



**Home of the Eagles**  
*"Soaring Ever Upward"*

**Jenny Schiele**  
**Data Processor**

Pleasant Grove High School  
9531 Bond Road  
Elk Grove, CA 95624

Phone: (916) 686-0230 Ext. 43017  
Fax: (916) 686-0239  
JSchiele@egusd.net

# PLEASANT GROVE HIGH SCHOOL

9531 Bond Road, Elk Grove, CA 95624  
(916) 686-0230 Fax: (916) 686-0239 Attn: Jenny Schiele/Janet Matessini

## ENROLLMENT HOURS

Monday-Wednesday 8:00 a.m. to 12:00 p.m.

Thursday 8:15 a.m. to 12:00 p.m.

### REQUIREMENTS FOR ENROLLMENT

In compliance with Education Code: 48200 and 48204

If the required documents are not presented at the time of enrollment, packet will NOT be accepted.



• **Age and legal name verification** - ONE of the following:

- Birth certificate
- Other reliable document (e.g., passport, duly attested baptismal certificate, or other means prescribed by the Board [see EGUSD AR 5111])



• **Immunization records** (see Immunization Requirement Sheet in this packet) – All immunizations must be up to date.



• **Parent or guardian photo ID**



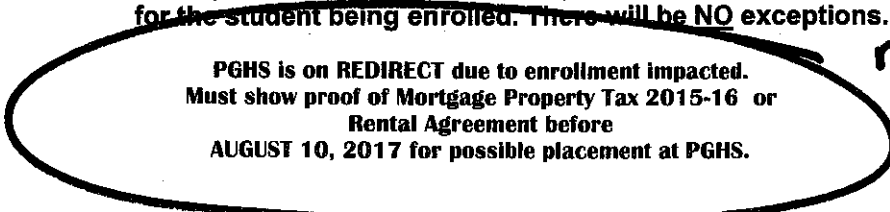
• **Withdrawal grades/unofficial transcript** – If 8<sup>th</sup> grade going into 9<sup>th</sup> grade, please provide recent report card.



• **Current proof of residence within the district** (*Note: must be a street address; P.O. Box is not acceptable*) consisting of any ONE of the following with the present address and the name of the parent or legal guardian listed:

- Property tax payment receipts
- Mortgage statement, rental property contract, or lease agreement
- Current utility service (e.g., PG&E, SMUD, water, garbage, sewer) contract, statement, or payment receipt
- Rental property payment receipt
- Parent or guardian's recent pay stub
- Voter registration
- Correspondence from a government agency (e.g., documentation from the Department of Human Assistance, court, documents, motor vehicle registration, driver's license).

We are unable to make faxes or phone calls to locate student records or documents needed for registration. It is the parent/legal guardian's responsibility to bring in all requested documents and completed registration packet for the student being enrolled. There will be NO exceptions.



PGHS is on REDIRECT due to enrollment impacted.  
Must show proof of Mortgage Property Tax 2015-16 or  
Rental Agreement before  
AUGUST 10, 2017 for possible placement at PGHS.

must also provide



Members of the Board  
Beth Albiani  
Nancy Chaires Espinoza  
Carmen S. Forcina  
Chet Madson, Sr.  
Dr. Crystal Martinez-Allre  
Anthony "Tony" Perez  
Bobbie Singh-Allen

**Craig Murray**  
Assistant Superintendent of Schools  
Secondary Education

(916) 686-7708  
FAX: (916) 686-7796

Robert L. Trigg Education Center  
9510 Elk Grove-Fiorin Rd., Elk Grove, CA 95624

January 2020

Dear Parents and/or Guardians of Incoming 8<sup>th</sup> through 12<sup>th</sup> Grade Students,

Due to continued growth in the attendance area for Katherine L. Albiani Middle School (KAMS) and Pleasant Grove High School (PGHS), any eighth through twelfth grade student who has moved into the KAMS or PGHS attendance area **after August 10, 2017** will be redirected to either Joseph Kerr Middle School (JKMS) and Elk Grove High School (EGHS) or T.R. Smedberg Middle School (TRSMS) and Sheldon High School (SHS), based upon the location of their residence. This redirection is necessary because both KAMS and PGHS are projected to once again exceed their facilities capacities for the upcoming school year.

Specifically, for the 2020-2021 school year, all current eighth through twelfth grade students who registered in the KAMS/PGHS attendance boundaries **after August 10, 2017** who reside south of Calvine Road or east of Grant Line Road will be redirected to Joseph Kerr Middle School (JKMS) and Elk Grove High School (EGHS). This includes students who reside in the boundaries of Edna Batey Elementary, Cosumnes River Elementary, C.W. Dillard Elementary and Pleasant Grove Elementary schools. Please note that all newly enrolled students who reside in the boundary of Pleasant Grove Elementary School will be redirected to Joseph Kerr Middle School (JKMS) and Elk Grove High School (EGHS), including those residing north of Calvine Road.

Incoming eighth through twelfth grade students enrolled **after August 10, 2017** who reside north of Calvine Road and west of Grant Line Road will be redirected to T.R. Smedberg Middle School (TRSMS) and Sheldon High School (SHS). This includes students who reside in the boundaries of Sierra Enterprise Elementary, Sunrise Elementary, Robert J. Mc Garvey Elementary and Arnold Adreani Elementary schools.

As in past years, redirected students will remain at their "new" school for the entire school year to ensure academic program continuity. Should space become available, students will be invited to return to KAMS or PGHS at the end of the school year for enrollment the following school year in the order of their date of placement on the waiting list.

All redirected students are to begin the registration process at KAMS or PGHS. After you return your completed registration packet to KAMS or PGHS, you are asked to contact your "new" middle or high school to make an appointment to select your student's classes. Your processed registration packet will be forwarded to your new school.

Transportation may be provided for redirected students to their new school at no cost. **(Please be advised that there are some non-service areas in which transportation will not be provided.)** Please contact Elk Grove Unified School District Transportation at 686-7733 for information regarding service areas or register your student to ride the bus. All students must be registered to ride before attempting to board the bus. Pick up and drop off times and locations will be determined once students register.

My staff and I assure you that your child will receive an excellent education at any of the four redirect schools. Each school has a highly qualified staff, rigorous academic programs, an involved parent community, and a variety of athletic and extracurricular activities.

Should you have further questions or need information regarding your child's new school, please feel free to contact the school directly or through the District website at [www.egusd.net](http://www.egusd.net).

Sincerely,

Craig Murray  
Assistant Superintendent of Schools, Secondary Education

Today's Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_



**ELK GROVE UNIFIED SCHOOL DISTRICT (EGUSD)**  
**Part I: Student Enrollment Form**

**Information on this page is required for enrollment.**

**STUDENT INFORMATION**

Has student ever attended an EGUSD School (including Preschool):  No  Yes **EGUSD Student ID #** \_\_\_\_\_

Is this student currently expelled or pending an expulsion hearing in EGUSD or any other district?  Yes  No

Student's Full Legal Name \_\_\_\_\_  
Last
First
Middle
Suffix (Jr, III, IV)

Grade Level \_\_\_\_\_ Gender:  Male  Female  Non-Binary Nickname \_\_\_\_\_

AKA/Other Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_ Student's Email \_\_\_\_\_ Student's Cell \_\_\_\_\_

**RACE/ETHNICITY**

Ethnicity:  Not Hispanic  Hispanic/LatinX (person of Cuban, Mexican/ Puerto Rican, South/Central American or other Spanish culture or origin)

Race – Please select all that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> White           | <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Japanese               | <input type="checkbox"/> Korean          |
| <input type="checkbox"/> Vietnamese      | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Laotian         |
| <input type="checkbox"/> Cambodian       | <input type="checkbox"/> Hmong                  | <input type="checkbox"/> Other Asian     |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian              | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Tahitian        | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Filipinx        |

**DEMOGRAPHICS**

Residence Address \_\_\_\_\_  
Number & Street – Apt
City
State
Zip Code

Mailing Address \_\_\_\_\_  
 (if different from residence address) P.O. Box / Number & Street City State Zip Code

**HOME LANGUAGE SURVEY**

1. Which language did your child learn when they first began to talk? \_\_\_\_\_
2. What language does your child most frequently speak at home? \_\_\_\_\_
3. What language do you most frequently use at home when speaking with your child? \_\_\_\_\_
4. What is the language most often spoken by the adults in the home? \_\_\_\_\_  
 (e.g., parents, guardian, grandparents, or any other adults)

**FOR OFFICE USE ONLY**

School Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Birth Date Verified

Birth Date Verification Method \_\_\_\_\_ Address Verification Method(s) \_\_\_\_\_

Immunizations Complete?  YES  NO Student Notifications?  YES  NO Permit Type \_\_\_\_\_ Permit Date \_\_\_\_\_

Track \_\_\_\_\_ Enrolled by \_\_\_\_\_ Date entered in Synergy \_\_\_\_\_

**Information on this page is required for enrollment.**

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian \_\_\_\_\_  Legal Guardian  Other  
Relationship \_\_\_\_\_ Does this person live with student?  Yes  No Release contact  Yes  No  
Mailing Address \_\_\_\_\_  
(if different from student) Number & Street – Apt City State Zip Code  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Email Address \_\_\_\_\_ Preferred Language \_\_\_\_\_

Education level – please check one box that most closely applies:

- Not a high school graduate  Some college or Associate’s degree  Graduate school/post graduate  
 Graduated from high school  College graduate

Military Service:

- Active Armed Forces  Full-Time National Guard  Armed Forces Reserve

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian \_\_\_\_\_  Legal Guardian  Other  Deceased  
Relationship \_\_\_\_\_ Does this person live with student?  Yes  No Release contact  Yes  No  
Mailing Address \_\_\_\_\_  
(if different from student) Number & Street – Apt City State Zip Code  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Email Address \_\_\_\_\_ Preferred Language \_\_\_\_\_

Education level – please check one box that most closely applies:

- Not a high school graduate  Some college or Associate’s degree  Graduate school/post graduate  
 Graduated from high school  College graduate

Military Service:

- Active Armed Forces  Full-Time National Guard  Armed Forces Reserve

Name of person completing form (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(certifying information provided is accurate)

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*Thank you for completing the student enrollment process.  
Your information will be reviewed to register your child in the  
Elk Grove Unified School District.*

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**Part II: Supplemental Student Information Form**

Now that you have completed the required enrollment information, please provide us with additional information to support your student's placement and services.

Student Name: \_\_\_\_\_

**EDUCATIONAL PROGRAM PARTICIPATION ELIGIBILITY**

Parent/Guardian: \_\_\_\_\_

What special services has your child received?

None  504 Accommodation  GATE  Special Education  English Language Development (ELD)  Bilingual

Request for Migrant Education Migrant Student ID: \_\_\_\_\_

Do you have refugee status?  Yes  No Are you a holder of a Special Immigrant Visa?  Yes  No

Which of the following best describes where this child is currently living, if applicable? (Federally Required)

- Homeless (If yes, please identify residence category):  Yes  No  
 Temporary Shelter  Hotel/Motel  Temporarily Doubled-up  Temporarily Unsheltered
  
- Foster Primary Residence (if yes, please identify dwelling type):  Yes  No  
 Foster Family or Kinship  Licensed Child Institution (Group Home)

**PRESCHOOL ATTENDANCE**

Did your child attend preschool?  Yes  No

If yes, what type of preschool?  EGUSD Preschool  Other Public  Private

**ADDITIONAL DEMOGRAPHIC INFORMATION**

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

U.S. School Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**NAMES OF ALL OTHER CHILDREN IN FAMILY (ALL AGES)**

NAME	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE	LIVING AT HOME

**PREVIOUS ENROLLMENT**

Previous School Attended \_\_\_\_\_ Last Date Attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Previous School District \_\_\_\_\_

**EMERGENCY CONTACTS:** Individuals who may be contacted in an emergency when no parent or guardian can be reached.

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Release Contact  Yes  No  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Release Contact  Yes  No  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Release Contact  Yes  No  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Daycare Provider \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Release Contact  Yes  No

**ADDITIONAL CONTACTS**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_ Hospital \_\_\_\_\_  
Insurance Provider \_\_\_\_\_ MED Policy # \_\_\_\_\_  
Social Worker (Agency) \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Social Worker (County) \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Probation Officer \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH RECORD**  PLEASE CHECK HERE IF STUDENT HAS NO KNOWN HEALTH PROBLEMS

Please check any and all conditions in this student's history. Use the area below to add an explanation/recommendation

Medical Alert (unlisted condition – describe below)

- |   |  |  |   |   |   |
|---|--|--|---|---|---|
| <input type="checkbox"/> ADHD               | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Concussion      | <input type="checkbox"/> Headache-Migraine    | <input type="checkbox"/> Immunization Alert     | <input type="checkbox"/> Specialized Healthcare Procedure |
| <input type="checkbox"/> Allergy – Non-food | <input type="checkbox"/> Autism              | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Health Plan          | <input type="checkbox"/> Intestinal Disorder    | <input type="checkbox"/> Speech Impairment                |
| <input type="checkbox"/> Allergy – Food     | <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Dental          | <input type="checkbox"/> Hearing Impairment   | <input type="checkbox"/> Orthopedic/Scoliosis   | <input type="checkbox"/> Syndrome - Other                 |
| <input type="checkbox"/> Allergy – Nut      | <input type="checkbox"/> Blood Disorder      | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Pacemaker              | <input type="checkbox"/> Tuberculosis                     |
| <input type="checkbox"/> Allergy – Peanut   | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hepatitis            | <input type="checkbox"/> Seizure Disorder       | <input type="checkbox"/> Urinary Disorder                 |
| <input type="checkbox"/> Anxiety Disorder   | <input type="checkbox"/> Celiac Disease      | <input type="checkbox"/> Eczema          | <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Sickle cell Anemia     | <input type="checkbox"/> Vision Impairment                |
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Fracture        | <input type="checkbox"/> IEP Nursing Services | <input type="checkbox"/> Skin Condition – Other | <input type="checkbox"/> Weight Disorder                  |

Explanation/Recommendations regarding above: \_\_\_\_\_

Is the student currently taking medications?  Yes  No Is the medication required during school hours?  Yes  No

MEDICATION CANNOT BE DISPENSED AT SCHOOL WITHOUT A FORMAL REQUEST SIGNED BY A DOCTOR AND PARENT.  
MEDICATION FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.

I UNDERSTAND THAT IN AN EMERGENCY WHEN NO GUARDIAN OR EMERGENCY CONTACT CAN BE LOCATED, THE SCHOOL IS AUTHORIZED TO TAKE MY STUDENT TO THE FAMILY DOCTOR, LICENSED PHYSICIAN OR TO THE NEAREST HOSPITAL AT PARENT/GUARDIAN EXPENSE.

Name of person completing form (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(certifying information provided is accurate)

Please complete both pages



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"Soaring Ever Upward"

# PLEASANT GROVE HIGH SCHOOL

9531 Bond Road  
Elk Grove, CA 95624  
Administration (916) 686-0230, Fax (916) 686-0239  
Counseling (916) 686-0233, Fax (916) 686-0241

Hank Meyer, Principa  
[hmeyer@egusd.net](mailto:hmeyer@egusd.net)  
Amber Clark, Vice Principa  
[aclark@egusd.net](mailto:aclark@egusd.net)  
Taigan Keplinger, Vice Principa  
[tkepling@egusd.net](mailto:tkepling@egusd.net)  
Ed vanBrenk, Vice Principa  
[evanbren@egusd.net](mailto:evanbren@egusd.net)  
Laurie Weiss, Vice Principa  
[LWeiss@egusd.net](mailto:LWeiss@egusd.net)

## SPECIAL SERVICES SURVEY

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Previous School District: \_\_\_\_\_

1. Has your child ever been retained? If so what grade? \_\_\_\_\_  Yes  No
2. Has your child ever received Resource Specialist Program Services (RSP)?  Yes  No
3. Has your child ever received Speech Services?  Yes  No
4. Has your child ever received Title 1 Services?  Yes  No
5. Has your child ever received Bilingual Services?  Yes  No  
Which Language? \_\_\_\_\_
6. Has your child ever been in a Self-Contained Special Education Class or Learning Center?  Yes  No
7. Has your child been "GATE identified"?  Yes  No
8. Do you have a copy of your child's IEP or 504?  Yes  No
9. Do you have other children who have received special services? If yes, please explain what services.  Yes  No

Child's Name

Grade

School

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10. Is there any special information you would like your child's teacher to know regarding your child's academic background or special needs?

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





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Taigan Keplinger, Principal  
[tkepling@egusd.net](mailto:tkepling@egusd.net)

Omar Carreon, Vice Principal  
[icarreon@egusd.net](mailto:icarreon@egusd.net)

Gurvinder Chauhan, Vice Principal  
[gkchauha@egusd.net](mailto:gkchauha@egusd.net)

Chris Rauschenfels, Vice Principal  
[crausche@egusd.net](mailto:crausche@egusd.net)

Laurie Weiss, Vice Principal  
[LWeiss@egusd.net](mailto:LWeiss@egusd.net)

Dianna Shoop, Admin on  
Assignment  
[dshoop@egusd.net](mailto:dshoop@egusd.net)

*We are required by law to include in our student information system both parents' names who are listed on the birth certificate. Unless there is a court order indicating otherwise, we cannot restrict a parents' access to his/her child or the child's information. A copy of any/all court orders must be kept on file in the student's cumulative school records.*

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By signing below, I acknowledge that I have read and understand the above information.

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Parent Name

---

Parent Signature

---

Date

## EGUSD Student Opt-Out Form 2020-2021

This form provides parents the opportunity to opt their student out of public media coverage, posting of student images and names through EGUSD digital communication tools, release of directory information, viewing of PG-13 or R-rated films, and participating in family life education. Please read each section of the form carefully.

If you would like to opt your child out of any of the following sections, please fill out your child's information (one form per child), check the associated box, and sign the form.

**Please note: This is an OPTIONAL form. The form should be returned to the school only if you wish to opt your child out of one of these areas.**

If you have any questions about this form, please contact EGUSD Communications at (916) 686-7732.

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Multimedia Withhold Form

There are occasions when news media are on school campuses to interview, photograph and videotape students for print and broadcast stories. Many of these stories are positive and highlight the good things happening in EGUSD schools. However, there are times when the media seeks access to our schools on more controversial issues. At all times, our goal is to maintain student security and privacy.

If you want your child to be excluded from media stories, please check the box below and sign the form. Please know that there are times when the media will interview or photograph students off campus or without checking in with the front office. This form only acts as a guide to media coverage. It does not guarantee that your child will not be interviewed or photographed.

I **DO NOT** want media representatives to publish/broadcast interviews with or photographs/video identifying my child.

### Posting of Student Images and Names on EGUSD Digital Communication Tools

EGUSD offers a number of opportunities to publicize positive school and student events and accomplishments through district and school digital communication tools. Parents have the choice to withhold their student's images (photos and video) and name from being posted by checking the area below. The publication of student image(s), along with both first and last name, requires prior written consent of the student's parent/guardian.

*The only exception to this rule is the posting of student photos with first and last name into an EGUSD administrative system such as the student information system (Synergy) or the library system. These are closed systems that only EGUSD teachers, administrators and limited support staff have access to through password-protected logons. There is no opt-out of these closed systems.*

By checking the box below you are choosing **NOT** to allow the posting of your student's name or image through digital communication tools. Please know that this will result in your student's name not being published electronically for recognitions, student honor roll, awards, events, contests, school newspaper articles and clubs.

I **DO NOT** want my student's image and name posted through any Elk Grove Unified digital communication tools.

**EGUSD Student Opt-Out Form, continued**

**Release of Directory Information/Yearbook Information**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and the California Education Code, the District may release directory information to certain persons or organizations, as specified in this handbook, when it is requested. Directory information may include a student's name, photograph, address, telephone information, email address, major field of study, participation in officially recognized activities and sports, weight and height of members of the athletic teams, dates of attendance, degrees and awards received and the most recent previous public or private school attended. In the case of students who have been identified as having special needs or homeless, no material can be released without parent or guardian consent. Parents and guardians can opt-out of having their child's directory information released by checking the box below and signing the form.

If you do not want your child's directory information released, choose one of the following two options:

- Option A: NO student directory information released at all, including NO yearbook and award listings.**
- Option B: NO student directory information released generally; YES include in yearbook and awards listings.**

**Movies and Videos**

The District has a policy limiting the types of movies shown in classrooms. PG-13 rated movies that are District approved may be shown only to grades 6-12. If you do not want your child to view PG-13 rated movies during the 2017-2018 school year, please check the box below:

**I DO NOT** want my child to view approved PG-13 rated movies. I prefer that my child be given alternative assignments.

R rated movies that are district-approved may only be shown to grades 9-12. If you do not want your child to view R rated movies during the school year, please check the box below:

**I DO NOT** want my secondary student to view approved R rated movies. I prefer that my child be given alternative assignments.

**5<sup>th</sup> and 6<sup>th</sup> Grade Family Life Education**

Each year, District elementary schools offer a unit in Family Life Education to students in grades 5 and 6. The District's family life curriculum is based on abstinence and acknowledges the family as the primary provider of family life education. Under state law, parents have the right to excuse their children from the Family Life Program. If you do not want your child to participate in the Family Life Program during the 2017-18 school year, please check the box below and sign the form.

**I DO NOT** want my child to participate in the Elementary Family Life program. I would prefer that my child be given alternative assignments.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Application for Title VI Indian Education Program

OMB Number: 1810-0021 Expiration Date: 02/29/2020

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

## TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

### STUDENT INFORMATION

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

### TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.