JANESVILLE UNION ELEMENTARY SCHOOL DISTRICT
Janesville Union School
464-555 Main Street, PO Box 280
Janesville, CA 96114
(530) 253-3551 (School Office)
(530) 253-3660 (District Office)
(530) 253-3891 (FAX)

www.janesvilleschool.org

<table>
<thead>
<tr>
<th>CLASS</th>
<th>TIME</th>
<th>LUNCH</th>
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</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>8:15 – 2:20</td>
<td>11:35-11:55</td>
</tr>
<tr>
<td>1st Grade</td>
<td>8:15 – 2:20</td>
<td>11:20-12:05</td>
</tr>
<tr>
<td>2nd Grade</td>
<td>8:15 – 2:20</td>
<td>11:25-12:05</td>
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<tr>
<td>3rd Grade</td>
<td>8:15 – 2:20</td>
<td>11:30-12:10</td>
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<tr>
<td>4th Grade</td>
<td>8:15 – 2:25</td>
<td>11:45-12:25</td>
</tr>
<tr>
<td>5th Grade</td>
<td>8:15 – 2:25</td>
<td>11:55-12:35</td>
</tr>
<tr>
<td>6th Grade</td>
<td>8:15 – 2:25</td>
<td>12:00-12:40</td>
</tr>
<tr>
<td>7th/8th Grades</td>
<td>8:15 – 2:25</td>
<td>12:15-12:55</td>
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MINIMUM DAY DISMISSAL TIMES:
Kindergarten – Grade 3 12:40
Grades 4 – 8 12:45

Lunch is served on minimum days.

Meal Prices:
Breakfast: $1.75
Student lunch: $2.85
Guest breakfast: $2.25
Guest lunch: $3.35
Milk: $.40

Free and reduced price breakfast and lunch are available to those who qualify.
Registration Form

Last Name: ___________________________ First: ___________________________ Middle: ___________________________ 
Male: ______ Female: ______ (circle one) 
Date of Birth: ____________ Social Security # (Optional): ____________ 
Place of Birth: ___________________________ 
City: ___________________________ Zip Code: ____________ 
State: ___________________________ Country: ____________ 
Home Address: ___________________________ Mailing Address (If different from above): ___________________________ 
City: ___________________________ Zip Code: ____________ 
Home Phone: ___________________________ Cell Phone: ___________________________ 
Last School Attended: ___________________________ Name of School: ___________________________ 
City: ___________________________ State: ___________________________ Date Last Attended: ____________ 
Was this child born outside the United States? _______ If so, was he/she born on a military base? _______ 
What was the first date of attendance in a U.S. school? ___________________________ 
Student Resides with: (Please circle) Both Parents Shared Custody Father Step-Father Mother Step-Mother Grandparent Guardian 
Name: ___________________________ Relationship: ___________________________ 
Employer: ___________________________ Phone: ___________________________ Ext.: ___________________________ 
Name: ___________________________ Relationship: ___________________________ 
Employer: ___________________________ Phone: ___________________________ Ext.: ___________________________ 
In case of an emergency, a person who can ALWAYS be reached: 
Name: ___________________________ Phone: ___________________________ Cell Phone: ___________________________ 

<table>
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<tr>
<th>Name of Sibling(s)</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>School Attending</th>
<th>At home</th>
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Parent Education Level: 

Graduate School / post-graduate training 
College Graduate 
Some college (includes AA degree) 
High school graduate 
Not a high school graduate 
Decline to state or unknown 

Primary Ethnicity: 

White (not of Hispanic origin) 
Filipino 
Native Hawaiian 
Guamanian 
Chinese 
Samoan 
Japanese 
Tahitian 
Other: 

Parent / Guardian Signature: ___________________________ Date: ____________ 
E-mail address: ___________________________
DECLARATION OF STUDENT STATUS

Student’s Name: ___________________________ Date of Birth: ______________

California law requires that parents/guardians tell officials of a new school district if a child they are attempting to enroll is currently expelled or has expulsion proceedings pending against him/her in another school district. (Ed. Code 48915.1)*

Please answer the following questions:

1. Are there expulsion proceedings pending against the student whose name appears above?  □ Yes  □ No

2. Is the student whose name appears above currently expelled from any other school district?  □ Yes  □ No

If the answer is yes to either of the above questions, please give the reason the student was recommended for expulsion: ________________________________

Please give the name, address, and telephone number of the school from which the student was recommended for expulsion.

____________________                        ______________________
(Name of School)                       (Name of School District)

____________________  __________  __________  __________
Address                      City      State      Zip

Telephone Number

*Failure to declare that the student was expelled or recommend for expulsion from another school district may be used against him/her in any subsequent admittance hearing.

*Parents/guardians of students who are currently expelled or who have expulsion proceedings pending against them must apply to the Janesville Union School District Board of Education for permission to enroll. Please contact the Superintendent at 253-3551 or 253-3660 for instructions.
Janesville Union Elementary School District
Janesville Union School
Mailing: PO Box 280
Physical: 464-555 Main Street
Janesville, CA 96114
(530) 253-3551 (School Office)   (530) 253-3891 (FAX)   (530) 253-3660 (District Office)

Request for Student Records

To: ________________________________
   (Name of Previous School)

_______________________________  ________________________________
   (School Address)              (City/State/Zip)

_______________________________  ________________________________
   (School Phone)                (School Fax Number)

Name of Student: ________________________________ Date of Birth: ________________________________

Name of Student: ________________________________ Date of Birth: ________________________________

Name of Student: ________________________________ Date of Birth: ________________________________

The above student(s) has enrolled in our school district. Please send all cumulative records including scholastic, achievement, attendance records, and suspension and expulsion records (Ed. Code Section 48201), health records, psychological reports, Special Education/IEP records, 504 plans, and any other pertinent information to Janesville Union School at the above address.

The Federal Family Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission to release these records. In compliance with California Education Code, Section 10939, Janesville Union School is informing the parents of their right to inspect, review and challenge the record contents of the above student(s).

In addition, please fax the student's most recent report card and any testing data to:
(530) 253-3891

__________________________________________  __________________________________________
   Date                                         Signature of Parent/Guardian
Date

Signature of Parent or Guardian

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.

______________________________  _________________________________
(Parents, Guardians, Grandparents, or anyone else doing most of the raising)

Which language is most often spoken by adults in the home?

______________________________

When speaking with your child, which language do you use?

______________________________

Which language does your child most frequently speak at home?

______________________________

Which language did your child learn when he/she first began to talk?

Students’ English proficiency is assessed. As parents or guardians, your cooperation is requested in completing these requirements. Please respond to each of the four questions below as accurately as possible. If an error is made completing this home language survey, you may request correction before your student’s English proficiency is assessed.

Inadequate instructional programs and services will be identified in determining a student’s proficiency in English should be retested. This information is essential in order for the school to provide appropriate instructional programs and services.

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students.

Directions to Parents and Guardians:

______________________________  _________________________________
Teacher Name:  Grade Level:

______________________________  _________________________________
(Age of Student)  (First Given Name)  (Surname / Family Name)

Name of Student:

HOME LANGUAGE SURVEY
Janesville Elementary School
Janesville Elementary School
ENCUESTA DEL IDIOMA EN EL HogAR

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

Age of Student: ________________ Grade Level: ________________ Name of Teacher: __________________________

Note: School district personnel should complete all of the information items above this line.

Instrucciones para padres y tutores:

El Código de Educación de California contiene requisitos legales que guían a las escuelas a dar un examen de proficiencia en inglés a los estudiantes. El proceso comienza con determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Las respuestas a esta encuesta del idioma ayudarán al personal de la escuela saber si el estudiante debe tomar el examen. Esta información es esencial para que la escuela pueda proveer programas y servicios adecuados a los estudiantes.

Como padre o tutor, su cooperación es necesaria para cumplir con estos requisitos. Por favor responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda a todas las preguntas. Si contestó con error a las preguntas de esta encuesta de idioma, Ud. puede solicitar corrección de su respuesta antes de que la proficiencia de su estudiante sea evaluada.

¿Qué idioma aprendió su hijo cuando empezó a hablar?

¿Qué idioma habla su hijo en casa con más frecuencia?

¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo?
¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)?

Por favor firme y feche este formulario en el espacio suministrado a continuación y devuelva el formulario al maestro de su hijo. Muchas gracias por su cooperación.

(Firma del padre/madre o tutor) (Fecha)

Form HLS, Source Document Revised December 2016
California Department of Education
JANESVILLE UNION SCHOOL DISTRICT
STUDENT HEALTH INVENTORY

Student's Name: _____________________________________________

Last     First     Middle

Date of Birth: ____________________________

Parent(s) / Guardian(s) ______________________________________

ALL STUDENTS (INCLUDING TRANSFERS) MUST PRESENT AN
IMMUNIZATION RECORD AT THE TIME OF REGISTRATION.

1. Has your child been exposed to Tuberculosis? ____________________
   If so, when ________________________________

2. MEDICAL HISTORY: Please check if your child has a history of disease
or condition:

   - Heart condition
   - Fainting spells
   - Convulsions
   - Kidney problems
   - Speech problem
   - Measles (Year ___)
   - Mumps (Year ___)
   - Bone and/or joint problems
   - Diabetes
   - Epilepsy
   - Asthma
   - Other ________________________________
   - Rubella (Year ___)
   - Chicken Pox (Year ___)

3. Does your child have any allergies? ______________________________
   If so, please specify: (insects, stings, foods, medication, etc...)

4. Does your child have a "current" health problem? ______________________
   If so, please specify: ________________________________

5. Is your child under a doctor's care? ________________________________
   If so, please explain: ________________________________

6. Is your child taking any medications regularly? ______________________
   If so, name of medication: ________________________________

Chapter 5, Division 9, Article 2.5 of the Education Code reads as follows:
12020. The parent or legal guardian of any public school pupil on a continuing medication
regimen shall inform the school nurse or other person(s) designated by the Superintendent of the
medication being taken, the current dosage, and the name of the supervising physician. With the
consent of the parent or legal guardian, the school nurse may communicate with the physician and
may counsel with the school personnel regarding the possible effects of the drug on the child's
physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of
adverse side effects, omission, or overdose. The superintendent of each school district shall be
responsible of informing parents of all pupils of the requirements of this section.

7. Has your child ever received medical treatment through California
   Children's Services? Yes ______ No ________

8. Does your child have an ear or hearing problem? ______________________
   If so, please explain: ________________________________
   Does your child wear a hearing aid? Yes ______ No ________  -OVER-
9. Does your child have an eye or vision problem? Yes_______ No_______
   Does your child wear glasses? Yes_______ No_______
10. Has your child had a complete physical examination within the last three years? Yes_______ No_______ If yes, give date: __________________________
   Name of doctor/clinic: _____________________________________________
11. **PHYSICAL EDUCATION:** THE EDUCATION CODE OF THE STATE OF CALIFORNIA MAKES IT MANDATORY THAT A DAILY PERIOD OF PHYSICAL EDUCATION BE PROVIDED IN THE SCHOOL. IF AT ANY TIME YOUR CHILD IS ILL OR HAS A CONDITION WHICH YOU FEEL NECESSITATES HIS/HER BEING EXCUSED FROM PHYSICAL ACTIVITY FOR MORE THAN THREE DAYS, **WE REQUIRE A NOTE FROM YOUR DOCTOR.**
12. **ABSENCES FROM SCHOOL:** YOUR CHILD MUST HAVE A NOTE UPON HIS/HER RETURN TO SCHOOL FOR ANY ABSENCE.
13. **I UNDERSTAND THAT IF MY CHILD DOES NOT COMPLY WITH THE CALIFORNIA STATE IMMUNIZATION LAW, HE/SHE CAN BE EXCLUDED FROM SCHOOL.**

_________________________  ___________________________
Date                                       Signature of Parent/Guardian
Student Name:  
Last  First  Middle  Date of Birth

**EMERGENCY MEDICAL TREATMENT**
**AUTHORIZATION OF CONSENT FOR TREATMENT OF MINOR**

(I), (We), the undersigned, parent(s) / guardian(s) of the above named student do hereby authorize Janesville Union School as the agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis is rendered at office or said hospital. It is understood that this authorization is given in advance of specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital care judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective until revoked in writing and delivered to said agent.

It is understood that parents / guardians are responsible for all medical costs. Our school insurance is a secondary insurance and only covers a portion of the actual costs.

Parent/Guardian Name:  
(Please print)  Last  First

**SIGNATURE:**

________________________________________  ________________________________  ________________________________
Home address (please print)  Home phone #  Cell Phone #

City, State, Zip  Work phone

Alternate person (In case you can't be contacted)  Home Phone #  Cell Phone #

******************************************************************************

**MEDICAL HISTORY**

Family Physician  Address  Phone

Insurance Company (Medical Coverage)  Policy #

**PHYSICAL CONDITION OF STUDENT: (PLEASE CHECK ALL THAT APPLY)**

☐ Allergies  ☐ Asthma  ☐ Heart Condition  ☐ Rheumatic Fever  ☐ Stomach upsets  ☐ Diabetes  ☐ Epilepsy

Date of last Tetanus shot: ________________________________

Any activity restriction: ________________________________ Specify:

Is your child allergic to any medication? ________________________________ Specify:
Janesville Union Elementary School
Emergency Information

PLEASE PRINT LEGIBLY.

1. Student's Name (Last, First)  Date of Birth  Teacher

2. Student's Name (Last, First)  Date of Birth  Teacher

3. Student's Name (Last, First)  Date of Birth  Teacher

Father/Guardian/Step-Father/Other

Home phone #  Cell phone #  E-mail Address

Street Address

City  Zip

Mailing Address (if different)

City  Zip

Place of Employment

Work phone #  Ext.

Mother/Guardian/Step-Mother/Other

Home phone #  Cell phone #  E-mail Address

Street Address

City  Zip

Mailing Address (if different)

City  Zip

Place of Employment

Work phone #  Ext.

If my child needs to be sent home because of an illness/emergency and I/we cannot be reached, please call...

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<thead>
<tr>
<th>Name</th>
<th>Home phone</th>
<th>Work phone</th>
<th>Cell phone</th>
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SPECIAL MEDICAL CONDITIONS (allergies, reactions, other medical info):

1. 

2. 

3. 