## Orange Center School District

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

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

### **Transitional 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  $5^{th}$  birthday between September  $2^{nd}$  – December  $2^{nd}$ , 2020.

<u>Students currently enrolled at Orange Center pre-school must still register for transitional kindergarten.</u>

### Las aplicaciones serían aceptadas en la oficina empezando el 14 de abril.

# Registro de transición de kinder

2020 - 2021 Año escolar

Por favor traiga la siguiente documetación al tiempo de matriculación:

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

El niño/a necesita que cumplir 5 años de edad entre las fechas del 2 de septiembre - 2 de diciembre 2020.

Los estudiantes que estan matriculados en la pre-escolar tambien tienen que matricularse para kinder de transición.



# Transitional Kindergarten

I would like my child to be considered for enrollment in
the Dual Immersion Class.
( ) Yes ( ) No
Student Name:
Parent/Guardian Signature:
Transición de 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	
☐ Comple	ete Packet	_
☐ Transp	ortation Bus #	_
Grade	Room #	

	STUDE	ENT INFORMATION:							
	Studen	t Name:							
					o varannon a				
		////	// First Name	Da	ate of Birth/_ Mo Da	/	Grade	_ ☐ Male ☐ Female	
		LOST HOME	. not nome	made name		,			
	Mailing	Address		/City		State	Zip	):	
	widiling	Address		City		State	21		
	Pacidan	ce Address (IF DIFFERENT)		/City	<i>J</i>	State	Zip		
	пезисп	ice Address (ii Dil l'Elletti)		City		State			
	ETHNIC	CITY (Mark the ethnicity with which	the student most close	lu idantifias Dlansa ch	perk one)				
П		anic/Latino (A person of Cuban, Mexica				riain rogardlass	of race)		
		Hispanic or Latino	n, Puerto Rican, South of Ce	entral American, or other	spanish culture of or	igiri, regardiess	Orracej		
		N	a ale con the first second all and a	and the character				No matter what	
Ц		IS YOUR CHILD'S RACE? (Please ch lected above, please continue to a							
	11.650	nerican Indian or Alaskan Native (100)	☐ Korean (203)	Other Asian (29		Filipino (400)			
		rson having origins if any of the	☐ Vietnamese (204)	☐ Hawaiian (301)			n or Black (600	)	
		ginal people of North and South	☐ Asian Indian (205)	☐ Guamanian (30				rigins if any of the	
		erica, including Central America)	☐ Laotian (206)	☐ Samoan (303)		original people	of Europe, Nor	th Africa, or the	
		inese (201)	☐ Cambodian (207)	☐ Tahitian (304)		Middle East)			
	☐ Jap	panese (202)	☐ Hmong (208)	Other Pacific Is	lander (399) 🗆	Intentionally le	t blank (999)		
ш									
	Dlowe	on anguar the followings					Month	Year	
	Pleas	e answer the following:					VIOITEI	rear	
	1	<ol> <li>Was child ever retained? If yes wh</li> </ol>	at grade?						
	DADEN	IT INFORMATION:							
ш	PAREIV	Name (Last, First, Middle):			Relationship:				
	<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			☐ Mother ☐ Father ☐ Other:				
	Guardian	Address: (If different from the stude)	nt)		Occupation:				
					occupation.				
	Parent/	Consile			Home Phone:		Cell/Work Ph	ono:	
	Pa	Email:			nome Phone.		CellyWork Pi	ione.	
		Name (Last, First, Middle):			Relationship:				
	ig i		☐ Mother ☐ Father ☐			Other:			
	Suar	Address: (If different from the stude	nt)		Occupation:			ř	
	ıt/e								
	Parent/ Guardian	Email:			Home Phone:		Cell/Work Pi	none:	
	Parent/	/Guardian - 1		Parent/Guard	dian - 2				
		☐ Not a High School Graduate (14)			ot a High School Gra	duate (14)			
		☐ High School Graduate (13)		□ H	ligh School Graduate	(13)			
□ Some College (includes AA degree) (12) □ Some College (includes AA degree) (12) □ College Graduate (11)									
		☐ Graduate School/Post Graduate Tr	aining (10)	□ Gi	raduate School/Post	Graduate Train	ing (10)		

HOUSEHOLD INFOR	MATION:							
INTER-DISTRICT TRAN	SFER AGREEMENT:			in the United States Armed Fo nd OC? □ YES □ NO If Yes, wh				
RESIDENCE - Where is	s your child/family currently l	iving? (Federally m	andated by	NCLB. Please check appropriat	te box)			
☐ In a single family pern	nanent residence (house, apartm	ent, mobile home)		☐ In a motel/hotel (110)				
Doubled-up (sharing )	nousing with other families/indivi	duals due to economi	с	Unsheltered (car/campsi	te) (130)			
hardship, loss or othe	r reasons) (120)			Other				
☐ In a sheltered or trans	sitional housing program (100)							
Is the student in foster o	are? (190)	is the student living	ng with anoth	er family member? Pleose provide	caregiver affidavit (1	90) □ YES □ NO		
OTHER CHILDREN LIVING IN THE HOME (Ages 0-18):								
Name	Date of Bi	rth M/F		Name	Date of Birth	M/F		
1.			4.					
2.			5.			<u> </u>		
3.			6.		,,,,,			
3.								
HOME LANGUAGE SU	IRVEY:							
1. Which language did yo	our son/daughter learn when he/s	she first began to talk	?					
2. What language does y	our son/daughter most frequent	y use at home?						
3. What language do you	use most frequently to speak to	your son/daughter? _						
•	ost often spoken by the adults at							
					□   don't know			
•	n the CELDT/ELPAC exam (Californ u prefer written communications		Development	□ English □ Spanish				
 in what language up you	u preier written communications	Thom the school		C English C Opposit				
EDUCATIONAL/ CUST	ODIAL RIGHTS:				_			
				cational decisions for the student?		YES NO*		
C. Is there an applicable Court Order barring either parent from indicated right?								
*It is your responsibility to provide the school with a copy of the documents.								
SCHOOL INFORMA	TION							
STUDENT'S PREVIOU	S EDUCATION INFORMATION	<b>l:</b>						
Last School Attended:			'	Phone No.	Day of Attendance	on Day Year		
	Name of School	City	State	Phone No.	Į (VI	on Day Teal		
Has the student ever been expelled or in the process of being expelled from any school?   YES   NO								
If yes: Name of school: Date:								
Has the student been ea	nrolled using a different last name	e? 🗆 Yes 🗀 No	If yes, Na	me used:		-		
PRESCHOOL INFORM	IATION: (Where did your child a	ttend preschool?)						
Did not attend Pre	school 🗆 C	Orange Center Presch	ool					
☐ Head Start	□ <b>n</b>	Migrant School Readir	ess Program	Other:				
SERVICES/ PROGRAM	MS Has your child has previously	received (Check all th	at apply):					
 Special Education:	☐ Resource (RSP)	☐ Special Day Clas		☐ Speech/Language	☐ Hea	ring (DHH)		
Other:	☐ 504 Accommodation Plan	☐ Gifted (GATE)	•	☐ Math Intervention	☐ Read	ding Intervention		
Julien.	☐ Migrant	☐ Medical Health F	lan	☐ English Language Developm		•		
ŀ								

	HEA	LTH INFORMATION:					
ľ		EASE FOR TREATMENT:					
ľ	If an	emergency should arise that requires imme	diate attention, and	you as the parents/	guardia:	ns cannot be contact	ed, do you authorize the
	scho	ool to take whatever steps necessary to prote	ect the health of this	child? □ YES □	ONC		
ł	Prin	t Parent Name	Parent Signatu	re		Da	nte
٦ŀ	4200.000.000						
-		DICAL CONTACT INFORMATION:					
		or: Pho					Phone:
	Heal	th Insurance:		Policy #:			
	<b>②</b>	Identified Health Concerns (Check a	ll that apply)			Comments	
		NONE					
		ADHD/ ADD					
		Allergies (Please list)					
		Asthma Does your child require an inhaler?	YES ONO				
		Diabetes (Describe Type)					
		Heart Problems					
		Seizures (Describe type)					
		Social/ Emotional/ Behavioral/ Mental Health cor	ncerns (Describe)				
		Vision deficit that requires preferential seating					
		Hearing deficit that requires preferential seating					
		Other:					
	Does	s your child take any medications?		2 92			
		Name of Medication	Dose	e/ Frequency			Physician
		49423. If prescribed medication is needed during thilling the method, amount and time schedule, and (2					
		ol in a container from the pharmacy. (Form available ERGENCY CONTACTS	le at school)		(-16:11-		
-	LIVII	ERGENCY CONTACTS					
		o is authorized to pick up your child in the ca se listed below.	se of an emergency,	and the parents can	not be r	eached? Students v	vill be released <u>ONLY</u> to
		Name	Relatio	nship	i	Home Phone	Cell Phone
	1.					/	
	2.						
	3.						
	4.						

Student Name:	DOB:	Grade:
Read the following careful	ly. Check appropriate boxes below the stater	ments, and sign below.
Raptor Visitor Management System: The Raptor systen environment for our students and staff. Upon entering a darker The Raptor system will check to ensure that registered servisitor's name, date of birth and photo for comparison with the comparison will be compared to the comparison with the comparison with the comparison will be compared to the comparison with the comparison will be compared to the comparison with the comparison will be compared to the comparison will be compared to the comparison will be compared to the	district building, visitors will be asked to present a valid sta xual offenders are not entering our buildings. It is importa	ate-issued ID, which will be scanned into the system.
Cell Phone Policy: California law permits students to carry ce purpose as determined by the teacher or other district employee, is be used in any manner which infringes on the privacy rights of any allowed. Students may not wear ear pieces during the class time a to learning environments, electronic devices should not be brough district and will not be replaced.	ell phones; however, such devices shall be turned off except when and at any other time directed by a district employee. Any device other person. EC 48901.5. Texting, taking photos or videotaping last they impede the student's ability to hear instructions and annou	with a camera, video, or voice recording function shall not inside the school building during the school day is not uncements. Because of the expense, loss, and disruptiveness
Pesticide Notification: Please be informed that the followin, 25b, Syngenta Demand CS EPA-100-1066, Bayer Suspend SC EPA-4 Tandem EPA-100-1437, Syngenta Archer IRG EPA-100-1111, MGK Waterbury Co CB-80 EPA-279-3393, Syngenta Demon Max EPA-100	.32-763, Up-Cyde Pro 2.0 EC United Phosphorous EPA-70506-19, P Vandetta Nitro CR Gel Bait EPA-1021-2796, Syngenta Advion CR Ba	'yronyl UL-300 Central Garden & Pet EPA-89459-27,Syngenta
Uniform Complaint Procedures: The Governing Board regulations governing educational programs. The district shall inventor harassment, intimidation, or bullying in accordance with the unifor discrimination, harassment, intimidation, or bullying in district proorigin, ethnic group identification, age, religion, marital or parenta information, or any other characteristic identified in Education Cot more of these actual or perceived characteristics. Uniform complained or the programs to pay fees, deposits, or other charges for participation of the programs in adult education programs, consolidated cated development programs, child nutrition programs, and special educed to the programs of the programs, and special educed to the programs of t	estigate and seek to resolve any complaints alleging failure to com rm complaint procedures. The district shall use the uniform comp grams and activities based on actual or perceived characteristics il status, physical or mental disability, sex, sexual orientation, gen de 200 or 220, Penal Code 422.55, or Government Code 11135, or aint procedures shall also be used to address any complaint allegin cipation in educational activities, the requirements for the develop egorical aid programs, migrant education, career technical and tec	ply with such laws and/or alleging unlawful discrimination, plaint procedures to resolve any complaint alleging unlawful of race or ethnicity, color, ancestry, nationality, national der, gender identity, gender expression, or genetic based on association with a person or group with one or ng the district's failure to comply with the prohibition against pment and adoption of a school safety plan, and state
Comprehensive Sexual Health Education and HIV education be provided to students at least once in middle school accurate, age-appropriate and inclusive of all students and end discussions and materials will be taught by district contracted education are available for inspection. Parents/guardians have comprehensive sexual health or HiV prevention education, or rese	Prevention Education: California state law requires that or junior high school and once in high school, starting in grade 7 courage students to communicate with parents, guardians or or personnel. Written and audiovisual educational materials to be a right to request a copy of Education Code 51930-51939.	7 (California Healthy Youth Act). Instruction will be medically other trusted adults about human sexuality. All classroom e used in comprehensive sexual health and HIV prevention Parents/guardians have a right to excuse their child from
Network/ Technology User Agreement: Your child is gi rules and regulations. Review the regulations with your student, a agreement are violated and do not hold the District liable for any of and using District provided electronic devices. This document will	iven access to the Internet/intranet and to electronic devices for e s referenced in the OC District Parent Handbook. Please understar damages. Parent and student expressly consents to searches of Di	educational purposes and in accordance with the District's nd the consequences if the provisions of the technology istrict provided electronic devices as a condition of obtaining
Yes, I give permission No, I do not give permis	ssion	
Student Photograph and Information: Orange Center S school sponsored publications and videos, school sponsored social recognized. You reserve the right to revoke this permission at any	I media, and school related press releases. This permission will all	
Yes, I give permission No, I do not give permis	ssion	
Automated Telephone Dialing System: I agree that Or provided. Permission given allows your son/daughter(s) school to student attendance calls, school information, activity schedules, a voice calls or text messages and may be delivered by artificial or p	send message information regarding school district or school build nd special meetings and occasions. Such calls will be made using a	ding news that includes, but is not limited to, individual
Yes, I give permission No, I do not give permis	sion	
District Information Handbook:		
Yes, I have received and will review all the policies of	of the Orange Center School District Information Handbo	ook. I will discuss district regulations and
expectations with my child.	•	
I have reviewed this document, and to the bes The undersigned declares under penalty of pe and grants the above authorizations.	st of my knowledge, the information contained rjury that he/she is the parent, or legal guard	d herein is true and complete. lian, of the above-named student
	Printed Name of Parent/ Guardian	

# **Orange Center School District**

# TK/Kindergarten

Request for Bus Transportation Solicitud de Transporte en Autobús

Student Name/Nombre de Estudiante:						
ddress/Direccion:						
Parent Name/Nombre de Padre:						
ame of other adult(s) who will pick-up the student at the bus stop: It is required by the District at an adult who is on the emergency card be present at the bus stop.  ombre de otro adulto (s) que recogerá al estudiante en la parada de autobús: Es requerido por el istrito 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 escholar)						
you plan on using school bus transportation to and from school, for your child it is important at they ride the bus daily, if he/she fails to ride the bus without prior notification for five onsecutive days the bus stop will be eliminated from the bus route.						
usted planea usar el transporte escolar de autobús hacia y desde la escuela, para su hijo/a, es aportante que el estudiante viaje en el autobús todos los días, si él / ella falta de viajar en el atobús sin previo aviso durante cinco días consecutivos, la parada de autobús será eliminado de ruta de autobús.						
BELOW IS FOR OFFICE USE ONLY						
us #: Driver:						
eacher:Grade:						
SP:						

### **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.