

**Registration Instructions
2012-2013
Grades 1st-8th**

- Please read all materials thoroughly.
- Only COMPLETED Packet will be accepted

Completed packets will ONLY be accepted at the Enrollment Center - 1850 Fallbrook Avenue (Community Ctr office)
Hours: Monday through Thursday 8:30 a.m. to 4:00 p.m.
Closed for Lunch 1:00-2:00 p.m.

Questions - mday@moreland.org or 408-874-2927

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MORELAND SCHOOL DISTRICT
1st – 8th Grade
ENROLLMENT CHECKLIST

Student Name: _____ Grade: _____

COMPLETE THE FOLLOWING FORMS:

1. _____ Moreland School District Cumulative Record Folder (in pencil only) (only the side where student's name is listed).
2. _____ Student Registration Form
3. _____ Ethnicity Form (on back)
4. _____ Release of Records
5. _____ Health/Medical Information Form (both sides)
6. _____ Informal Primary Language Survey
7. _____ Report Card (or withdrawal papers from previous school- grades 6th-8th)

To complete to the Registration process (see below)

PLEASE PROVIDE THE ORIGINAL AND A PHOTOCOPY OF THE FOLLOWING:

8. _____ Parent's Picture Identification
 - Current Driver's License **or**
 - Current California State ID card **or**
 - Valid Consulate Issued Picture ID

9. _____ Verification of Residency within the Moreland School District
(online bills accepted with name & address)
 - Mortgage Statement **or**
 - Lease/Rental Agreement

AND

 - Current PG & E bill **or**
 - Current Water bill **or**
 - Current cable/Direct TV bill **or**
 - Vehicle Registration (**not** Title Certificate)

10. _____ Verification of Student's Age
 - Original birth certificate

11. _____ Immunization Record (must be current) **and**

12. _____ Mantoux (PPD) skin test – **a must to register if coming from outside Santa Clara County**
 - Students entering any grade level coming from outside of Santa Clara County must present written evidence of a Mantoux (PPD) skin **test given and read within the last 12 months.**

Student # _____
School Year _____

MORELAND SCHOOL DISTRICT Student Enrollment Form

K 1 2 3 4 5 6 7 8
Grade – Circle One

Student Information

Legal Last Name _____ Legal First Name _____ M.I. _____ **Male Female**
Circle One _____ Date of Birth MM/DD/YR _____

Address _____ City _____ Zip Code _____ Telephone _____ Home or Cell _____

Sibling(s) _____ Place of Birth _____
Name(s)/school/grade _____ City _____ State _____ Country _____

MOTHER- First Name _____ Last _____ Father Step Parent Foster Parent Legal Guardian

Highest level of education completed:
 Did not graduate High School College Graduate
 Graduated High School Post Graduate Degree
 Attended Some College

Highest level of education completed:
 Did not graduate High School College Graduate
 Graduated High School Post Graduate Degree
 Attended Some College

Cell Number _____ Email address _____

Cell Number _____ Email address _____

Address if different than Student _____

Address if different than Student _____

Employer _____ Occupation _____

Employer _____ Occupation _____

Student's Educational History

Previous School Attended _____ Grade Level _____

Has your child ever been retained? No Yes If yes, at what grade? _____

Has your child ever been expelled from a school district? No Yes If yes, which district? _____

Has your child ever attended school in the Moreland School District? No Yes
If yes, last date of attendance in MSD _____ Name of School _____

Has your child received any of these special services listed below?

Special Education Programs: _____ Resource Program _____ Special Day Class _____ Speech Services _____
If you checked any above program please attach current IEP.

Regular Education Programs: _____ ELL (English Lang. Learners) _____ GATE _____ Section 504 (attach plan)

Home Language Survey (Answer ALL Questions)

List only ONE language for each question below.

1. What language did this student learn when first beginning to talk? _____ If Chinese: Cantonese Mandarin

2. What language do you use most frequently to speak to this student? _____

3. What language does this student most frequently use at home? _____

4. What language is most often spoken by the adults at home? _____

If a language other than English is listed in questions 1-4 above, the student will be required to take an CELDT Test, unless you provide us with CELDT test scores or Proof of re-designation to Fully English Proficient (FEP) status.

I have read, understand and verify that all information submitted is correct.

Parent/Guardian Signature

Date

For office use only:

Date/Time received _____ Home School _____ Staff Initials: _____

Inter _____ Intra _____ School requested _____ School Assigned _____

Moreland School District

All California public schools are required to report race and ethnicity data for staff and students. The following information is confidential. No student name or other identifiers will be used for reporting purposes.

ETHNICITY/RACE FORM

Student's Name _____ Date of Birth _____

COMPLETE BOTH ETHNICITY & RACE SECTIONS

Ethnicity	Is student Hispanic or Latino? (<i>Select only one</i>)
	<input type="checkbox"/> No, not Hispanic or Latino
	<input type="checkbox"/> Yes, Hispanic or Latino

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

Race	What is the race of this student (<i>Select one or more</i>):
	<input type="checkbox"/> American Indian or Alaska Native (100)
	<input type="checkbox"/> Asian Indian (205)
	<input type="checkbox"/> Black or African American (600)
	<input type="checkbox"/> Cambodian (207)
	<input type="checkbox"/> Chinese (201)
	<input type="checkbox"/> Filipino (400)
	<input type="checkbox"/> Guamanian (302)
	<input type="checkbox"/> Hawaiian (301)
	<input type="checkbox"/> Hmong (156)
	<input type="checkbox"/> Japanese (202)
	<input type="checkbox"/> Korean (203)
	<input type="checkbox"/> Laotian (206)
	<input type="checkbox"/> Other Asian (299)
	<input type="checkbox"/> Other Pacific Islander (399)
	<input type="checkbox"/> Samoan (303)
	<input type="checkbox"/> Tahitian (304)
	<input type="checkbox"/> Vietnamese (204)
	<input type="checkbox"/> White/Caucasian (700)

California Public School Information

1. What month, day and year did/will your child first attend a public school in CA? Month ____ Day ____ Yr ____
2. If your child was **NOT** born in the United States, please answer questions #3 and #4.
3. When did your child first enter the United States? Month ____ Day ____ Yr ____
4. When did your child first attend school in the United States Month ____ Day ____ Yr ____

MORELAND SCHOOL DISTRICT

HEALTH INFORMATION FORM

Parent/Guardian: Please complete and return this form in order to provide information for our health records and to assist in planning your child's school program. Legislation (California Education Code 49480) requires that the parent/guardian of any student notify the school of any medication being taken by the child on a regular basis. Thank you

BOTH SIDES MUST BE FILLED OUT & RETURNED WITH REGISTRATION

STUDENT'S NAME _____
Last First Middle

School Grade Date of Birth

ADDRESS _____
Street City Zip

PARENT/GUARDIAN _____ HOME TELEPHONE # _____

EMAIL _____ WORK # _____ CELL# _____

PARENT/GUARDIAN _____ HOME TELEPHONE # _____

EMAIL _____ WORK # _____ CELL# _____

ADDRESS _____
 (if different than above) Street City Zip

BROTHERS	AGES	SISTERS	AGES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DOCTOR _____
Name Address Telephone #

DENTIST _____
Name Address Telephone #

Has your child had any health condition related to the following?

- | | | | | | |
|--|--|--|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Seizure | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Serious Injury |
| <input type="checkbox"/> Sinus Infections | <input type="checkbox"/> Febrile Seizure | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> German Measles | <input type="checkbox"/> Depression | <input type="checkbox"/> Operation |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Migraines | <input type="checkbox"/> Heart/Valve Condition | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Gastrointestinal |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Stroke | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney/Bladder |
| <input type="checkbox"/> Premature Birth | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Eczema | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Birth Complications | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Skin Sensitivity | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Tires Easily |

If YES, please describe: _____

Does your child have health insurance? Yes No Name of insurance program _____

Does your child have dental insurance? Yes No Does your child have vision insurance? Yes No

Health Information Continued

Does your child have any other health problems the school should be aware of? Yes No

If YES, please explain: _____

Should your child's activities be limited in any way? Yes No

If YES, please explain: _____

Does your child have **Allergies** to any of the following?

- Food Yes No Please specify: _____
- Bee/Insect Yes No Please specify: _____
- Drug Yes No Please specify: _____
- Latex Yes No Please specify: _____
- Seasonal Yes No Please specify: _____
- Other Yes No Please specify: _____

Does your child need Medication? If medication is needed at school, a permission form must be completed and signed by both the physician and parent/guardian, and medication/supplies must be in the original container.

Epi Pen Yes No / Benadryl Yes No / Albuterol Inhaler Yes No / Glucagon Yes No
 Other Yes No Please specify: _____

*****PLEASE SUPPLY YOUR CHILD'S MEDICATION WITH PERMIT TO TAKE MEDICATION FORM TO THE SCHOOL, IF YOUR CHILD NEEDS MEDICATION AT SCHOOL.*****

Is your child on a continuing medication regimen?

_____ My child **is not** on a continuing medication regimen.

_____ My child **is** on a continuing medication regimen.

Medication: _____

Condition: _____

Physician: _____ Telephone # _____

Address: _____ Fax # _____

Vision / Hearing	YES	NO	PLEASE EXPLAIN
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Wears Glasses / Contacts	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Wears Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER IMPORTANT HEALTH INFORMATION: _____

Signature of Parent/Legal Guardian

Date

Please fill out both sides of this form

Moreland School District

K-8 Informal Primary Language Survey

California Public School Information

Student Name:	Person Completing This Survey:
Student Birth Date:	Signature of Person Completing this form:
Primary Language:	School:
Grade:	Date Completed:

To be completed by parent/guardian.

The purpose of this survey is to find out how well your child knows his/her home language.

1. Has your child attended school in another country?
 No _____
 Yes _____ Country _____ # of months _____ or # of Years _____

2. How many years has he/she attended school in the United States?
 _____ Years

3. How well can your child **understand** the home language?
 Very well _____
 Limited _____
 None _____

4. How well can your child **speak** the home language?
 Very well _____
 Limited _____
 None _____

5. How well can your child **read** in his/her home language?
 Very well _____ (appropriate for age)
 Limited _____ (not as well as other students of the same age)
 None _____

6. How well can your child **write** in his/her home language?
 Very well _____ (appropriate for age)
 Limited _____ (not as well as other students of the same age)
 None _____

Completed Primary Language Survey Should Remain In Student's Enrollment Folder

MORELAND SCHOOL DISTRICT
4711 Campbell Avenue, San Jose, CA 95130

Request For Student Records

Please send all records and files for the following student. Please include all health records, test scores, portfolios, and confidential files.

Student Name: _____

Birth Date: _____ Grade: _____

Previous School Name: _____

School Address: _____

School City: _____ School State: _____ School Zip Code: _____

School Phone #: _____ School Fax #: _____

Previous School District: _____

Parent / Guardian Signature: _____ Date _____

Send records to the school marked below to the attention of **"Student Records"**.

Anderson Elementary School K-5
4000 Rhoda Drive
San Jose, CA 95117
408-874-3100
Fax: 408-243-4312

Baker Elementary School
4845 Bucknall Road
San Jose, CA 95130
408-874-3200
Fax – 408-379-3726

Country Lane Elementary School K-
55140 Country Lane
San Jose, CA 95129
408-874-3400
Fax: 408-252-4576

Easterbrook Discovery School K-8
4835 Doyle Rd
San Jose, CA 95129
408-874-3500
Fax: 408-253-7321

Payne Elementary School K-5
3750 Gleason Avenue
San Jose, CA 95130
408-874-3700
Fax: 408-241-4932

Moreland Middle School 6-8
4600 Student Lane
San Jose, CA 95130
408-874-3300
Fax: 408-379-3622

Parents of Children In or Entering School or Child Care



REFERENCE Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHY YOUR CHILD NEEDS SHOTS The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or child care. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter. Most children need booster shots before starting kindergarten. 7th grade entry requirements went into effect July 1, 1999. A varicella (chickenpox) requirement for kindergarten entry and child care attendance went into effect July 1, 2001.

WHAT YOU WILL NEED AT REGISTRATION You will need your child's Immunization Record. It must show the date your child was given each required shot. If you do not have an Immunization Record or your child has not received all required shots, call your doctor or local health department now for an appointment.



THESE ARE THE SHOTS THAT ARE REQUIRED Review your child's Immunization Record to make sure you have a date for each shot required.

Vaccine	NUMBER OF IMMUNIZATIONS REQUIRED TO ENTER, BY AGE OF CHILD							
	Child Care					School		
	2-3 months	4-5 months	6-14 months	15-17 months	18+ months	4-6 years	7-17 years	7th grade
Polio (OPV/IPV)	1	2	2	3	3	4 ^a	4 ^b	
DTP/DTaP	1	2	3	3	4	5 ^a	3 ^b	
Td Booster								[1 ^c]
MMR				1 ^d	1 ^d	2 ^e	1 ^e	2 ^e
Hepatitis B	1	2	2	2	3	3		3 ^f
Hib	1	2	2	1 ^d	1 ^d			
Varicella					1 ^g	1 ^g	1-2 ^h	

- ^a This number includes kindergarten boosters. If your child is 4-6 years old, entry requirements are met with only 3 polio and 4 DTPs if at least one polio and one DTP dose were after your child's fourth birthday.
- ^b For children 7-17 years old, entry requirements are met with only 3 polio and 3 DTP or DT/Td if at least one polio and DTP or DT/Td were after your child's 2nd birthday. For students age 7 years and older, pertussis immunization is not required.
- ^c A Td booster is recommended but not required.
- ^d One dose must be on or after the 1st birthday regardless of any doses received earlier. The Hib requirement applies only to child care children under age 4 years and 6 months.
- ^e One dose on or after the first birthday is required for grades 1-6 and 8-12. Mumps immunization is not required for students age 7 years and older.
- ^f Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11-15 years will also fulfill this requirement.
- ^g If your child had chickenpox disease, ask your doctor to note it on the immunization record to meet the requirement.
- ^h Required for children not enrolled in California schools before July 1, 2001. 1 dose required for grades K-12. For children 13-17 years old, 2 doses are needed if vaccine received after 13th birthday.

If your child's record is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted from some or all immunizations by a doctor because of a medical condition. Your child may be exempted by you because of your personal or religious beliefs. Ask your school or child care provider for details.

TB/TUBERCULIN SKIN TEST REQUIREMENTS

TB/Tuberculosis Mandate Requirements:

The requirement applies to the following students entering a public or private school in Santa Clara County beginning October 1, 1995 and later. This requirement is mandated by the Santa Clara County Public Health Department.

1) Kindergarten entrants:

All new and transfer students who register for kindergarten must present written evidence of a Mantoux (PPD) skin test or Interferon Gamma Release Assay (IGRA) given within twelve months prior to first school entrance or transfer. (Multiple puncture (Tine) tests are not acceptable.)

2) Grades one through twelve:

All new students and students transferring from outside Santa Clara County must present written evidence of a Mantoux (PPD) skin test or Interferon Gamma Release Assay (IGRA) given within twelve months prior to school entrance. (Multiple puncture (Tine) tests are not acceptable.)

What is Required?

Documentation requirements of the Mantoux (PPD) test must include the following:

- Date the test was given and date it was read
- The result of the reading in millimeters of induration
- Signature of the physician or designee

Documentation requirements of the Interferon Gamma Release Assay (IGRA) Blood Test must include the following:

- Original or copy of lab report
- Providers may attach IGRA results to yellow California immunization card, as there is no current place to record the IGRA.
- *TB Risk Factor Assessment Form must be completed for an indeterminate IGRA result.

Positive readings:

If a student has a positive reading of 10 millimeters or greater, the student will need to have a chest x-ray within 20 days of the TB test. The student may be conditionally admitted pending results of the chest x-ray and completion of TB Sign and Symptom Form. If the student has had a previous positive result, the x-ray must have been done in the United States within the past 6 months. The x-ray must be read and certified by a physician documenting that the student has a normal chest x-ray and is free of communicable tuberculosis.

Students treated with INH (minimum of 6 months of treatment) are required to provide documentation of treatment for school records, including dosage of INH; date started and date completed. A repeat chest x-ray is not required. Students presenting evidence of completion of INH are automatically considered to be free of communicable tuberculosis.

TB	Type*	Date given	Date read	mm indur	Impression
SKIN	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
TESTS	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg

*If required for school entry, must be Mantoux unless exception granted by local health department.

REPORT OF HEALTH EXAMINATION FOR FIRST GRADE

To protect the health of children, California law requires students to have a health examination eighteen months prior to entering first grade. The examination can be given up to six months before entering Kindergarten, but not before March 1st of that year.

It is recommended that students have a health examination when visiting the doctor for immunizations before starting Kindergarten.