

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)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Birth date:	

Month	Day	Year
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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)				

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

Anna Lazzarini, Principal
Joshua Brown-Herrera, Assistant
Principal
2255 Las Gallinas Avenue
San Rafael CA 94903



Phone: (415) 492-3760
Fax: (415) 492-3765
www.millercreekms.org
Twitter: @millercreeklife

5th Graders Elective Request Form

Name: _____ Current Grade: 5

Current School: _____

Teacher: _____

Home Phone: _____

Address: _____

Parent / Guardian
Name: _____

Parent / Guardian
Signature: _____

My child will NOT be attending Miller Creek Middle School next year: _____

As a 6th grader at Miller Creek, your child may select one class from the Elective List below. **Please rank your elective choices**, from the Elective List below, in order of preference. Final elective offerings are determined by the number of course requests. We can't guarantee that you will get your first choice.

Fill in Your Choices (see other side for course descriptions):

	Course Name
First Choice:	
Second Choice:	
Third Choice:	
Fourth Choice:	

Elective List:

Course Name	Course Number
Wheel <i>(may include Drama, Art, Introduction to World Language)</i>	1260
Band	601
Chorus	602
Orchestra	603

Wheel

Students will experience introductions to courses that they can take as full-year electives during 7th and 8th grades, possibly including Drama, Art, and Spanish. The Drama portion focuses on basic theater vocabulary, creative and collaborative games, performance, improvisational theater, and production and performance of original scripts. Art will cover drawing, painting, multimedia, printmaking, ceramics, and sketchbook activities. Each project will incorporate a technique, skill, and relationship to a style of art or art history. Some samples of projects for this class are Mandalas, radial origami relief sculptures, Metepec Ceramic Suns, and Terra Cotta Warrior Prints. Spanish is a fun and engaging introductory class that explores the Spanish language and culture through stories, videos, current and traditional music, games, movies, and graphic novels.

Band

All 6th-grade students with prior band experience (or private lessons on their band instrument) are welcome. The basic band instruments include flute, clarinet, trumpet, trombone, alto sax, and percussion. Additional instruments include tenor and baritone sax, baritone horn/euphonium, bass clarinet, French horn, tuba, bassoon, and oboe. Band 6 students study basic instrumental techniques, ensemble playing, and music reading skills through the use of method books and a variety of fun, exciting, and sometimes challenging concert band arrangements. The sixth-grade band will participate in the Forum Festival at Great America (if it is safe to do so), as well as perform in the Winter and Spring band concerts. Band 6 students may also choose to participate in the Miller Creek Jazz Ensemble or Jazz Combo.

Chorus

In Sixth Grade intermediate chorus, students will become stronger singers and musicians through daily practice and will learn basic ensemble techniques such as following a conductor, working as a team, producing a balanced sound, and listening to the ensemble sound as a whole. Singers will become proficient in sight-singing and reading music and will sing music in a variety of different styles. The Sixth Grade Chorus will perform in the Winter and Spring choral concerts, as well as participate in the music department trip to Great America in May, if it is safe to do so. While singing/choir experience is preferred, it isn't mandatory and beginning singers are very welcome to join.

Orchestra

Students enrolled in the intermediate orchestra (6th grade) rehearse as a full ensemble. In the sixth grade, students learn scales in two octaves. Shifting is introduced and proper bow technique is practiced. Counting and following the conductor are emphasized. Students perform literature that is specifically composed or arranged for this level. Characteristic tone, balance, blend, and intonation are heavily stressed. In addition to the Winter Concert and Spring Orchestra Festival, students perform at the CMEA Solo and Ensemble Festival, the Forum Festival/Great America trip, and occasionally in the community. All concerts and field trips are dependent upon whether or not large groups are able to assemble safely.

MILLER CREEK SCHOOL DISTRICT
MILLER CREEK MIDDLE SCHOOL
2255 Las Gallinas Ave San Rafael, CA 94903
Phone# (415)492-3761 Fax# (415)492-3765

Request for Student School Records

Date: _____

School Name: _____

Address: _____

City & State: _____

School Phone Number: _____ FAX: _____

The student listed below has been enrolled in Miller Creek Middle School. Please forward the cumulative, attendance, health records and if applicable, the special education records to the above address.

Student: _____

Grade: _____ Birthdate: _____

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: _____

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 ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- 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 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 #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	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

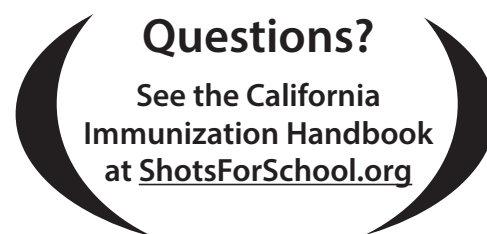
1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after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



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)

1. Parent's/Guardian's Picture I.D. <i>One of the following with the parent or guardian name:</i>	2. Residency Verification <i>One of the following original documents with parent or guardian name:</i>	3. Residency Documentation <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.

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. # _____	

Description Documentation #1 _____	Initial _____

Description Documentation #2 _____	Initial _____

Description Documentation #3 _____	Initial _____