

Welcome to Summerville Elementary School  
Online Kindergarten Registration for the 2020/2021 School Year.

To help our registration go smoothly, PLEASE complete the following and return to Summerville Elementary as soon as possible.

Mail to: Summerville Elementary School  
18451 Carter Street  
Tuolumne CA 95379

Please enclose the following when registering your student:

1. Complete the Enrollment Form. (Both Pages)
2. Fill out the Proof of Residency Form and we need a copy of your proof of residency (such as a phone bill or PG&E bill with your physical address on it)
3. Complete the Dental Screening Form. Your child will need to be seen by a dentist. If unable to see a dentist, a parent needs to fill out and sign the yellow form.
4. Complete the CHDP Form. The CHDP is the 5 year physical which is a requirement due to California State Law. This form must be signed by the doctor and the parent.
5. Complete the Health Questionnaire, Kindergarten Information Sheet and the Transportation Information.
6. If your student will be in TK Kindergarten, sign and date the form.
7. Please enclose a COPY of your child's Birth Certificate.
8. We need a COPY of a Complete Immunization Records- State Law mandates that all students entering Kindergarten must have completed their immunizations BEFORE they are to start school in August.

**Office Use Only:**

Birth Evidence Type \_\_\_\_\_  
 Oral Form \_\_\_\_\_  
 CHDP \_\_\_\_\_  
 Immunizations \_\_\_\_\_  
 Proof Of Residency \_\_\_\_\_  
 Court Orders \_\_\_\_\_  
 Caregiver's Affidavit \_\_\_\_\_  
 Ed. Rep. Form \_\_\_\_\_  
 Date Record Received \_\_\_\_\_

**Summerville Elementary School**  
 18451 Carter Street  
 Tuolumne, CA 95379  
 (209) 928-4291 (209)928-1602

**ENROLLMENT FORM**

(TO BE COMPLETED BY THE  
 PARENT OR LEGAL GUARDIAN)

**Office Use Only:**

Current Grade: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Student I.D. # \_\_\_\_\_  
 CSIS # \_\_\_\_\_  
 Date of Enrollment \_\_\_\_\_  
 Bus: Yes \_\_\_ No \_\_\_  
 Bus Stop: \_\_\_\_\_  
 Date Record Requested \_\_\_\_\_  
 Lunch # \_\_\_\_\_

Student's **LEGAL Name:** \_\_\_\_\_ **GOES BY:** \_\_\_\_\_  
 (FROM BIRTH CERTIFICATE) Last Name First Name Middle Name Last Name First Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Birthplace: \_\_\_\_\_ Female ☐ Male ☐  
 Mo. Day Year City/State/Country

If **NOT BORN** in the U.S. What month/year did your child enter U.S.? \_\_\_\_/\_\_\_\_  
 What month and year did your child first enroll in a U.S. school? \_\_\_\_/\_\_\_\_ (Mo. / Yr.) In a *California* school? \_\_\_\_/\_\_\_\_ (Mo. / Yr.)

Mother's/Guardian's First Name Last Name Home Phone Cell Phone Employer Work Phone

Father's/Guardian's First Name Last Name Home Phone Cell Phone Employer Work Phone

Residence Address City State Zip

Mailing Address (IF DIFFERENT) City State Zip

Student Lives with \_\_\_\_\_ **ARE THERE ANY LEGAL RESTRAINING/CUSTODY RULINGS THE DISTRICT SHOULD BE AWARE OF?** \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
 Mo./Yr. Name of School City/State Phone Number

Length of time at previous school \_\_\_\_\_ Current Grade \_\_\_\_\_

What special services has your child received this year? (Please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan  
 Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development  
☐ Medical Health Plan ☐ Community Day School ☐ Community School

Has the student been expelled or is the student in the process of being expelled from any school? Yes ☐ No ☐

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

**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)<br>(Person having origins in any of the original people of North and South America (including Central America) | <input type="checkbox"/> Korean (203)       | <input type="checkbox"/> Hawaiian (301)               | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)  |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303)                 | (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|   | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Tahitian (304)               |   |
|   | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Other Pacific Islander (399) |   |
|   | <input type="checkbox"/> Hmong (208)        |   |   |
|   | <input type="checkbox"/> Other Asian (299)  |   |   |

## 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: \_\_\_\_\_
5. Has your child ever been given the CELDT Test (California English Language Development Test)? ☐ Yes ☐ No ☐ Maybe

**PARENT EDUCATION LEVEL:** Check the response that describes the highest education level of parent/guardian(s):

- ☐ Not a high school graduate (14)     
 ☐ Some college (includes AA degree) (12)     
 ☐ Graduate school/post graduate training (10)  
☐ High school graduate (13)     
 ☐ College graduate (11)

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

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) (200)     
 ☐ 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)     
 ☐ Foster Family or Kinship Placement (210)  
☐ My parent or guardian is a member of the Armed Forces on active duty or full time National Guard. (192)  
 (Army, Navy, Air Force, Marine Corps or Coast Guard)     
 ☐ Other \_\_\_\_\_

Do you live or work on Federal Land (National Forest, Rancheria, etc.)? \_\_\_\_\_

### OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Birthdate	Lives at Home	Grade	School Attending
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

### OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship
_____	_____	_____	_____

### MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes ☐ No ☐

### EMERGENCY MEDICAL AUTHORIZATION

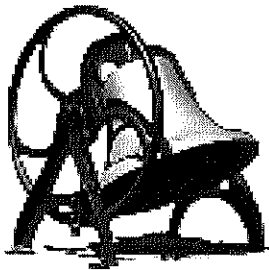
I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

*I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.*

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ I am not the student's parent or legal guardian (Please complete an Educational Representative form and a Caregiver's Affidavit)

Revised:  
5/8/18



## Summerville School District

18451 Carter St.

Tuolumne, CA 95379

209-928-4291

Fax 209-928-1602

Ben Howell, Superintendent / Principal

Charlene Brown, Assistant Principal

### PROOF OF RESIDENCE FOR ENROLLMENT

I am the parent or legal guardian of \_\_\_\_\_  
and wish to enroll such child in the Summerville Elementary School District. I understand that California law provides, with few exceptions, that each child attend a public school in the district where the parent or legal guardian resides. I reside at the following street address, which I believe to be in the Summerville Elementary School District.

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

I understand that district officials will require proof that I am the parent or legal guardian of the child identified on the form, and that I also need to show proof that I reside at the address given on this form. Proof will generally be required as follows:

**If you own property in which you reside:**

1. County tax bill or escrow papers in your name showing residence property address;
2. One other bill mailed to you at this residence address.

**If you rent the property in which you reside:**

1. A letter from your landlord or his/her agent stating you reside in the property (including the beginning date of residency and the telephone number where your landlord or his/her agent may be reached), along with a copy of the receipt or canceled check reflecting your most recent rental payment;
2. One other bill mailed to you at the residence address.

**I declare under penalty of perjury that the information provided by me, or others, is true and complete to the best of my knowledge.**

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

\_\_\_\_\_  
Date

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

### Section 3: Waiver of Oral Health Assessment Requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**Return this form to the school *no later than* May 31 of your child's first school year.**  
*Original to be kept in child's school record.*

**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

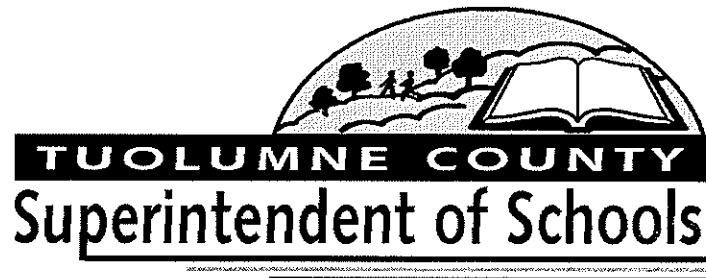
Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



Kindergarten Registration  
 Student Health Questionnaire

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male or Female  
 Parent Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Email Address: \_\_\_\_\_

For each question, please circle "YES" or "NO". If a question requires a "YES" answer, please use the space provided or the reverse side of paper to explain.

Has your child had any serious illness/surgery? YES NO  
 If so, at what age? \_\_\_\_\_

Does your child have any significant allergies? YES NO

Does your child have any on-going health problems such as:  
 Cardiac Problems YES NO  
 Asthma YES NO  
 Respiratory Problems YES NO  
 Other YES NO

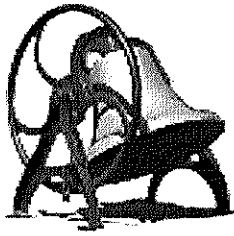
Regarding ears and hearing, does your child have:  
 Known hearing loss? (which ear L/R/Both) YES NO  
 Tubes in the ears now or in the past? YES NO  
 History of chronic ear infections? YES NO  
 (two or more infections a year)

Regarding eyes and vision. Does your child have:  
 Poor Vision (which eye: L/R/Both) YES NO  
 Glasses? YES NO  
 Lazy eye (which eye: L/R/Both ) YES NO  
 Other YES NO

Does your child take any medication on a routine basis? YES NO  
 (Medicine taken at school requires a written doctor's order)

This completed health questionnaire will be reviewed by the Tuolumne County School's Nurse, if she feels there is a need for clarification you will be contacted. If you have any questions or concerns, please feel free to contact her office at either 536-2048 or 536-2071 or 536-2046.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Kindergarten Information Sheet

Child's Name \_\_\_\_\_

What he/she likes to be called \_\_\_\_\_

Birth Date \_\_\_\_\_

Give us a brief description of your child (Example: Shy, likes to play in small groups, enjoys playing with other children, bossy, etc.)

---

---

---

---

Any area of concern? Such As:

Speech \_\_\_\_\_ Health \_\_\_\_\_ Behavior \_\_\_\_\_

---

---

I plan to help in the classroom:

Weekly \_\_\_\_\_ 2 Times A Month \_\_\_\_\_ Special Occasions \_\_\_\_\_

Parents Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## TRANSPORTATION INFORMATION

My Child \_\_\_\_\_

Child's Name

**To School:**

\_\_\_\_\_ \*\*Ride the Bus  
\_\_\_\_\_ Walk  
\_\_\_\_\_ By Car

**After School:**

\_\_\_\_\_ \*\*Ride the Bus  
\_\_\_\_\_ Walk Home  
\_\_\_\_\_ By Car  
\_\_\_\_\_ ASP (After School Program)

\*\*IF YOUR CHILD RIDES THE BUS, PLEASE WRITE THE BUS STOP

\_\_\_\_\_

## TRANSPORTATION INFORMATION

My Child \_\_\_\_\_

Child's Name

**To School:**

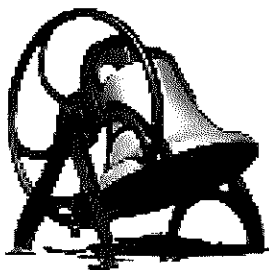
\_\_\_\_\_ \*\*Ride the Bus  
\_\_\_\_\_ Walk  
\_\_\_\_\_ By Car

**After School:**

\_\_\_\_\_ \*\*Ride the Bus  
\_\_\_\_\_ Walk Home  
\_\_\_\_\_ By Car  
\_\_\_\_\_ ASP (After School Program)

\*\*IF YOUR CHILD RIDES THE BUS, PLEASE WRITE THE BUS STOP

\_\_\_\_\_



Summerville School District  
18451 Carter St.  
Tuolumne, CA 95379  
209-928-4291 Fax 209-928-1602

Ben Howell, Superintendent / Principal  
Charlene Brown, Principal

**Welcome to Summerville Elementary School  
Transitional Kindergarten Program**

The Kindergarten Readiness Act of 2010 changed the kindergarten entry date, requiring students to be 5 years old by **September 1st to be enrolled in kindergarten**. It also created Transitional Kindergarten (TK), a bridge between those children **born in the period between September 2nd and December 2nd**. Transitional kindergarten gives young learners an opportunity to learn and grow in an environment tailored to meet their early academic needs, providing them with the strong educational foundation they need to be confident learners in kindergarten and beyond.

It is recommended that all TK students begin on a single start date and all TK students start together on the first day of school. It has been found that enrolling students as they turned 5 years old through out the school year can be very difficult and disruptive in the classroom and difficult for the student.

Transitional Kindergarten at Summerville Elementary School is a **two-year program**. Once children complete their TK program, they begin their full year of kindergarten in the following academic year.

Transitional Kindergarten hours are from 8:15 a.m. with dismissal at 12:30 p.m. Our school offers a free Afterschool School Program. This program is very popular and there are rules and a mandatory parent meeting that is required for your student to be enrolled in this program.

Please sign below that you have read the information sheet regarding Transitional Kindergarten.

\*\*\*\*\*

**I have read the information above regarding the Transitional Kindergarten Program and understand that the Transitional Program is a two-year program, for students who will turn 5 years old between September 2nd and December 2nd.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Early Indicators for Successful Kindergartners: Share This with Parents at Spring Registration

Children entering kindergarten demonstrate a variety of learning behaviors. The following behaviors and skills are indicators of kindergarten success:

## Oral Language, Reading, Writing

- Says his or her first and last names
- Follows simple instructions
- Shares thoughts and opinions
- Answers simple questions
- Listens to stories read each day
- Recites many nursery rhymes
- Sings simple songs (*Twinkle, Twinkle, Little Star*)
- Retells a familiar event or story
- Participates in word play (Donnie, Bonny, Lonny...)
- Identifies primary colors
- Discusses a favorite story
- Talks about pictures
- Pretends to "read" a book
- Identifies some or all of the letters in the alphabet; says corresponding sound
- Writes name
- Attempts writing by using scribbling, print-like marks, strings of letters or words

## Mathematics

- Identifies some shapes
- Matches objects (socks, shoes, mittens, gloves)
- Notices similarities and differences
- Sorts and classifies objects
- Uses math language (bigger, smaller, tallest, shortest)
- Plays counting games
- Counts to 20 and beyond

- Touches or points at objects when counting
- Arranges objects by size from tallest to shortest

## Social and Emotional

- Makes choices
- Takes turns
- Uses self-help skills (dressing, toileting, eating)
- Shares with others
- Uses self-control
- \*Helps with chores at home
- Begins to demonstrate independence
- Finishes new tasks
- Begins to show self-confidence
- Tries new things
- Expresses thoughts and feelings

## Physical

- Hops, jumps, gallops, runs, leaps, climbs, balances
- Throws and catches a ball
- Alternates feet when walking up steps
- Buttons and zips
- Ties shoes
- Assembles puzzles
- Uses crayons
- Demonstrates good pencil grip

### \*Parents as Partners

One of the important things you can do to promote school success is to **help your child to be more and more responsible at home:** Teach your child to pick up toys, set the table, take care of a pet, clean their room, and help with the household chores... N.E.