

REGISTRATION DOCUMENT REQUEST FOR PLEASANT VALLEY SCHOOL

TO: PARENTS/GUARDIANS

FROM: PLEASANT VALLEY SCHOOL

SUBJECT: STUDENT REGISTRATION

THE FOLLOWING ARE DOCUMENTS NECESSARY TO ENROLL STUDENT:

- Completed Gold Oak Union School District Student Enrollment Form (yellow)
- Completed Gold Oak Union School District Request for Student Records (white)
- Local Educational Agency Name Housing Questionnaire
- Caregiver Authorization Affidavit if student does not live with parent (yellow)
- Proof of Residency
- Student Immunization Record
- Student Birth Certificate
- Student's most current grades

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

Caregiver Authorization Affidavit

Instructions: completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care.

I AFFIRM THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT:

MINOR:

1. Name: _____
2. Birthdate: _____

CAREGIVER INFORMATION:

My name (adult giving authorization): _____

My home address: _____

The minor lives in my home and I am 18 years of age or older.

() I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").

Check one or both (for example, if one parent was advised and the other cannot be located):

() I have advised the parent(s) or other persons(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

() I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

My date of birth: _____

My California driver's license or identification care number: _____

WARNING: Do no 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: _____ SIGNED: _____

SEE NOTICES ON THE BACK OF THIS PAGE

NOTICES:

1. This Declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it was executed.

ADDITIONAL INFORMATION:

TO CAREGIVERS:

1. "Qualified Relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. the law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for the minor. If you have any questions please contact your local Department of Social Services.
3. If the minor stops living with you, you are required to notify any school, health care provided, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social Security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

Local Educational Agency Name Housing Questionnaire

California Department of Education
2024-2025

The form should be included at the top page of registration materials that the local educational agency (LEA) shares with families.

Student Last Name	First	Middle
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Name of School: _____

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? *Check all that apply.*

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ Living in a single-home residence that is permanent
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip
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Your child or children may have the right to:

- ☐ Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- ☐ Continue to attend their school of origin, if requested by you and it is in the best interest.
- ☐ Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- ☐ Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	M/F	Birthdate	Grade	School

If you have any questions about these rights, please contact the local homeless liaison, Deborah Atkins, by phone at 530-626-3160 or by email at datkins@gousd.org

