



TOGETHER, EVERY DAY

2020 – 2021

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: _____

Home Address: _____

Grade _____ Room # _____ Student ID # _____

Last Name _____ First Name _____ Middle Initial _____ BIRTHDATE _____

City _____ Zip Code _____ Home Phone # _____

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:						

IF WE/I CANNOT BE REACHED, AN AUTHORIZED SCHOOL OFFICIAL MAY CALL THE FOLLOWING REALTIVE(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: _____ DOCTOR: _____ PHONE # _____

DATE STARTED: _____

• 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 If student has any of the listed, please "X"	DATE	CONDITION If student has any of the listed, please "X"	DATE
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: _____

Educ. 404 E/S (Rev 12/18)

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.



2020-21 Student Residency Questionnaire

This form is to be included in the student enrollment packets to help identify the students that may be eligible for services under the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11435.

Name of student: _____

Birth Date: _____

School: _____ Grade: _____ State Student ID# _____

McKinney-Vento defines homeless children and youth who lack a fixed, regular, and adequate nighttime residence. This definition also includes:

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Children and youths who may be living in motels, hotels, trailer parks, shelters
- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above

Please complete the following and sign and date:

The student lives with:	Where is the student living? <i>Check one box:</i>
<input type="checkbox"/> Parent(s) or legal guardian <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> A relative, friend, or other adult <input type="checkbox"/> Unaccompanied Youth (not in the physical custody of a parent/guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a single family residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a shelter <input type="checkbox"/> Doubled-up-with more than one family in a house or apartment (due to economic hardship) <input type="checkbox"/> In a hotel, motel, car\ trailer or campsite <input type="checkbox"/> In a group home <input type="checkbox"/> In a foster home

Name of Parent(s)/Legal Guardian(s): _____ Phone: _____

Address: _____ City: _____ Zip: _____

Signature of Parent/Legal Guardian: _____ Date: _____

For further information, please contact David Castellano at (805) 488-3588

**OFFICE STAFF- Please return the completed form to: Student Support Services
205 N. Ventura Road, Port Hueneme, CA 93041**

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

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)		OCCUPATION		ZIP	
____ Not a high school graduate ____ High school graduate ____ Some College		____ College Graduate ____ 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)		OCCUPATION		ZIP	
____ Not a high school graduate ____ High school graduate ____ Some College		____ College Graduate ____ 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	
Doing what? _____			
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

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

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

Student Enrollment

205 N. Ventura Road

(805) 488-3588

Port Hueneme, CA 93041-3065

REQUEST FOR STUDENT RECORD INFORMATION

Dear Registrar:

Pursuant to provisions of the Federal Family Rights and Privacy Act (Buckley Amendment) of 1976 and California Education Code Section 49076, access to student records without written parental consent is permitted to school officials from district where the student intends to enroll.

Accordingly, please send to our school address listed below a transcript of all grades, health records, and the complete cumulative folder through date of withdrawal for the below named student who has recently enrolled in our school. Thank you for your assistance.

Name of Student _____ Birth Date _____ Grade _____

School Last Attended _____ Last Date Attended _____

Address of School Last Attended:

Street _____ City _____ State _____ Zip _____

School Last Attended Phone# _____ Fax# _____

Signature of Parent or School Official _____ Date _____

Is/Was the pupil in any Special Education program?

☐ Special Day Class ☐ Resource Specialist ☐ Speech Therapy
☐ Other _____

Send Cumulative Records to:

☐ **Richard Bard School**

622 E. Pleasant Valley Rd.
Port Hueneme, CA 93041
Office 805-488-3583
Fax 805-488-1303

☐ **Hueneme School**

354 N Third Street
Port Hueneme, CA 93041
Office 805-488-3569
Fax 805-986-8765

☐ **Fred Williams School**

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Oxnard, CA 93033
Office 805-488-3541
Fax 805-986-1184

☐ **Julien Hathaway School**

405 E. Dollie Street
Oxnard, CA 93033
Office 805-488-2217
Fax 805-488-1304

☐ **Ansgar Larsen School**

550 E. Thomas Avenue
Oxnard, CA 93033
Office 805-986-8740
Fax 805-986-8781

☐ **Charles Blackstock JHS**

701 E Bard Road
Oxnard, CA 93033
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Fax 805-488-1250

☐ **Art Haycox School**

5400 Perkins Road
Oxnard, CA 93033
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Fax 805-488-2459

☐ **Parkview School**

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Port Hueneme, CA 93041
Office 805-986-8730
Fax 805-986-8734

☐ **E. O. Green JHS**

3739 South C Street
Oxnard, CA 93033
Office 805-986-8750
Fax 805-986-8756

☐ **Hollywood Beach School**

4000 Sunset Lane
Oxnard, CA 93035
Office 805-986-8720
Fax 805-986-8719

☐ **Sunkist School**

1400 Teakwood Street
Port Hueneme, CA 93041
Office 805-986-8722
Fax 805-486-8753

☐ **Send SpEd Records to:**

Hueneme Elementary School District
Attn: Pupil Support Services
205 N. Ventura Rd
Port Hueneme, CA 93041
Fax 805-986-8129
agarcia@huensd.k12.ca.us