fishing work do you do? (i.e. pick strawberries, pack celery, harvest broccoli, cultivate tomatoes, etc.)			
4.	Have you worked in the agricultural or fishing industry in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Have you and your family moved in/out of the school district because you were seeking work in agriculture or in the fishing industry in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MOBILITY	
Has your child previously attended THIS school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what year? _____
Has our child previously attended ANY school in Hueneme Elementary School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what year? _____
Parent/Guardian PRINTED NAME	Parent/Guardian SIGNATURE
DATE SIGNED	

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		City	SCHOOL
ZIP code			

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian	Date
Name, address, and telephone number of health examiner	
Signature of health examiner	Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

SCHOOL ENTRY MEDICAL & DENTAL CHECK-UPS

Regular health and dental check-ups are important. The school entry health examination and kindergarten oral health assessment are given at an early age to detect problems that may interfere with learning. Early identification and treatment are important because an undetected health or dental problem can hinder a child's progress in school.

Most schools require both forms upon the start of kindergarten/transitional kindergarten.

Medical health visit includes:

- Growth and Development Check-ups
- Lead, Anemia, Urine or TB Test
- Vision and Hearing Test
- Vaccines
- Fluoride Varnish Application
- Health, Safety and Nutrition Education

Dental health visit includes:

- Teeth Cleaning
- Fluoride Application
- Dental Sealants
- Oral Health Education

Make appointments by: Calling your doctor and dentist.

If you do not have a health insurance or dental insurance: The Child Health and Disability Prevention (CHDP) program can connect your child and family with CHDP medical and dental clinics in your area for free check-ups.

Call 1(805) 981-5291
Toll-Free 1(800) 781-4449 (press 4, then 1)



HUENEME ELEMENTARY SCHOOL DISTRICT

205 N. Ventura Road

(805) 488-3588

Port Hueneme, CA 93041-3065

Opt-Out for Class List Postings

The Hueneme Elementary School District has a long-standing Board Policy of not releasing personal information about your student without your permission. Because of federal law that was updated in 2008, Family Educational Rights and Privacy Act (FERPA), class lists are only available to teachers or staff members who have a legitimate education interest, and must not be posted or accessible to other persons.

Consistent with past practice, your principal will be publishing class lists at your elementary school unless he/she has received a written notice from you to NOT publish your child's name.

IF YOU WOULD LIKE YOUR CHILD'S NAME POSTED THE DAY BEFORE SCHOOL COMMENCES, YOU DO NOT NEED TO FILL OUT THIS FORM!

If you DO NOT wish to have your child's/children's name posted on an elementary class list, please complete the information below, sign and return this form to your school office.

To obtain your child's class placement, you must go to your school's office. No information will be given out over the phone or electronically.

Student's Name: _____ Grade Level: _____

Home Address: _____ Date of Birth: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

School: _____ School Year: _____

Print Parent/Guardian Name

Signature

Date

Hueneme Elementary School District
HOME LANGUAGE SURVEY
Encuesta del Idioma en el Hogar

School/Escuela _____

Date/Fecha _____

Name of Student: _____

Nombre del alumno _____

Last/Apellido _____

First/Primer nombre _____

Middle/Segundo _____

Grade/Grado _____

Date of Birth /Fecha de Nacimiento _____

Directions to Parents and Guardians:

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. **The responses to the home language survey will assist in determining if a student's proficiency in English should be tested.** This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. **If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.**

HOME LANGUAGE SURVEY

1. Which language did your son/daughter learn when s/he first began to talk? _____
2. What language does your son/daughter most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____
 (parents, guardians, grandparents, or any other adults)

Instrucciones para padres y tutores:

El Código de Educación de California contiene requisitos legales que guían a las escuelas a dar un examen de proficiencia en inglés a los estudiantes. El proceso comienza con determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. **Las respuestas a esta encuesta del idioma ayudarán al personal de la escuela saber si el estudiante debe tomar el examen.** Esta información es esencial para que la escuela pueda proveer programas y servicios adecuados a los estudiantes. Como padre o tutor, su cooperación es necesaria para cumplir con estos requisitos. Por favor responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda a todas las preguntas. **Si contestó con error a las preguntas de esta encuesta de idioma, Ud. puede solicitar corrección de su respuesta antes de que la proficiencia de su estudiante sea evaluada.**

ENCUESTA DEL IDIOMA EN EL HOGAR

1. ¿Qué idioma aprendió su hijo cuando empezó a hablar? _____
2. ¿Qué idioma habla su hijo en casa con más frecuencia? _____
3. ¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo? _____
4. ¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)? _____

Please sign and date this form in the spaces provided below, then return this form to your child's school office. Thank you for your cooperation.

Por favor firme y fecha este formulario en el espacio suministrado a continuación y devuelva el formulario a la oficina de la escuela de su hijo. Muchas gracias por su cooperación.

Signature of Parent or Guardian _____
 (Firma del padre/ madre o tutor)

Date (Fecha) _____

FOR OFFICE USE ONLY

STUDENT ID # _____ TEACHER _____ ROOM # _____
 TEST DATE _____ TESTED BY _____ CLASSIFICATION (circle one) EL IFEP
 DATE ENTERED HUENEME DISTRICT _____ LAST SCHOOL/DISTRICT ATTENDED _____

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

IMPORTANT NOTE: Consider each box separately. Mark each box.			
Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<hr/> <div> <div> Licensed Dental Professional Signature </div> <div> CA License Number </div> <div> Date </div> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
- ☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other _____ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement:  _____

Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31 of your child's first school year.
Original to be kept in child's school record.

HUENEME ELEMENTARY SCHOOL DISTRICT
205 NORTH VENTURA ROAD
PORT HUENEME, CA
93041 (805) 488-3588

PARENTS: KEEP FOR YOUR REFERENCE

EMERGENCY EVACUATION INSTRUCTIONS

By state law, the Board of Trustees is required to provide a plan of emergency evacuation for the welfare of students. Experience indicates the most satisfactory plan is one which includes planning and responsibility on the part of school personnel and planning and responsibility on the part of parents.

NATURAL CATASTROPHE

Emergency situations include events involving floods or high tides, major earthquakes, falling aircraft, fire, epidemics, or other disruptions to the educational program. In such cases immediate decisions must be made by school personnel.

During any of the above emergencies, the school principal will determine whether the school should be evacuated. If this is necessary, the students move to a location on the playground or other designated area under the direction of their teachers.

School staff are required to perform their assigned duties until they are relieved or released by the school administrator in charge. Since students are safer on the school premises under the supervision of school staff during most emergencies, alternatives to supervised evacuation from the school site will be carefully considered. Evacuation of students from the school will be considered only when the occupation of the school site becomes untenable. The closing of a school and the supervised evacuation of students to an alternative site requires approval of the Superintendent. Under no circumstances will children be released from school without supervision in an emergency during school hours, or even after school hours if the principal determines the area(s) surrounding the school are hazardous. Students will only be released to their parents or to individuals that have been designated by the parents for emergency care. Students will not be released to anyone who is not on the Emergency Evacuation Form.

EMERGENCY EVACUATION FORM

(RETAIN THIS TOP PORTION IN THE FAMILY FILE FOR FUTURE REFERENCE)

Persons we have identified for emergency care in case of school dispersal:

	Name of Adult	Address	Telephone #
1.	_____	_____	_____
2.	_____	_____	_____

Signature of Parent or Guardian: _____

Date: _____

EMERGENCY EVACUATION FORM

PLEASE RETURN THIS BOTTOM PAGE TO SCHOOL

Student's Name: _____

Teacher's Name: _____ Room # _____

Persons living within a reasonable distance of school who are designated by mother, father, or guardian for emergency care of child in case of dispersal:

	Name of Adult	Address	Telephone #
1.	_____	_____	_____
2.	_____	_____	_____

Signature of Parent or Guardian: _____

Telephone Number: _____

Work #

Cell #

Home #

Date: _____

PLEASE RETURN THIS BOTTOM PAGE TO SCHOOL