

# Orange Center School District

3530 S. Cherry Avenue  
Fresno, CA 93706  
(559) 237-0437

Applications will be accepted in the office starting April 14th.

## Kindergarten Registration 2020 - 2021 School Year

Please bring the following documentation:

- Birth certificate
- Immunization record (TB shot is required)
- Proof of district residency

The child must have their 5<sup>th</sup> birthday by September 1, 2020.

Students currently enrolled at Orange Center pre-school must still register for kindergarten.

Las aplicaciones serán aceptadas en la oficina empezando 14 de abril.

## Inscripción de Kinder 2020 - 2021 Año escolar

Por favor traiga la siguiente documentación al tiempo de matriculación:

- Acta de nacimiento
- Tarjeta de vacunas (Se requiere la vacuna de tuberculosis)
- Prueba de residencia en distrito

El niño/a necesita que cumplir 5 años de edad en o antes del 1 de septiembre del 2020.

Los estudiantes que están matriculados en el pre-escolar también tienen que matricularse para el kinder.



## Kindergarten

I would like my child to be considered for enrollment in the Dual Immersion Class.

Yes       No

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## *Kinder*

*Me gustaría que me hijo/a este considerado para la matricular en la clase de inmersión dual.*

*Sí*       *No*

*Nombre de estudiante:* \_\_\_\_\_

*Firma de Padre/guardian:* \_\_\_\_\_



# Orange Center School District

## Student Registration Form

### INITIAL

For Office Use Only	
<input type="checkbox"/> Complete Packet _____	
<input type="checkbox"/> Transportation Bus # _____	
Grade _____ Room # _____	

**STUDENT INFORMATION:**

**Student Name:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
Last Name First Name Middle Name Mo Day Year

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address (IF DIFFERENT) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ETHNICITY (Mark the ethnicity with which the student most closely identifies. Please check one)**

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE? (Please 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) <small>(Person having origins if any of the original people of North and South America, including Central America)</small>	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino (400)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700) <small>(Person having origins if any of the original people of Europe, North Africa, or the Middle East)</small>
	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Intentionally left blank (999)
	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)	
	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)	

**Retention Information:**

Please answer the following:	Month	Year
1. Was child ever retained? If yes what grade?		

**PARENT INFORMATION:**

<b>Parent/ Guardian</b>	Name (Last, First, Middle): _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
	Address: <i>(If different from the student)</i> _____	Occupation: _____	
	Email: _____	Home Phone: _____	Cell/Work Phone: _____
<b>Parent/ Guardian</b>	Name (Last, First, Middle): _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
	Address: <i>(If different from the student)</i> _____	Occupation: _____	
	Email: _____	Home Phone: _____	Cell/Work Phone: _____

<b>Parent/Guardian - 1</b> <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Some College (includes AA degree) (12) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate School/Post Graduate Training (10)	<b>Parent/Guardian - 2</b> <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Some College (includes AA degree) (12) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate School/Post Graduate Training (10)
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**HOUSEHOLD INFORMATION:**

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:  YES  NO

**INTER-DISTRICT TRANSFER AGREEMENT:**  
Does your child have an Inter-District Transfer Agreement with another school District to attend OC?  YES  NO If Yes, what district? \_\_\_\_\_

**RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB. Please check appropriate box)**

In a single family permanent residence (house, apartment, mobile home)  In a motel/hotel (110)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship, loss or other reasons) (120)  Unsheltered (car/campsite) (130)  
 In a sheltered or transitional housing program (100)  Other \_\_\_\_\_

Is the student in foster care? (190)  YES  NO Is the student living with another family member? Please provide caregiver affidavit (190)  YES  NO

**OTHER CHILDREN LIVING IN THE HOME (Ages 0-18):**

Name	Date of Birth	M / F	Name	Date of Birth	M / F
1.			4.		
2.			5.		
3.			6.		

**HOME LANGUAGE SURVEY:**

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

2. What language does your son/daughter most frequently use at home? \_\_\_\_\_

3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

4. Name the language most often spoken by the adults at home: \_\_\_\_\_

Has your child ever taken the CELDT/ELPAC exam (California English Language Development Test)?  YES  NO  I don't know

In what language do you prefer written communications from the school?  English  Spanish

**EDUCATIONAL/ CUSTODIAL RIGHTS:**

A. Can both parents pick up the student from school?  YES  NO\*

B. Do parents have shared (or joint) parental rights and responsibility regarding educational decisions for the student?  YES  NO\*

C. Is there an applicable Court Order barring either parent from indicated right?  YES\*  NO

*\*It is your responsibility to provide the school with a copy of the documents.*

**SCHOOL INFORMATION**

**STUDENT'S PREVIOUS EDUCATION INFORMATION:**

Last School Attended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Day of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of School City State Phone No. Mon Day Year

Has the student ever been expelled or in the process of being expelled from any school?  YES  NO

If yes: Name of school: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the student been enrolled using a different last name?  Yes  No If yes, Name used: \_\_\_\_\_

**PRESCHOOL INFORMATION: (Where did your child attend preschool?)**

Did not attend Preschool  Orange Center Preschool  
 Head Start  Migrant School Readiness Program  Other: \_\_\_\_\_

**SERVICES/ PROGRAMS Has your child has previously received (Check all that apply):**

Special Education:  Resource (RSP)  Special Day Class (SDC)  Speech/Language  Hearing (DHH)  
Other:  504 Accommodation Plan  Gifted (GATE)  Math Intervention  Reading Intervention  
 Migrant  Medical Health Plan  English Language Development (ELD)  Counseling

**HEALTH INFORMATION:**

**RELEASE FOR TREATMENT:**

If an emergency should arise that requires immediate attention, and you as the parents/guardians cannot be contacted, do you authorize the school to take whatever steps necessary to protect the health of this child?  YES  NO

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Print Parent Name Parent Signature Date

**MEDICAL CONTACT INFORMATION:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

<input checked="" type="checkbox"/>	Identified Health Concerns <i>(Check all that apply)</i>	Comments
	NONE	
	ADHD/ ADD	
	Allergies <i>(Please list)</i>	
	Asthma <i>Does your child require an inhaler?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Diabetes <i>(Describe Type)</i>	
	Heart Problems	
	Seizures <i>(Describe type)</i>	
	Social/ Emotional/ Behavioral/ Mental Health concerns <i>(Describe)</i>	
	Vision deficit that requires preferential seating	
	Hearing deficit that requires preferential seating	
	Other:	

Does your child take any medications?  YES  NO *If yes, complete the following:*

Name of Medication	Dose/ Frequency	Physician

*CEC 49423. If prescribed medication is needed during the required school day, assistance may be given if the school receives: (1) a written statement from the physician detailing the method, amount and time schedule, and (2) a written statement from the parent/guardian, etc. The medication must be clearly labeled and sent to the school in a container from the pharmacy. (Form available at school)*

**EMERGENCY CONTACTS**

Who is authorized to pick up your child in the case of an emergency, and the parents cannot be reached? *Students will be released **ONLY** to those listed below.*

Name	Relationship	Home Phone	Cell Phone
1.			
2.			
3.			
4.			

Student Name:	DOB:	Grade:
<b>Read the following carefully. Check appropriate boxes below the statements, and sign below.</b>		
<p><b>Raptor Visitor Management System:</b> The Raptor system will allow us to track visitors, contractors, and volunteers in our schools and provide us with a safer environment for our students and staff. Upon entering a district building, visitors will be asked to present a valid state-issued ID, which will be scanned into the system. The Raptor system will check to ensure that registered sexual offenders are not entering our buildings. It is important to note that the Raptor system only scans the visitor's name, date of birth and photo for comparison with a national database of registered sex offenders.</p>		
<p><b>Cell Phone Policy:</b> California law permits students to carry cell phones; however, such devices shall be turned off except when being used for a valid instructional or other school-related purpose as determined by the teacher or other district employee, and at any other time directed by a district employee. Any device with a camera, video, or voice recording function shall not be used in any manner which infringes on the privacy rights of any other person. EC 48901.5. Texting, taking photos or videotaping inside the school building during the school day is not allowed. Students may not wear ear pieces during the class time as they impede the student's ability to hear instructions and announcements. Because of the expense, loss, and disruptiveness to learning environments, electronic devices should not be brought to school. Phones and electronic devices that are brought and lost or stolen are not the responsibility of the school or district and will not be replaced.</p>		
<p><b>Pesticide Notification:</b> Please be informed that the following pesticides may be used on Orange Center campuses during the school year: Central Garden &amp; Pet Co Essentria, EPA-FIFRA 25b, Syngenta Demand CS EPA-100-1066, Bayer Suspend SC EPA-432-763, Up-Cyde Pro 2.0 EC United Phosphorous EPA-70506-19, Pyronyl UL-300 Central Garden &amp; Pet EPA-89459-27, Syngenta Tandem EPA-100-1437, Syngenta Archer IRG EPA-100-1111, MGK Vandetta Nitro CR Gel Bait EPA-1021-2796, Syngenta Advion CR Bait EPA-100-1484, Syngenta Advion Ant Bait EPA-100-1498, Waterbury Co CB-80 EPA-279-3393, Syngenta Demon Max EPA-100-1218, Tengard SFR United Phosphorous EPA-70506-6</p>		
<p><b>Uniform Complaint Procedures:</b> The Governing Board recognizes that the district has the primary responsibility to ensure compliance with applicable state and federal laws and regulations governing educational programs. The district shall investigate and seek to resolve any complaints alleging failure to comply with such laws and/or alleging unlawful discrimination, harassment, intimidation, or bullying in accordance with the uniform complaint procedures. The district shall use the uniform complaint procedures to resolve any complaint alleging unlawful discrimination, harassment, intimidation, or bullying in district programs and activities based on actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other characteristic identified in Education Code 200 or 220, Penal Code 422.55, or Government Code 11135, or based on association with a person or group with one or more of these actual or perceived characteristics. Uniform complaint procedures shall also be used to address any complaint alleging the district's failure to comply with the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational activities, the requirements for the development and adoption of a school safety plan, and state and/or federal laws in adult education programs, consolidated categorical aid programs, migrant education, career technical and technical education and training programs, child care and development programs, child nutrition programs, and special education programs.</p>		
<p><b>Comprehensive Sexual Health Education and HIV Prevention Education:</b> California state law requires that comprehensive sexual health education and HIV prevention education be provided to students at least once in middle school or junior high school and once in high school, starting in grade 7 (California Healthy Youth Act). Instruction will be medically accurate, age-appropriate and inclusive of all students and encourage students to communicate with parents, guardians or other trusted adults about human sexuality. All classroom discussions and materials will be taught by district contracted personnel. Written and audiovisual educational materials to be used in comprehensive sexual health and HIV prevention education are available for inspection. Parents/guardians have a right to request a copy of Education Code 51930-51939. Parents/guardians have a right to excuse their child from comprehensive sexual health or HIV prevention education, or research on student health behaviors and risks, provided they notify the district. (Education Code 51938)</p>		
<p><b>Network/ Technology User Agreement:</b> Your child is given access to the Internet/intranet and to electronic devices for educational purposes and in accordance with the District's rules and regulations. Review the regulations with your student, as referenced in the OC District Parent Handbook. Please understand the consequences if the provisions of the technology agreement are violated and do not hold the District liable for any damages. Parent and student expressly consents to searches of District provided electronic devices as a condition of obtaining and using District provided electronic devices. This document will serve as permission for your child while enrolled in the Orange Center School District through the 8th grade.</p> <p><input type="checkbox"/> Yes, I give permission    <input type="checkbox"/> No, I do not give permission</p>		
<p><b>Student Photograph and Information:</b> Orange Center School District would like permission to publish your child's work, descriptions of his/her accomplishments, and photo in school sponsored publications and videos, school sponsored social media, and school related press releases. This permission will allow your child to share his/her work with others and to be recognized. You reserve the right to revoke this permission at any time.</p> <p><input type="checkbox"/> Yes, I give permission    <input type="checkbox"/> No, I do not give permission</p>		
<p><b>Automated Telephone Dialing System:</b> I agree that Orange Center School District, may call or text me at the telephone number or numbers, including any wireless/cell numbers I provided. Permission given allows your son/daughter(s) school to send message information regarding school district or school building news that includes, but is not limited to, individual student attendance calls, school information, activity schedules, and special meetings and occasions. Such calls will be made using an automated telephone dialing system and may involve voice calls or text messages and may be delivered by artificial or prerecorded voice message.</p> <p><input type="checkbox"/> Yes, I give permission    <input type="checkbox"/> No, I do not give permission</p>		
<p><b>District Information Handbook:</b></p> <p><input type="checkbox"/> Yes, I have received and will review all the policies of the Orange Center School District Information Handbook. I will discuss district regulations and expectations with my child.</p>		
<p><i>I have reviewed this document, and to the best of my knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that he/she is the parent, or legal guardian, of the above-named student and grants the above authorizations.</i></p>		
<p>_____ Signature of Parent/ Guardian</p>	<p>_____ Printed Name of Parent/ Guardian</p>	<p>_____ Date</p>
<b>REGISTRATION IS NOT VALID OR COMPLETE WITHOUT SIGNATURE AND DATE.</b>		

**Orange Center School District**

**TK/Kindergarten**

Request for Bus Transportation  
Solicitud de Transporte en Autobús

Student Name/Nombre de Estudiante: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

Parent Name/Nombre de Padre: \_\_\_\_\_

Name of other adult(s) who will pick-up the student at the bus stop: It is required by the District that an adult who is on the emergency card be present at the bus stop.

Nombre de otro adulto (s) que recogerá al estudiante en la parada de autobús: Es requerido por el Distrito que un adulto que esté en la tarjeta de emergencia esté presente en la parada de autobús

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

(Bus transportation is only provide within the school district boundaries)

(El transporte en autobús es sólo proveer dentro de los límites del distrito escolar)

If you plan on using school bus transportation to and from school, for your child it is important that they ride the bus daily, if he/she fails to ride the bus without prior notification for five consecutive days the bus stop will be eliminated from the bus route.

Si usted planea usar el transporte escolar de autobús hacia y desde la escuela, para su hijo/a, es importante que el estudiante viaje en el autobús todos los días, si él / ella falta de viajar en el autobús sin previo aviso durante cinco días consecutivos, la parada de autobús será eliminado de la ruta de autobús.

*BELOW IS FOR OFFICE USE ONLY*

Bus #: \_\_\_\_\_ Driver: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

ASP: \_\_\_\_\_

## **Orange Center School District**

### **Inderdistrict Transfer Application Procedures**

Orange Center School welcomes students from neighboring areas. If your child does not live in the Orange Center School District boundaries, please follow the application procedures below:

- Obtaining an application for an interdistrict transfer from your school district of residence.
- Complete the application and submit it to your district of residence. The district of residence will then submit a copy of the form to Orange Center for approval.
- Approval and continuation will be based on the following: good attendance, proper conduct, acceptable grades and space availability.

### ***Procedimientos de Aplicación de la Transferencia Inderdistrict***

***Escuela de Orange Center da la bienvenida a estudiantes de las áreas vecinas. Si su hijo no vive en los límites del Distrito Escolar de Orange Center, por favor siga los procedimientos de solicitud abajo:***

- ***Obtener una solicitud de transferencia interdistrital de su distrito escolar de residencia.***
- ***Complete la solicitud y envíela a su distrito de residencia. El distrito de residencia enviará una copia del formulario al escuela de Orange Center para aprobación.***
- ***La aprobación y continuación se basará en lo siguiente: buena asistencia, conducta apropiada, grados aceptables y disponibilidad de espacio.***