

# MILLER CREEK SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

▶ 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)
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Male  Female  
 Non-Binary

Birth date: 

Month	Day	Year

Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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E-mail Address: \_\_\_\_\_

Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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E-mail Address: \_\_\_\_\_

Residence Address (house # & street name)	Apt #	City	State	Zip
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Mailing Address (IF DIFFERENT from above)	Apt #	City	State	Zip
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First Name:

**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.*

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

Permanent/Local ID:

**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 <u>in the U.S.</u>		
Month	Day	Year
Date first attended school <u>in California</u>		
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:
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**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM**

# Mary E. Silveira 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) \_\_\_\_\_

MILLER CREEK SCHOOL DISTRICT

NEW STUDENT PLACEMENT FORM

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
Last First

SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
Last First Last First

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

TRANSFERRED FROM: \_\_\_\_\_ PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

RETAINED \_\_\_\_\_ COMMENTS: \_\_\_\_\_

**MILLER CREEK SCHOOL DISTRICT**  
380 Nova Albion Way San Rafael, CA 94903  
415/492-3700

Request for Student's School Records

Date: \_\_\_\_\_

To Previous School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return files to:

\_\_\_\_\_  
**MARY E SILVEIRA ELEMENTARY SCHOOL**  
\_\_\_\_\_  
**375 Blackstone Drive**  
\_\_\_\_\_  
**San Rafael, CA 94903**  
\_\_\_\_\_

The student(s) listed below has been enrolled in our school. Please forward the cumulative, attendance, health records and if applicable special education records to the above address.

\_\_\_\_\_  
Name Birthdate Grade

\_\_\_\_\_  
Name Birthdate Grade

\_\_\_\_\_  
Name Birthdate Grade

Parent Authorization for Release of Records

I hereby authorize the transfer of all educational records concerning my child to the above named school in the Miller Creek School District. I further understand that I have the right to review the records when they are received at the new school.

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

\_\_\_\_\_  
Signature of District Employee



## HOME LANGUAGE SURVEY

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

Date of Birth: \_\_\_\_\_ Site: \_\_\_\_\_ Enrollment Grade: \_\_\_\_\_

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### 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



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

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- 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.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- 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.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- 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](http://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
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

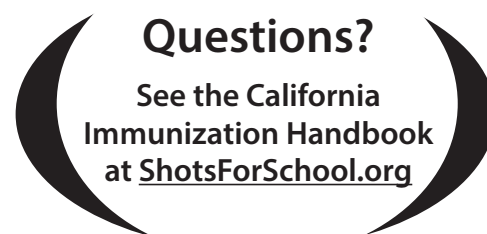
1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after 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.



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 \_\_\_\_\_

**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)

<b>1. Parent's/Guardian's Picture I.D.</b> <i>One of the following with the parent or guardian name:</i>	<b>2. Residency Verification</b> <i>One of the following original documents with parent or guardian name:</i>	<b>3. Residency Documentation</b> <i>Two of the following original documents (no more than one from any section) with parent or guardian name:</i>
Current CA State Driver's License <i>(must show current address)</i>	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 <i>(must show current address)</i>	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 <i>(must show current address)</i>	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 <i>(no water, cell phone or garbage will be accepted)</i>
	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.

**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.

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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

<b>For District Use Only</b>	
Photo I.D. _____	Initial _____
C.D.L. # _____	
*****	
Description Documentation #1 _____	Initial _____
*****	
Description Documentation #2 _____	Initial _____
*****	
Description Documentation #3 _____	Initial _____