

# Monte Rio Union School District

## Admission and Registration

WELCOME TO MONTE RIO SCHOOL!

Monte Rio School is operated for the benefit of the children residing in the District and accepts all students whose parents show proof of residency at any time.

The District also accepts students on interdistrict agreements, primarily through the “alternative attendance/school of choice” option. This is typically done by the end of January for the coming school year (see below).

### IN ORDER TO ENROLL IN MONTE RIO SCHOOL, STUDENTS MUST MEET ONE OF THE FOLLOWING CONDITIONS:

- ✓ Reside with both parents living in the District
- ✓ Live with a parent with joint custody, with the parent providing home needs for at least 50% of each school week.
- ✓ Live with a full-time court-appointed legal guardian or a legally defined full-time caregiver.

### PROOF OF RESIDENCY

Applicants must provide a grant deed or rental/lease contract with receipt for rent and TWO additional documents from the list that follows:

- Current property tax bill from the Sonoma County Tax Collector’s Office
- State or federal tax return with current imprinted name and address
- One major credit card activity statement with current imprinted name/address (account number may be blocked-out)
- Original copy of entire PG&E or water bill within the last 30 days which shows “service to” portion of bill and name/address

### **The following are not accepted:**

- ❖ Post office box as an address
- ❖ Telephone bill
- ❖ Driver’s license
- ❖ Bank letter stating an account has been opened

The District reserves the right to request additional proofs of residency as necessary. If questions arise regarding the student’s residency, other means of determining actual residency may be used to verify (telephone calls, home visits, including unannounced visits, information from other agencies/sources, etc.)

### INTERDISTRICT ADMISSION CRITERIA

Under the alternative attendance agreement regulations, the District has established certain class size and grade size limits in order to maintain program excellence:

- 1) No more than 12 students at one grade level in a combination class
- 2) Class sizes of 20 will be maintained whenever possible

And annual report will be maintained on an ongoing basis and submitted to the Board, with the following summary:  
Grade – Student Total: Boys Girls – Title I, RSP Count – Ongoing Record of Applications and Outcomes

(MRUSD Jan 2010) E5111

# Monte Rio School Student Registration

**GRADE**  
 \_\_\_\_\_

▶ Has your student ever attended Monte Rio public schools before?  Yes  No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male     Female    Birth date:
 

Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O. Box or house # & street name)

**WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):**     Hispanic or 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>(Persons having origins in any of the original people of North, Central or South America )<br><input type="checkbox"/> Chinese (201)<br><input type="checkbox"/> Japanese (202)<br><input type="checkbox"/> Korean (203)<br><input type="checkbox"/> Vietnamese (204)<br><input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)<br><input type="checkbox"/> Cambodian (207)<br><input type="checkbox"/> Hmong (208)<br><input type="checkbox"/> Other Asian (299)<br><input type="checkbox"/> Hawaiian (301)<br><input type="checkbox"/> Guamanian (302)<br><input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)<br><input type="checkbox"/> Other Pacific Islander (399)<br><input type="checkbox"/> Filipino/Filipino American (400)<br><input type="checkbox"/> African American or Black (600)<br><input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North-Africa, or the Middle East) |
|--|--|---|

**PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent**.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate's Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school in the U.S.		
Month	Day	Year
Date first attended school in California		
Month	Day	Year

**BIRTHPLACE:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**U.S. Citizen:**  Yes  No

FIRST NAME: \_\_\_\_\_  
 PARENT NAME: \_\_\_\_\_

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)?  Yes  No  I don't know

In which language do you wish to receive written communications from the school?  English  Spanish

**Residence** – where is your child/family currently living? (federally mandated by NCLB) – **Please check appropriate box:**

- |   |  |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)                      | <input type="checkbox"/> In a motel/hotel (09)             |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12)   |
| <input type="checkbox"/> In a shelter or transitional housing program (10)  | <input type="checkbox"/> Other (15) (please specify) _____ |

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

- Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_
- Is the above (checked) person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_
2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**DUPLICATE MAILING** – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school?  Yes  No

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

What special services has your child received? **(please check all boxes that apply)**

- Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504  
**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development  
 Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

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

**BELOW FOR SCHOOL USE ONLY**

Proof of Birth: Type: _____	Proof of Residence: Type: _____	Proof of Immunization: Type: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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Permanent ID:

Bus Information:

Will ride the bus \_\_\_\_\_ Bus Stop \_\_\_\_\_

Parents are encouraged to supervise Kindergarten students at their bus stops.

Will be Picked up \_\_\_\_\_ By Whom \_\_\_\_\_

Daycare Provider \_\_\_\_\_

Previous school(s) attended (list most recent):

\_\_\_\_\_  
Name of School      Address      How Long

\_\_\_\_\_  
Name of School      Address      How Long

Has your child attended preschool or daycare? \_\_\_\_\_

How long did your child attend? \_\_\_\_\_

Does your child know his/her:

Full name \_\_\_\_\_ Nickname \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Where they live \_\_\_\_\_

What name will your child use at school? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name (print)      Parent/Guardian Signature      Date

Monte Rio Union School District  
Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for our school to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form. Thank you for your assistance.

**Students Name:** \_\_\_\_\_

1. Which language did your child learn when (s)he first began talking?  
\_\_\_\_\_
2. Which language does your child most frequently use at home?  
\_\_\_\_\_
3. What language do you use most frequently to speak to your child?  
\_\_\_\_\_
4. Name the language most often spoken by the adult(s) at home:  
\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



## Entry Requirements by Age and Grade:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
<b>Polio (OPV or IPV)</b>	<b>4 doses</b> (3 doses OK if one was given on or after 4th birthday)	<b>4 doses</b> (3 doses OK if one was given on or after 2nd birthday)	
<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)</b>	<b>5 doses of DTaP, DTP, or DT</b> (4 doses OK if one was given on or after 4th birthday)	<b>4 doses of DTaP, DTP, DT, Tdap, or Td</b> (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/ DTP given on or after 7th birthday for all 7th-12th graders.)	<b>1 dose of Tdap</b> (Or DTP/DTaP given on or after the 7th birthday.)
<b>Measles, Mumps, and Rubella (MMR or MMR-V)</b>	<b>2 doses</b> (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	<b>1 dose</b> (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	<b>2 doses of MMR</b> or any measles-containing vaccine (Both doses given on or after 1st birthday.)
<b>Hepatitis B (Hep B or HBV)</b>	<b>3 doses</b>		
<b>Varicella (chickenpox, VAR, MMR-V or VZV)</b>	<b>1 dose</b>	<b>1 dose</b> for ages 7-12 years. <b>2 doses</b> for ages 13-17 years.	

\*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

### WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up to date on their immunizations (shots) to attend school. Diseases like measles spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

### THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

### WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit [ShotsforSchool.org](http://ShotsforSchool.org).

You must also submit an immunization record for all required shots not exempted.

Questions? Visit [ShotsForSchool.org](http://ShotsForSchool.org) or contact your local health department ([bit.do/immunization](http://bit.do/immunization)).

**MONTE RIO SCHOOL DISTRICT**  
STUDENT HEALTH HISTORY

Date: _____	School: _____	
Students Name: _____	Gender: M/F	
Birthday: _____	Teacher: _____	
Parent/Guardian: _____		
Address: _____		
Telephone: _____		
Home	Cell	Work

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING:**

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Stinging Insect Allergy
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Convulsion/Seizures
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Eye Problems
<input type="checkbox"/> Movement limits	<input type="checkbox"/> Recent illness, hospitalization, surgery or other physical condition which limits your child's physical activity at school.	

Please provide additional information for any of the above conditions checked: \_\_\_\_\_

\_\_\_\_\_

ALL MEDICATIONS SENT TO SCHOOL MUST BE IN THE CORRECT PERSCRIPTION CONTAINER WITH A CURRENT PERSCRIPTION, DOSAGE TIMES, AND ALL INFORMATION NEEDED.

DOES YOUR CHILD REQUIRE MEDICATION AT SCHOOL?    YES    NO

Date of last physical exam \_\_\_/\_\_\_/\_\_\_      Doctor \_\_\_\_\_

Date of last dental exam \_\_\_/\_\_\_/\_\_\_      Dentist \_\_\_\_\_

Does your child wear glasses?    YES    NO

Does your child have any medication which might require care while at school or which might restrict his/her physical activity, such as in contact sports? (please describe)

\_\_\_\_\_

Information obtained from this health history may be included on a confidential health conditions list, if appropriate. For more info/concerns, please contact the school nurse.

## 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)					
DIAPYDITD (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**

**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)

**RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

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.*

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)