MILLER CREEK SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent/Local ID:

▶ **Has your student ever attended a Miller Creek public school before?** ❑ **Yes** ❑ **No**

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	**Legal Middle Name**	**Legal Last Name**	**Other Legal Name** (if applicable)

❑ **Male** ❑**Female** ❑**Non-Binary**

Birth date: **Month** **Day** **Year**

Parent/Guardian First Name	**Last Name**	**Home Phone** ( )	**Work Phone** ( )

E-mail Address: _____

Parent/Guardian First Name	**Last Name**	**Home Phone** ( )	**Work Phone** ( )

E-mail Address: _____

Residence Address (house # & street name)	**Apt #**	**City**	**State**	**Zip**

Mailing Address (IF DIFFERENT from above)	**Apt #**	**City**	**State**	**Zip**

WHAT IS YOUR CHILD'S ETHNICITY? (Must check one): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Can check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

❑ American Indian or Alaskan Native(100)
❑ Chinese (201)
❑ Japanese (202)
❑ Korean (203)
❑ Vietnamese (204)
❑ Asian Indian (205)
❑ Laotian (206)
❑ Cambodian (207)
❑ Hmong (208)
❑ Other Asian (299)
❑ Hawaiian (301)
❑ Guamanian (302)
❑ Samoan (303)
❑ Tahitian (304
❑ Other Pacific Islander (399)
❑ Filipino/Filipino American (400)
❑ African American or Black (600)
❑ White (700)

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent** and which parent with whom the student lives. ❑ Mother ❑ Father

❑ Graduate Degree or Higher (10)
❑ College Graduate (11)
❑ Some College or Associate's Degree (12)
❑ High School Graduate (13)
❑ Not a High School Graduate (14)

Date first attended school in the U.S.

Month	Day	Year

Date first attended school in California

Month	Day	Year

BIRTHPLACE: City: _____ State:_____ Country: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Parent/Guardianship Information (with whom the student lives) – check all that apply

❑ Father ❑ Mother ❑ Both ❑ Step-Father ❑ Step-Mother ❑ Guardian ❑ Foster/Group Home ❑ Other _____
Is the above (checked) person(s) the student's LEGAL guardian? ❑ Yes ❑ No If No, please complete a "Caregiver Affidavit"
If there is a legal custody agreement regarding this student, please check one and attach a copy:
❑ Joint Custody ❑ Sole Custody ❑ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ❑ Parent ❑ Guardian (check one) **Full Name: _____**

Employer: _____ **City: _____** **Daytime Phone # (____) _____**

2. ❑ Parent ❑ Guardian (check one) **Full Name:_____**

Employer: _____ **City: _____** **Daytime Phone # (____) _____**

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ **Phone #: (____) _____**

Mailing Address: _____City: _____ State: _____ Zip code:_____

MOST RECENT SCHOOLS ATTENDED/MOBILITY:

	School	Address/City/State/Zip	Grade(s)	Date(s)
Recent				
Previous				

Are there psychological or confidential reports available from your child's former school? ❑ Yes ❑ No
Has your child been suspended? ❑ Yes ❑ No Has your child ever been expelled? ❑ Yes ❑ No
What special services has your child received? (**please check all boxes that apply**)
Special Education: ❑ Resource (RSP) ❑ Special Day Class (SDC) ❑ Speech/Language
Other: ❑ Gifted (GATE) ❑ Remedial Math ❑ Remedial Reading ❑ Counseling ❑ English Language Development ❑ 504
❑ Help to Improve Attendance/ Behavior ❑ Retained
❑ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Kindergarten Continuance Form

Parental Agreement for Pupil to Continue in Kindergarten

Reflects amendments to California Education Code sections 46300 and 48011, effective Jan. 1, 1992

In order to attend Transitional Kindergarten, parent(s) agrees to a two-year program that consists of year one being Transitional Kindergarten and year two being a Kindergarten class.

Transitional Kindergarten 2023-2024, Kindergarten 2024-2025.

I agree that my child will continue in Kindergarten until **June 2025.**

Date: _____

Name of Child: _____

Telephone Number: _____

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

_____For District Use_____

Date Received: _____

Name of Pupil: _____

Kindergarten Attendance Anniversary Date: _____

Name of School Official Approving for District: _____

☆ ☆ Transitional Kindergarten Application ☆ ☆

MILLER CREEK SCHOOL DISTRICT

1. Student's Name: _____ M ☐ F ☐ Birthdate: _____
2. Address: _____ Phone # _____
   Street City Zip
3. Parent/Guardian _____ Work# _____
4. Neighborhood School: _____ Home Language:_____
5. Preschool Experience:

   Has your child attended Preschool? YES NO

If yes, please respond to a-c. If no, please skip a-c and move to item 6.

a. Preschool Attending: _____
b. How long has the child been in preschool? _____
c. What is the student's current preschool schedule? _____

   Number of days attending weekly: _____ Daily length of time in preschool: _____

6. Does your child receive Special Education services? YES NO

   If yes, please describe.

   _____

   _____

7. Please provide the TK Taskforce additional background information about your child if necessary.

   _____

   _____

   _____

   _____

   _____

(Additional questions please call 415-492-3704)

Lucas Valley School New Parent Questionnaire

Child's Name _____

Age_____ Birth date_____ Right or Left handed _____

Names and ages of siblings _____

_____

Birth order: _____oldest_____ youngest_____ middle _____only child _____twin

Language/s spoken in child's home_____

Does your child have: (if yes please explain) _____

difficulties with speech _____

health problems or allergies _____

difficulty regulating emotions _____

vision and/or hearing problems _____

learning difficulties _____

behavior problems _____

an I.E.P. _____

other_____

Is your child taking any medications? Please explain _____

_____

Is your child afraid of anything? _____

What responsibilities does your child have at home? _____

_____

What behavioral strategies do you use at home (ie. sticker chart, time out)? _____

_____

What time does your child go to bed? _____

What is your bedtime routine? _____

_____

How much TV and/or video games does your child watch? _____

How much time do you read with your child? _____

Who reads to your child? And in what language? _____

What are your child's strengths or talents? _____

What are your child's hobbies? _____

What are your child's personal qualities? _____

Do you have any health/safety concerns? _____

Are there any issues that could affect attendance or learning? _____

_____

The most important thing you should know about my child is _____

_____

Is there anything else you would like us to know about your child? _____

_____

How would you like to be involved in your child's school experience? Check as many as you like:

☐ classroom volunteer

☐ drive on field trips

☐ room parent

☐ garden helper

☐ do projects at home

☐ other (describe) _____

NEW

TRANSITIONAL KINDERGARTEN & KINDERGARTEN QUESTIONNAIRE & PLACEMENT

CHILD'S NAME: _____ (LAST) _____ (FIRST) CALLED BY: _____ M____F____

Placement in Family (1st of 3, 2nd of 4, etc.) _____ Birthdate: _____

ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ OCCUPATION: _____ Work Ph. _____

FATHER'S NAME: _____ OCCUPATION: _____ Work Ph. _____

Parents: _____Natural _____Adoptive _____Foster

PRESCHOOL/DAY CARE EXPERIENCE:

Name of Institution	Number of Years	Number of Days (per week)	Number of Hours (per day)

Day Care Plans ☐ Yes ☐ No WHERE?_____

Bussing Plans ☐ Yes ☐ No WHERE?_____

Please provide the following information:

1. Languages spoken in the home: _____
2. Age your child began to talk: _____
3. Special Health Information (vision, hearing, allergies, etc.) _____

   _____

   _____
4. Handedness: Right_____Left_____Ambidextrous_____
5. Describe your child's behavior: _____

   _____
6. Further information to help us better know your child (interests, experiences, social skills, etc.):_____

   _____

   _____

Parent Signature _____

Date_____

HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Family Name) (First Given Name) (Second Given Name)

Date of Birth: _____ Site: _____ Enrollment Grade: _____

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.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child 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) _____

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

_____ _____

Signature of Parent or Guardian Date

July 2022

Oral Health Notification Letter

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law *Education Code* Section 49452.8, requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional, and a completed Oral Health Assessment form (attached to this letter) to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California - Find a Dentist (https://smilecalifornia.org/find-a-dentist/) to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply are by mail, go in person to your local Social Services office, or online at Apply for Medi-Cal. (https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx)

2. For additional resources that may be helpful, contact your local public health department, click Apply for Health Coverage (https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) to find yours.

When you take your child to the dentist, bring the attached form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form.

Please return the form to (insert school-specific information to return form). Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or on-line from the California Department of Education. (https://www.cde.ca.gov/ls/he/hn/oralhealth.asp)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very important. Children need healthy baby teeth to eat, talk, smile, and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.

Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact the school district office at (415) 492-3700.

Thank you!

Sincerely,

Becky Rosales
District Superintendent

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment **by May 31st** in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1
To be completed by the 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 Gender: □ Male □ Female
Parent/Guardian Name:			

Section 2
Oral Health Data Collection
To be completed by the dental professional conducting the assessment

Assessment Date:	Visible caries and/or fillings present: □ Yes □ No	Visible caries present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended □ Urgent care needed

_____

Dental professional's signature ***Date***

Section 3
Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

□ I am unable to find a dental office that will take my child's insurance plan.
My child is covered by the following insurance plan:
□ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ None
□ Other _____

□ I cannot afford an oral health assessment for my child.

□ I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment:_____
_____
_____
_____

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian ***Date***

Return this form to the school by May 31
Original to be retained in child's school record.

California Immunization Requirements for

K–12th Grade (including transitional kindergarten)

Grade	Number of Doses Required of Each Immunization[1, 2, 3]				
K-12 Admission	**4 Polio[4]**	**5 DTaP[5]**	**3 Hep B[6]**	**2 MMR[7]**	**2 Varicella**
(7th-12th)[8]	**K-12 doses**	**+ 1 Tdap**			
7th Grade Advancement[9,10]		**1 Tdap[8]**			**2 Varicella[10]**

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

Instructions:

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. See shotsforschool.org for more information.

Unconditionally Admit a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "Exclude If Not Given By"), or
- A temporary medical exemption from some or all required immunizations.*

Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3[1]	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4[1]	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3[2]	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
Varicella #2	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

Questions?

See the California Immunization Handbook at ShotsForSchool.org

Marin County Report of Health Examination for School Entry

Child's Name _____ Birthdate _____ Grade _____ Medi-Cal # _____

Address _____ City _____ ZIP _____ Phone _____

Reason for referral if other
than pre-school physical: _____ School Nurse _____ Phone _____

HEALTH EXAMINATION MUST INCLUDE AREAS NOTED IN BOLD. (Please check if done and note results as appropriate)

Date of Exam: _____ Is child ___New? ___ Established to your care?

Follow-Up / Referral
Please indicate who will follow-up

		HEALTH PROVIDER	SCHOOL NURSE
___	**Health and Developmental History**		
___	**Nutritional Assessment**	**Height _____ Weight _____ B/P _____**	
___	**Physical Examination**	**Dental Assessment [ ]Normal [ ]Possible caries**	**DENTAL**
___	**Blood Test for Anemia**	Blood Test for Lead: [ ]No [ ]Yes Result: _____	
___	**Urine Test**	Exposure to second hand smoke? [ ]No [ ]Yes	
___	**Vision Testing: Acuity Test Used: [ ] Snellen [ ] Titmus**		**VISION**
	Right: 20/ ___ Left: 20/ ___	Eye muscle testing: [ ]Normal [ ]Abnormal	
	Referred? [ ]Yes [ ]No	Student should wear glasses: [ ]Yes [ ]No	
___	**Audiometry Screening**	___ Tympanograms (Optional)	**AUDIO**

	1000	2000	3000	4000
Right				
Left				

Right _____ Left _____

Referred? [ ]Yes [ ]No

Comments: _____

ADDITIONAL INFORMATION FROM HEALTH EXAMINER: **OTHER**

Does this child have any conditions that might concern the school? [ ] No [ ] Yes

If yes, explain condition(s) and recommendations for follow-up: _____

Are there any restrictions from physical activities? [ ]No [ ]Yes

If yes, explain _____

Does this child take any medication(s)? [ ]No [ ]Yes If yes, explain _____

(If child must take medication at school, please request and complete a medication form.)

Stamp or print examiner's name, address, phone number

Examiner's Signature

TB skin test (PPD) required for school entry
unless BCG given within past 12 mos.

Date given ___/___/___ Date read ___/___/___

Induration _____ mm [ ]Negative [ ]Positive

Chest X-Ray required If positive

Date ___/___/___ [ ] Normal [ ]Abnormal

Immunization Dates

Polio (OPV or IPV)					
DTP / DTaP					
DT / Td					
HIB Meningitis					
MMR					
Hepatitis B					
Varicella					
Other					

If any required immunizations were not given, list reason: _____

_____ Exemption expiration date ____/____/___

MILLER CREEK SCHOOL DISTRICT

STUDENT HEALTH APPRAISAL (K-8)

Your child's learning depends upon good health. Please complete the following to assist school Health Services.

Name_____ Birth date_____ School_____

Grade_____ Teacher/Rm_____ Home Phone_____

Mother's Name_____ Mother's phone during day_____

Father's Name_____ Father's phone during day_____

Last Physical Exam: Date_____ Dr._____ Last Dental Exam: Date_____ Dr._____

DOES YOUR CHILD HAVE?

ADD/ADHD	No ❒	Yes ❒	Specify_____
Allergies	No ❒	Yes ❒	Specify_____
Anorexia/Bulimia	No ❒	Yes ❒	Specify_____
Asthma	No ❒	Yes ❒	Mild/Moderate/Severe (check one) Trigger:_____ Inhaler?_____
Bee Sting/Insect Allergy	No ❒	Yes ❒	Local Reaction ❒ Generalized Reaction ❒ Medication needed?_____
Blood Disorder	No ❒	Yes ❒	Specify_____
Cancer	No ❒	Yes ❒	Specify_____
Depression	No ❒	Yes ❒	Specify_____
Diabetes	No ❒	Yes ❒	Takes Insulin No ❒ Yes ❒
Ear Infections	No ❒	Yes ❒	Date of last ear infection_____ List period(s) of chronic ear infection_____
Epilepsy or Seizures	No ❒	Yes ❒	Date of last seizure_____
Heart Condition	No ❒	Yes ❒	Specify_____
Kidney Disease	No ❒	Yes ❒	Specify_____
Migraines	No ❒	Yes ❒	Specify_____
Orthopedic Problem	No ❒	Yes ❒	Specify_____
Social/Emotional Problem	No ❒	Yes ❒	Specify_____
Speech Problem	No ❒	Yes ❒	Specify_____
Ulcers	No ❒	Yes ❒	Specify_____
Other	No ❒	Yes ❒	Specify_____

HAS YOUR CHILD HAD?

Serious Illness/Injury	No ❒	Yes ❒	Specify type and date_____
Surgery (Operations)	No ❒	Yes ❒	Specify type and date_____

DOES YOUR CHILD HAVE?

Trouble seeing close work?	No ❒	Yes ❒
Trouble seeing at distance?	No ❒	Yes ❒
Trouble hearing?	No ❒	Yes ❒

DOES YOUR CHILD?

Wears glasses?	No ❒	Yes ❒	Last vision exam date_____
Wears contacts?	No ❒	Yes ❒	Last vision exam date_____
Wears hearing aid?	No ❒	Yes ❒	Last exam date_____

Does your child have a condition which prevents participation in regular PE (running push-ups, wrestling, contact sports, etc.)?
No ❒ Yes ❒ Specify_____

Does your child have any medical or physical restrictions? No ❒ Yes ❒ Specify_____

Does he/she take daily medications? No ❒ Yes ❒ Specify_____
Required at school? No ❒ Yes ❒ Specify_____

Parent Signature_____ Date_____

Miller Creek Elementary School District
380 Nova Albion Way San Rafael, CA 94903 (415)492-3700

ADDRESS VERIFICATION INSTRUCTIONS

Residency verification paperwork must be submitted:

- Before a new student is registered
- Any time a student's address changes
- At the beginning of every school year
- Prior to participation in extracurricular activities (upon request)
- Before a change between levels (such as elementary to middle school)

RESIDENCY REQUIREMENTS

Unless otherwise permitted by law:

- Students MUST reside within the specific school's attendance area or have an approved Intradistrict or Interdistrict Transfer on file with the Miller Creek Elementary School District. The school will require 4 proofs of residency for ALL students. All proofs must have same name and address.
- Proof of Residency - Parents or guardians must provide proof that they live within the school's attendance area.
- Any change of address that results in a change of school attendance boundaries must be approved at the district office. If a school is at capacity, students will be placed on a waiting list or may attend the school located in the prior attendance area on an approved intradistrict transfer agreement. (5111.1) See table below for requirements (Ed Code 48204.1)

1. Parent's/Guardian's Picture I.D. *One of the following with the parent or guardian name:*	**2. Residency Verification** *One of the following original documents with parent or guardian name:*	**3. Residency Documentation** *Two of the following original documents (no more than one from any section) with parent or guardian name:*
Current CA State Driver's License *(must show current address)*	Current mortgage payment dated within the past 60 days or real estate document verifying change (e.g., sale or purchase)	A W2 form dated within the year or a Payroll Stub/Checks dated within the last month
Current CA State I.D. Card *(must show current address)*	State or Federal Tax Return *filed within the past 12 months with W-2 forms attached. Business returns do not meet residency requirements	Government Forms *I.D. or communication from a government agency (e.g., voter registration)
Military I.D./Orders *(must show current address)*	Property Tax Bill *Parent's name and property address indicating home owner's exemption—most recent billing period	Current PG&E or Cable bill dated within the past 60 days *(no water, cell phone or garbage will be accepted)*
	Management Company Rental/Lease Current agreement or last two month's receipts *Must include: Parent's name, student's name, address, manager's/owner's name and phone number. (This will be verified by a phone call from the school.)	Bank or credit card statement dated within the past 60 days or valid vehicle registration with current address

CAREGIVER AFFIDAVITS or DECLARATION of RESIDENCY AFFIDAVITS

(Must be approved/renewed every year)

Caregiver affidavits are applied for through the Miller Creek School District: (415) 492-3700
Students qualify as District residents if they reside FULL-TIME in the home of a caregiving adult living within District boundaries. Declaration of Residency affidavits may be obtained at the school office. Both affidavits require district office approval.

This caregiving adult or "Declaration of Residency" adult must provide residency verification as outlined above. "Full-time" residency is defined as:

- The student's primary residence is that of the caregiving adult or "Declaration of Residency" adult and
- The student resides in the home of the caregiving adult or "Declaration of Residency" adult 24 hours a day, seven days a week, and during periods of vacation and/or holidays.

MILLER CREEK ELEMENTARY SCHOOL DISTRICT
380 NOVA ALBION WAY SAN RAFAEL, CA 94903 (415)492-3700

NOTICE REGARDING FRAUDULENT ENROLLMENT

Attention All MCSD Families

Any student enrolled in the Miller Creek Elementary School District under fraudulent conditions may have enrollment terminated immediately upon discovery of fraud.

Fraudulent Enrollment is defined as enrolling or attempting to enroll using false information or withholding true information about where you live.

This includes families who:

⇒ Claim residence within the MCSD boundaries or within specific school attendance area boundaries, but are living outside of the boundaries

⇒ Acquire and produce fraudulent documents to claim MCSD residency

⇒ Once resided within the MCSD boundaries, moved, and do not inform the school of the change of address

⇒ Claim to live with another family within the District and fraudulently sign a Residency or Caregiver Affidavit

⇒ Use any other method to falsely claim residence within MCSD or within a specific school attendance boundary.

I have read the above notice, understand the consequences of fraudulent enrollment, and agree to MCSD residency requirements.

_____
Parent Signature

_____
Print Parent Name Date

_____
Student Name

For District Use Only

_____ _____
Photo I.D. Initial

C.D.L. # _____

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_____ _____
Description Documentation #1 Initial

****

_____ _____
Description Documentation #2 Initial

****

_____ _____
Description Documentation #3 Initial