

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](http://www.janesvilleschool.org)

| <u>CLASS</u>                            | <u>TIME</u> | <u>LUNCH</u> |
|---|-------------|--------------|
| Kindergarten                            | 8:15 – 2:20 | 11:35-11:55  |
| 1 <sup>st</sup> Grade                   | 8:15 – 2:20 | 11:20-12:05  |
| 2 <sup>nd</sup> Grade                   | 8:15 – 2:20 | 11:25-12:05  |
| 3 <sup>rd</sup> Grade                   | 8:15 – 2:20 | 11:30-12:10  |
| 4 <sup>th</sup> Grade                   | 8:15 – 2:25 | 11:45-12:25  |
| 5 <sup>th</sup> Grade                   | 8:15 – 2:25 | 11:55-12:35  |
| 6 <sup>th</sup> Grade                   | 8:15 – 2:25 | 12:00-12:40  |
| 7 <sup>th</sup> /8 <sup>th</sup> Grades | 8:15 – 2:25 | 12:15-12:55  |

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.

**JANESVILLE UNION ELEMENTARY SCHOOL**  
**P.O. Box 280, 464-555 Main Street**  
**Janesville, California 96114**  
**(530) 253-3551**

|             |
|-------------|
| Start Date: |
| Grade:      |
| Teacher:    |

## Registration Form

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male Female  
 (circle one) Date of Birth \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_ 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 \_\_\_\_\_

| Name of Sibling(s) | Relationship | Date of Birth | Grade | School Attending | At home |
|--------------------|--------------|---------------|-------|------------------|---------|
|                    |              |               |       |                  |         |
|                    |              |               |       |                  |         |
|                    |              |               |       |                  |         |
|                    |              |               |       |                  |         |

| Please check if your child has an ACTIVE: |                          |
|---|--------------------------|
| IEP                                       | <input type="checkbox"/> |
| 504                                       | <input type="checkbox"/> |
| Speech                                    | <input type="checkbox"/> |
| Other:                                    | <input type="checkbox"/> |

| Parent Education Level:                  |                          |
|--|--------------------------|
| Graduate School / post-graduate training | <input type="checkbox"/> |
| College Graduate                         | <input type="checkbox"/> |
| Some college (includes AA degree)        | <input type="checkbox"/> |
| High school graduate                     | <input type="checkbox"/> |
| Not a high school graduate               | <input type="checkbox"/> |
| Decline to state or unknown              | <input type="checkbox"/> |

| Primary Ethnicity:                                    |                                      |
|---|--------------------------------------|
| White<br>(not of Hispanic origin)                     | American Indian or<br>Alaskan Native |
| Hispanic  | Filipino                             |
| African American or Black<br>(not of Hispanic origin) | Native Hawaiian                      |
| Chinese   | Guamanian                            |
| Japanese  | Samoan                               |
| Korean  | Tahitian                             |
|   | Other Pacific Islander               |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address



# 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

# Janesville Elementary School HOME LANGUAGE SURVEY

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

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### 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.

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

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_

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 \_\_\_\_\_

**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)

**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:  

|   |   |
|---|---|
| <input type="checkbox"/> Heart condition      | <input type="checkbox"/> Bone and/or joint problems |
| <input type="checkbox"/> Fainting spells      | <input type="checkbox"/> Diabetes                   |
| <input type="checkbox"/> Convulsions          | <input type="checkbox"/> Epilepsy                   |
| <input type="checkbox"/> Kidney problems      | <input type="checkbox"/> Asthma                     |
| <input type="checkbox"/> Speech problem       | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Measles (Year _____) | <input type="checkbox"/> Rubella (Year _____)       |
| <input type="checkbox"/> Mumps (Year _____)   | <input type="checkbox"/> 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.**

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Date

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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...**

|      |            |            |            |
|------|------------|------------|------------|
| Name | Home phone | Work phone | Cell phone |
| Name | Home phone | Work phone | Cell phone |
| Name | Home phone | Work phone | Cell phone |

**SPECIAL MEDICAL CONDITIONS (allergies, reactions, other medical info):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_