

Parents/Guardians:

In order to enroll your student, the following documents are required and must be provided with the attached enrollment application:

Original or certified copy of the child's **birth certificate**

Complete and up to date **shot records**

Proof of residence within the Gold Oak Union School District
(examples: utility bill/rental or sales agreement).

For incoming kindergarten or transitional kindergarten, the following items are required prior to the first day of school:

CHDP (Wellness Check) Form attached-to be completed by your child's doctor

Oral Health Assessment Form attached-to be completed by your child's dentist

GOLD OAK UNION SCHOOL DISTRICT**STUDENT ENROLLMENT FORM***(Do not remove this form from folder)*☐ **GOLD OAK SCHOOL**☐ **PLEASANT VALLEY SCHOOL****Please Print**

Student's Name _____

Last

First

Middle

Student's Legal Name (If different from name listed above) _____

Grade Entering _____

Sex (M/F/Nonbinary) _____

Birth Date (MM/DD/YR) _____

Birth Place (City and State) _____

Physical Address _____

City _____

Zip Code _____

Home Phone _____

☐ YES ☐ NO

Unlisted? _____

____ Current address is a temporary living arrangement. ____ Temporary living arrangement is due to loss of housing or economic hardship.

Mailing Address (if different from above) _____

City _____

Zip Code _____

IF STUDENT RESIDES WITH SOMEONE OTHER THAN A PARENT OR LEGAL GUARDIAN - A CAREGIVER AFFIDAVIT MUST BE COMPLETED.

Parent/Legal Guardian _____

Living with child? ☐ YES ☐ NO

Email _____

Parent Highest Education Level:☐ Not high school graduate ☐ High school graduate ☐ Some academic college ☐ College graduate ☐ Graduate school/post graduate training

Address (If different from student) _____

City _____

Zip Code _____

Employer _____

Work Phone _____

Cell Phone _____

Active Duty Military ____ Army/Navy/Air Force/Marines/Coast Guard

Parent/Legal Guardian _____

Living with child? ☐ YES ☐ NO

Email _____

Parent Highest Education Level:☐ Not high school graduate ☐ High school graduate ☐ Some academic college ☐ College graduate ☐ Graduate school/post graduate training

Address (If different from student) _____

City _____

Zip Code _____

Employer _____

Work Phone _____

Cell Phone _____

Active Duty Military ____ Army/Navy/Air Force/Marines/Coast Guard

OTHER CHILDREN IN THE FAMILY

Name _____ Date of Birth _____ School Attending _____ Grade _____

LANGUAGE SURVEY

STATE OF CALIFORNIA, DEPT. OF EDUCATION, FORM HLS REV DEC 2016

The California Education Code, Section 52164.1(a) 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.

Which language did your child first learn to speak? _____

Which language does your child use most frequently at home? _____

Which language do you most frequently use to speak to your child? _____

Which language is most often spoken by the adults in the home? _____

PLEASE ANSWER QUESTIONS 1 AND 21. **Is student's ethnicity Hispanic or Latino? (choose only one)** ☐ No, Not Hispanic or Latino ☐ Yes, Hispanic or Latino2. **What is the student's race (choose one or more)**

100 - American Indian or Alaska Native

205 - Asian Indian

206 - Laotian

600 - African American/Black

207 - Cambodian

208 - Hmong

399 - Other Pacific Islander

700 - White

299 - Other Asian

301 - Hawaiian

400 - Filipino

201 - Chinese

202 - Japanese

302 - Guamanian

303 - Samoan

203 - Korean

204 - Vietnamese

304 - Tahitian

SPECIAL PROGRAM INFORMATION

Has your child ever been enrolled in a Title I program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been enrolled in a Special Education Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does your child have a current Individualized Education Plan (IEP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been enrolled in a G.A.T.E. Program (Grade 3-8)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child qualify for Adaptive Physical Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child currently have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEALTH INFORMATION - LIST ANY MEDICAL PROBLEMS, IMPAIRMENTS, NEEDS OR SERVICES WHICH THE SCHOOL SHOULD BE AWARE.

Sight: _____

Hearing: _____

Speech: _____ Other: _____

COUNSELING SERVICES: _____

DOES YOUR CHILD HAVE A PHYSICAL DISABILITY? Yes ☐ No ☐

PLEASE SPECIFY _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? Yes ☐ No ☐

PLEASE SPECIFY _____

DOES YOUR CHILD TAKE MEDICATION DAILY? Yes ☐ No ☐

If yes, what type _____ Dosage _____ Time of day _____

HAS YOUR CHILD EVER BEEN EXPELLED FROM SCHOOL? Yes ☐ No ☐

If yes, a brief explanation _____

Expulsion Date: _____ Readmission Date: _____

OPTIONAL: IS THERE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE SCHOOL SHOULD BE AWARE OF REGARDING YOUR CHILD?_____
SIGNATURE OF PARENT/GUARDIAN_____
DATE**ALL INFORMATION IS NEEDED FOR SCHOOL RECORDS AND IS REGARDED AS CONFIDENTIAL.****Last school attended** _____**ADDRESS** _____ **PHONE** _____**TO BE COMPLETED BY SCHOOL PERSONNEL:****DATE REGISTERED** _____ **DATE ENTERED** _____ **STUDENT #** _____**GRADE LEVEL** _____ **HOMEROOM/TEACHER PLACEMENT** _____**DATE CUM REQUESTED** _____

GOLD OAK SCHOOL

Health Inventory Form

Student's Name _____ Male ☐ Female ☐

Birthdate _____ Grade _____ Telephone _____

Home Address _____

Health History (Please check those which your child has had):

- | | | |
|--|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Strep Throat (Repeated) | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Allergies: to What? _____ | | |

Please explain below any other serious illness, unusual birth or developmental history, operations, hospitalization or injury, give age when occurred and any permanent after effects:

Physician _____ Telephone Number _____

Dentist _____ Telephone Number _____

Family Members (Living at Home)	Relationship To Child	Special Health Issues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____

Gold Oak Union School District

Request for Student Records

3171 Pleasant Valley Road
Placerville, CA 95667
(530) 626-3160

Please send the cumulative records (including health records, intelligence and achievement test records, and *confidential files*—physiological testing, assessment and placement) for the following children who have enrolled in our school:

Student Name	Date of Birth	Enrolled in Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with Public Law 93-380, I hereby authorize the release of psychological, medical and academic information regarding my child(ren) listed above.

Signature of parent or guardian

Dated

Please send all records to:



Gold Oak School
Attention Registrar
3171 Pleasant Valley Road
Placerville, CA 95667



Pleasant Valley School
Attention Registrar
4120 Pleasant Valley Road
Placerville, CA 95667