

EASTSIDE UNION SCHOOL DISTRICT
45006 30th Street East + Lancaster, CA 93535

SCHOOL REGISTRATION INFORMATION

2019-2020 SCHOOL YEAR

At the time of registration you will need to bring the following items:

Student Name _____

Date _____ DOB ___/___/___ Grade _____

- ___ PROOF OF ADDRESS – Current utility bill: water, electric, gas or closing escrow documents with Parent/guardian name listed (telephone/cable/trash bills not accepted)
- ___ COPY OF CURRENT DRIVERS LICENSE OR VALID ID
- ___ BIRTH CERTIFICATE - Certified copy only, NOT the hospital courtesy copy.
- ___ IMMUNIZATION REQUIREMENTS – SEE ATTACHED INFORMATION
- ___ EUSD- CEP - COMMUNITY ELIGIBILITY PROVISION APPLICATION (Funding Data Collection Form)

ADDITIONAL PAPERWORK REQUIRED (if applicable): Court documents, Individualized Educational Plan (IEP), 504, Student Study Team (SST), Retention Paperwork, etc.

ADDITIONAL HEALTH REQUIREMENTS –

Physical Exam.....Kindergarten: Given after March 1, 2019

First Grade: Given after February, 2018

(Physical form must be completed and signed by physician)

Oral Health Assessment

(Dental Screening).....Kindergarten: Must be provided at the time of registration.

BIRTH CERTIFICATE – For certified copy contact: Registrar/Recorder Office

44509 16th Street West #101
Lancaster, CA 93534
(661) 945-6446

- **Registration for Kindergarten is for all children who will be five (5) years of age on or before September 1, 2019.**
- **Registration for Transitional Kindergarten is for all children who will be five (5) years of age between September 2, 2019 – December 2, 2019.**

YOUR CHILD WILL BE PLACED IN A CLASS WHEN ALL INFORMATION IS COMPLETE.

EASTSIDE UNION SCHOOL DISTRICT
45006 30th Street East, Lancaster, CA 93535

Required Immunizations for the 2019–2020 School Year

Parents MUST bring shot records to register students documenting the required immunizations. New enrollees as well as continuing 7th and 8th grade students.

Polio	4 doses (3 if last dose given on or after 4 th birthday)
DTP/Td and Tdap*	5 doses (4 if last dose given on or after 4 th birthday) Tdap booster 7th grade: 1 dose on or after 7th birthday
MMR	2 doses. Both must be given on or after the first (1 st) birthday
Hepatitis B	3 doses
Varicella	2 doses or documented history of disease written by physician

*** As of July 2016, SB277, eliminated the option of personal belief exemptions.**

*** All students entering the 7th through 12th grades have a Tdap vaccine.**

A.V. Community Clinics Lancaster- 661-942-2391 45104 N. 10 th Street West Palmdale- 661-575-0009 2151 E. Palmdale Blvd.		High Desert Regional Health Center - 661-471-4000 335 East Ave 1, Lancaster
A.V. Health Center – K-6 Clinic 661-723-4526 335 B East Avenue K-6 (off Division) Lancaster		Palmdale County Walk-In Clinic 661-471-4810-8201 Pearblossom Highway, Littlerock
Bartz-Altadonna Community Health Center 661-874-4050 43322 Gingham Ave. Ste 105, Lancaster		Tarzana Treatment Centers Family Medical Center 661-723-4829 for appointment 907 West Lancaster Blvd, Lancaster

¹DTaP is eligible for the new pertussis requirement ONLY IF given after age 7.

²Hepatitis B vaccine: Available in a two-dose form which must be given between the ages of 11 and 15 and be clearly marked as “two-dose adolescent vaccine” in order to meet the requirement.

³Hepatitis B vaccine, with first and third doses administered at least 120 days apart, meets the requirement.



EASTSIDE UNION SCHOOL DISTRICT STUDENT REGISTRATION

44938 North 30th Street East • Lancaster, California 93535 •
 District Office (661) 952-1200 • District Fax (661) 952-1220

**** Columbia Elementary ** Eastside Elementary **
 Enterprise Elementary ** Gifford C. Cole Middle ** Eastside Academy **

Has your child ever attended Eastside Union School District before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE)

Name (First, Middle, Last) _____ Grade _____

Date of Birth ___/___/___ Male Female

Mother/Guardian Name (First, Last) _____ Phone number _____

Custodial Rights: Yes No Educational Rights: Yes No

Father/Guardian Name (First, Last) _____ Phone number _____

Custodial Rights: Yes No Educational Rights: Yes No

Address _____

Email Address _____

Last School Attended _____

Are there any Court Orders regarding legal custody, physical custody or restricted contact with the school or child?

Yes No

Is the child in Foster Care? Yes No

If yes, Case Worker’s Name _____

Case Worker’s phone number _____

Educational Rights holder’s name _____

Educational Rights holder’s phone number _____

Has your child ever been suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your child have a 504 plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been expelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your child have a Student Study Team (SST)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an expulsion pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did your child receive English Language Development Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an Individual Educational Plan (IEP)? <i>If yes, what services:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or any member of your immediate family worked as a seasonal agriculture worker within the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> RSP/SAI <input type="checkbox"/> SDC/SAI <input type="checkbox"/> Speech <input type="checkbox"/> Other			

Student Name (First and Last) _____ Grade _____

Date of Birth _____ School _____

PARENT EDUCATION Check the response that describes the education level of the most educated parent:

- Not a High School Graduate (1)
- High School Graduate (2)
- Some College or Associate's Degree (3)
- College Degree (4)
- Graduate Degree or Higher (5)

RACE AND ETHNICITY

Is student Hispanic or Latino (ETHNICITY)? Yes, Hispanic or Latino No, not Hispanic or Latino

This question is about RACE, not ETHNICITY. No matter what ETHNICITY you selected in previous question, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black (600) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Other Asian (299) |
| <input type="checkbox"/> American Indian (100) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> (Other Pacific Islander (399) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Vietnamese (204) |
| <input type="checkbox"/> Filipino/Filipino American (400) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> White (700) |

RESIDENCE

- In a single family permanent residence (house, apt., condo, mobile home)
- Doubled-up (sharing housing w/other families/individuals due to economic hardship or loss) (11)
- In a shelter or transitional housing program (10)
- In a motel/hotel (09)
- Unsheltered (car/campsite) (12)
- Other/ Please specify (15) _____

I acknowledge that ALL information in this Registration Packet is true and correct to the best of my knowledge. I verify that my child meets the school residence requirements established by Los Angeles County Office of Education. I have provided the documentation. I understand that if it is found that the student is not living at the residence as stated and/or falsification of information, my child will immediately be enrolled in the appropriate district school or home district. If I change my residence while attending school in the district, I will be required to provide proof of residence within the boundaries of the Eastside Union School District. I hereby certify that all information submitted to the school is accurate. I understand that intentionally giving false information is considered fraudulent. I, the parent or legal guardian, of this child, certifies that all information on this enrollment packet is true and correct.

Signature of Parent/Guardian _____ **Date** _____

EASTSIDE UNION SCHOOL DISTRICT
HEALTH APPRAISAL REPORT
2020- 2021

For Office use only:
 Gave Meal Accomodation Form
 Gave Medical Form

Student's Name _____ Male Female Birthdate _____
 Last First Middle (Circle One)

Today's Date _____ School _____ Grade _____

CONDITIONS (Past or Present) **If you answer yes to any of the following conditions, please describe in line #7 below**

	YES	NO		YES	NO
Asthma			Down Syndrome		
Inhaler			Traumatic Brain Injury		
Medications			Frequent Ear Infections		
Allergies			Hearing Loss/Under Care		
Seizures			Tubes in Ears		
Diabetes: Type I Type II			Vision Problems		
ADD/ADHD			Wears Glasses/Contacts		
Depression/Bi-polar (other)			Skin conditions		
Birth Defects			Scoliosis		
Heart Condition			Stomach/Digestion Problems		
Activity Limitations/Restrictions			Frequent Nosebleeds		
Cerebral Palsy			Bleeding Disorder		
Autism					
Sickle Cell			Other:		

If your child has a significant medical condition such as severe food or bee sting allergy, diabetes, seizure disorder, sickle cell disease, etc., or requires specialized health care procedures; please notify the office immediately. The District School Nurse will be contacted to discuss the health concerns, develop individual health plan (IHP) and assure that you obtain the appropriate physician's authorization forms.

Medications must be delivered to school by the parent/guardian. Students are not allowed to bring medication to school.

Please list ALL information:

- List medications taken at home, amount and reason: _____
 List medications taken at school, amount and reason: _____
- List allergies (food, medications, bee stings, etc): _____
- Has he/she had any operations? If yes, explain: _____

- Has he/she had any serious accidents? If yes, explain further: _____

- Has he/she been hospitalized? If yes, explain further: _____

- Is he/she under care of a doctor now? Explain: _____

- Explanation of any "yes" answers above: _____

Signature of Parent/Guardian

Relationship

Date

EASTSIDE UNION SCHOOL DISTRICT
Columbia Elementary Eastside Elementary Tierra Bonita Elementary Enterprise Elementary
Gifford C. Cole Middle Eastside Academy

EMERGENCY CONTACT FORM

For the protection of a pupil's health and welfare, parents/legal guardians of each pupil are required to keep current emergency information at the pupil's school of attendance. Please fill in the information requested carefully and accurately.

Parent please mark if applicable and supply documentation
 Medical
 Special needs
 Restraining order
 Custody order
 Other

Student Information

School: _____ Grade: _____ Gender: Male Female

Last Name First Middle Date of Birth

Home Address City Zip Code

Email Address

Student lives with: (If "other", specify here _____)

- Both biological parents
- Biological father only
- Biological mother only
- Biological father-stepmother
- Biological mother-stepfather
- Joint custody
- Legal guardian
- Foster parent(s)
- Caregiver

Other children at the home address:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Parent(s)/Legal Guardian(s) –

Parent/Guardian #1

Last Name First Middle Relationship

Home Address (if different from above) City Zip Code

Email Address Employer Name & Address City Zip Code

Home Phone Cell Phone Work Phone

Last Name First Middle Relationship

Home Address (if different from above) City Zip Code

Email Address Employer Name & Address City Zip Code

Home Phone Cell Phone Work Phone

Parent/Guardian #2

Student Last Name First Middle Date of Birth

Authorized Persons for Release/Contact

I hereby authorize contact with, release of emergency related information to, or release of the student to the following persons listed below in the event of illness, injury, evacuation or other emergencies that may occur while my student is in school. I understand that my student will not be released to anyone other than the persons listed below in the event that I cannot be reached.

Name of Contact #1 Lives with child Relationship Phone: Home Cell

Name of Contact #2 Lives with child Relationship Phone: Home Cell

Name of Contact #3 Lives with child Relationship Phone: Home Cell

If a student's biological parent is not listed on this form:

1. May the school allow that parent contact with the student? Yes * No
2. May the school release the student to that parent? Yes * No

* If you answered yes to any of the questions above, please make sure that the school has legal documentation (i.e. custody order, restraining order, etc.) to support your answers.

Authorization for Emergency Medical Treatment

I, the undersigned parent/legal guardian of _____, a minor, do hereby give authorization and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, transportation to a medical facility, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. I understand that effort shall be made to contact me prior to rendering treatment to the student, but that any of the above treatment will not be withheld if I or authorized adults cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and related medical treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/legal guardian.

I certify that I have read and understood this form and do hereby give authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.

Parent/Guardian Signature _____ Date _____

EASTSIDE UNION SCHOOL DISTRICT
COLUMBIA ELEMENTARY - EASTSIDE ELEMENTARY - TIERRA BONITA ELEMENTARY - ENTERPRISE ELEMENTARY
COLE MIDDLE SCHOOL - EASTSIDE ACADEMY

DISASTER RELEASE CARD

STUDENT'S NAME _____ ROOM# _____ TEACHER _____

MOTHER'S NAME _____ (Legal Step Foster Other)

Address _____ Home Phone _____ Work Phone _____

Email Address _____

FATHER'S NAME _____ (Legal Step Foster Other)

Address _____ Home Phone _____ Work Phone _____

Email Address _____

In the event of a major emergency, and I am unable to personally retrieve my child from school, I hereby give my permission to any of the following individuals to remove my child from the school premises:

NAME _____ relationship _____ PHONE _____

NAME _____ relationship _____ PHONE _____

NAME _____ relationship _____ PHONE _____

Allergies, medication, etc. _____

OTHER IMPORTANT INFORMATION (i.e. Parent(s) work out of Lancaster area, court orders, etc.) _____

I understand that students will only be released from school to those persons authorized by this card.

PARENT SIGNATURE

DATE

Please do not write below this line, for OFFICE USE ONLY

EASTSIDE UNION SCHOOL DISTRICT
COLUMBIA ELEMENTARY - EASTSIDE ELEMENTARY - TIERRA BONITA ELEMENTARY - ENTERPRISE ELEMENTARY
COLE MIDDLE SCHOOL - EASTSIDE ACADEMY

DISASTER RELEASE CARD

Child was picked up by _____

Print Name

Time Left: _____ am/pm

Signature

Date

Verification of ID

Checked by:

Print Teacher/Staff Name

Teacher/Staff Signature

EASTSIDE UNION SCHOOL DISTRICT
45006 North 30th Street East
Lancaster, CA 93535
661-952-1200

Dear Parent/Guardian:

Eastside Union School District is requesting permission for the possible use of your child's photo on our District website. If permission is granted and your child's photo is used, it may be viewed at www.eastside.k12.ca.us. In the interest of safety, only your child's first name will be used. You may have the photo removed at any time by writing or calling the District at 661-952-1200 and leaving a message for the receptionist. The photo will be removed within one business day of our receipt of your request.

-
- I am *granting* permission and consent to the Eastside Union School District and organizations/associations connected with the District to use my child's photograph(s) and name on the District's or individual school's website or in news articles for educational and promotional purposes.
- I *deny* permission and consent to the Eastside Union School District and organizations/associations connected with the District to use my child's photograph(s) and name on the District's or individual school's website or in news articles for educational and promotional purposes.

Student Name (please print) _____

Parent Signature: _____

Student Signature: _____

Date: _____

Joshua L. Lightle, Ed.D.
Superintendent



Board of Trustees
Mrs. Julie A. Bookman
Mrs. Peggy W. Foster
Mr. Joseph "Joe" Pincetich
Ms. Deborah L. Sims
Ms. Doretta N. Thompson

Military Family Information

As part of the new accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring LEAs (school districts) to identify students who are armed forces family members. These students will be part of a new accountability subgroup.

It has been determined that military dependents may require additional services, programs, or attention due to their specific situations. (frequent moves, parent/guardian deployment, etc.)

Please complete this form and return to your school site.

Student Name _____ Grade _____ Teacher _____

School _____

There are no dependents of active military residing in this household.

I, parent/guardian, am active duty military.

Name of military family member: _____

Relationship to student: _____

Number of siblings in the school district: _____

Branch of military: (Check one)

Air Force Army Marines Navy

National Guard Coast Guard Other: _____

Thank you in advance for your assistance with the new state and federal compliance request.

Any questions may be directed to Margo Deal, Director of Student Services at 661-952-1224.

EASTSIDE UNION SCHOOL DISTRICT

PARENT NOTIFICATION

Student Last Name

First

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children, and/or an order that prohibits contact with the child/children by either parent.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may have access to school records or check the child out of the school with proper identification.

I have read the above statement of the law.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Joshua L. Lightle, Ed.D.
Superintendent



Board of Trustees
Mrs. Julie A. Bookman
Mrs. Peggy W. Foster
Mr. Joseph Pincetich
Mrs. Deborah L. Sims
Ms. Doretta N. Thompson

Acknowledgement of ANNUAL NOTIFICATION OF PARENT OR GUARDIAN

Eastside Union School District is required to annually notify parents and guardians of rights and responsibilities in accordance with Education Code 48980. This information is available on our website at www.eastsideusd.org or a printed copy is available upon request from the district office.

If you have any questions, or if you would like to review specific documents, please contact an administrator at your child's school. The administrator will be able to give you more detailed information and assist you in obtaining copies of any materials you wish to review.

Education Code 48982 requires parent/guardians to sign this notice and return it to the school. Signature on the notice is an acknowledgment by the parent or guardian that he or she has been informed of his or her rights but does not necessarily indicate consent for the student to participate in any particular program or activity. It is only stating that you have received notification of your Annual Rights.

Please complete this "Acknowledgement of Receipt and Review" form, and return to your child's school.

Student Name: _____ Grade: _____

School: _____ Teacher: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian

Date