

STUDENT'S PREVIOUS SCHOOL INFORMATION / SCHOOL AND DISTRICT MOBILITY

School Name: _____ City _____ State _____ Last day attended: _____

Phone number: _____ Fax number: _____ If out of the County: City, State, Country _____

Has your student previously attended public school? Yes No If yes, what was your student's first day of school? _____Has your student ever been enrolled in the Mark Twain Union Elementary School District? Yes NoHas your student ever withdrawn from U.S. schools? Yes No If yes, what is the most recent date of re-entry? _____

Date your student first entered U.S. School _____ Date you student first entered State School _____

ADDITIONAL STUDENT INFORMATIONIs there a restraining order in effect? Yes No If yes, against whom? _____ Proof provided? Yes NoHas your student ever been retained? Yes No If yes, what grade? _____Has your student ever been given the ELPAC (English Language Proficiency Assessments for California)? Yes No Don't KnowHas your student ever been referred to SARB (School Attendance Review Board)? Yes No If yes, what school? _____Is your student currently receiving any of the following services? 504 Plan Special Education (IEP) Yes No If yes, was your student enrolled in a Special Day Class setting? Yes NoIs your student currently expelled or pending expulsion? Yes No If yes, what school and district? _____**STUDENT MEDICAL HISTORY**Does your student have a medical condition? Yes No If yes, please specify condition. Heart Disease Epilepsy Diabetes Migraines Asthma: Carries Inhaler Yes No Other _____*Please specify*

SEVERE Allergic Reactions to: _____

STUDENT ETHNICITY AND RACE INFORMATIONIs your student Hispanic or Latino? Yes No If yes, is your student new to the United States? Yes No

Please check one or more boxes below to indicate what you consider your student's race:

 American Indian or Alaskan Native **Asian:** Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian Hmong Other Asian **Pacific Islander:** Hawaiian Guamanian Samoan Tahitian Other Pacific islander _____ **Filipino** **Black or African American** **White****RESIDENTIAL STATUS**As of today, the student being registered is living in: single family permanent residence (house, apartment, condo, mobile home) Temporarily Double up (sharing housing with others due to economic hardship) Shelter Car/Campsite/Trailer/Vacant Building Hotel/Motel Foster Family Home/Kinship Placement**SIBLINGS IN SAME HOUSEHOLD**Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____Name: _____ Relationship to student: Brother Sister Step Foster Date of Birth: _____**PARENT SIGNATURE AND PERMISSION MEDICAL RELEASE**

I certify that all the above information is correct, and I am the parent and/or legal guardian of the named student.

Your signature below indicates you have given permission for emergency medical care under the supervision of Mark Twain Union Elementary School District

X _____
Parent/Guardian Signature _____ Date _____

It is the responsibility of the parent/guardian to notify the school IMMEDIATELY of additions or changes to this information. I declare under penalty of perjury under the laws of the state of California that the information provided in this registration form is true and correct.

Mark Twain Union Elementary School District
Copperopolis Elementary School
217 School Street
Copperopolis, CA 95222
Ph (209)782-3500 / Fax (209)785-4309

STUDENT CUMULATIVE RECORD REQUEST

Date: _____

Last school attended: _____

Address: _____

Phone number: (____) _____ Fax (____) _____

The following student(s) have enrolled at Copperopolis Elementary. Please forward cumulative records, health records, and other pertinent information.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any questions, please contact our office at (209) 782-3500 or fax us (209) 785-4309.

Requested by _____ Parent Signature _____

Michele Speyer
Mspeyer@mtwain.k12.ca.us
Office Manager

Mark Twain Union Elementary School District

Copperopolis Elementary

Mark Twain Elementary

Custody Issues

The courts must handle custody disputes. The school has NO LEGAL JURISDICTION to refuse a biological parent access to their child and/or school records. The only exception is when a signed restraining order or proper divorce papers, specifically stating court ordered visitation, limitations, are on file in the school office. Should any such situation become a disruption to the school, the Police Department will be contacted and an Officer will be requested to intervene.

**PARENTS ARE ASKED TO NOT INVOLVE THE
SCHOOL SITE IN CUSTODY MATTERS.**

The school will make every attempt to reach the custodial parent when another parent or any person not listed on the Emergency Card attempts to pick up your child. Please attach most recent court orders.

Signature of Parent/Guardian

Child's Name

Date _____

Mark Twain Union Elementary School District
PO Box 1359 / 981 Tuolumne Ave.
Angels Camp, CA 95222
Ph (209)736-1855
www.mtwain.k12.ca.us

Dear Parents,

Welcome back to another great year! Please read the agreements for each of the following three sections:

1. Library Agreement

- My child has permission to use the library.
- My child does **NOT** have permission.

2. Photo Release Form

- I will allow my child's name/picture/video to be released to media.
- I **WILL NOT** allow my child's name/picture/video to be released to media.

3. Computer/Internet Acceptable Use Agreement

I have reviewed the regulations with my student.

After reviewing the information, please fill out, sign and return to each individual child's teacher as soon as possible. If you have any questions, you can call the school office.

Mark Twain 736-6533 / Copper 782-3500

_____	_____	_____
Student Name	Teacher	Grade
_____	_____	_____
Student Signature	Date	
_____	_____	_____
Parent/Guardian Signature	Date	

Library Use Agreement

The Library will open to all students during school. Students may check out two books (except kindergarten, which may check out one at a time) from the library. Please see that your child returns his/her books during the school year, as we do lose some very valuable books and they are very, very hard to replace. *Parents will be responsible for books if they are lost or not returned and report cards will be held.*

I agree to accept responsibility for all library materials checked out in my name and to return them on time and in good condition. Students through 4th grade require permission of parents or guardian in order to check out upper grade materials. The above named applicant has my permission to check out material from the library and upper grade materials.

PHOTO RELEASE FORM

Without this authorization we CANNOT acknowledge your child's accomplishments in our newsletter.

Mark Twain Elementary School District publishes names and/or pictures of students who participate in sports and other class activities or who achieve Honor Roll, Student-of-the-Month, special awards, sports, and other classroom activities in our newsletters or releases the information to local newspapers and social media.

Addresses and phone number are NOT released!

COMPUTER / INTERNET ACCEPTABLE USE AGREEMENT

I understand that the School District will provide me access to computers and the internet for educational purposes ONLY. The access is a privilege, not a right. I understand the consequences for failing to adhere to the District's regulations regarding computer and internet use. I agree not to hold the District responsible and shall agree to indemnify and hold harmless the District and all District personnel for the failure of any technology protection measures, violations of copyright restrictions, user's mistakes or negligence of any costs incurred by users.

Student Agreement

I have read and understand, and will abide by the following regulations in the Student Code of Conduct booklet:

1. Computer/Internet Use, Rules and Procedures
2. Internet Use Guidelines
3. Student Use of Technology Instructions - BP6163.4(a) and AR6163.4(a)

Parent Agreement

I am the parent/guardian of the student named above. I request that he/she be given access to computers and the Internet for educational purposes and in accordance with the District's rules and regulations. My student will receive education in digital citizenship. I have reviewed the above regulations with my student.

From the Nurse's Desk



Mark Twain Union Elementary School District
Mark Twain Elementary School Phone 209-736-6533 ♦ Fax 209-736-6537
Copperopolis Elementary School Phone 209-785-2236 ♦ 209-785-4903

ANNUAL STUDENT HEALTH UPDATE

(Circle Response)

Student Last Name First Name Middle Name Birthdate Grade M F

Doctor Dentist

Allergies: Requires medication? Yes or No When? Name of Medication Allergic to?

Asthma: Mild Moderate Severe Requires inhaler/medication? Yes or No Name of medication Will your child require medication at school? Yes or No

Bee Sting sensitivity: Localized swelling Hives/rash Breathing problems Will your child require medication/Epi-pen at school? Yes or No Name of medication:

Diabetes: Type 1 Type 2 Taking medication? Will you child require medication at school? Yes or No

Epilepsy (convulsions): Date of last seizure: Requires medication? Yes or No Name of medication:

Heart Disease: Diagnosis: Physical restrictions Requires medication Yes or No Name of medication:

Migraine Headaches: How frequent? Requires medication? Yes or No Name of medication:

Frequent ear infections: Requires medication?

Hearing Loss: Right Left Both Needs preferential seating? Yes or No Percentage of hearing loss Wears a hearing aid? Audiologist Name: Last exam date:

Vision problems: Wears glasses contacts? To be worn for reading only? To be worn all the time? Last eye exam?

Speech problems: Presently seeing a therapist? Yes or No For how long?

Is your child taking any other medication? Yes or No For what condition? Medication name

Any other health or behavior information you would like us to be aware of?

Parent signature: Date:



FOOD ALLERGY ALERT

Dear Parents,

We have several students who have food allergies. Symptoms can range from rashes and/or headaches to anaphylactic shock. Several of these students have severe reactions to peanuts and/or tree nuts that when exposed require immediate medical treatment. **For this reason, several classrooms on the campus of Mark Twain will be designated a "No Peanut Zone". The Cafeteria will have a designated "Peanut Free" area.** In addition, all food brought onto the campus for classroom events, birthdays, etc. must be store bought with a food label. Homemade food will not be allowed to be served to students with the exception of their normal lunch. I appreciate your cooperation and understanding regarding this policy. For further information regarding food allergies please contact the school office.

Sincerely,

Kevin Triance

Principal



Estimados padres de familia,

Tenemos varios estudiantes que tienen alergias a los alimentos. Los síntomas pueden variar desde erupciones cutáneas y / o dolores de cabeza a un shock anafiláctico. Varios de estos estudiantes tienen reacciones severas al maní y / o frutos secos que cuando se exponen requieren tratamiento médico inmediato. Por esta razón, varios salones de clases en el campus de Mark Twain se designarán una "zona de cacahuete". La cafetería tendrá una superficie "Peanut Free" designado. Además, todos los alimentos llevó a la escuela para los acontecimientos del aula, cumpleaños, etc deben ser comprados en la tienda con una etiqueta de los alimentos. La comida casera no se permitirá que se sirve a los estudiantes con la excepción de su comida normal. Le agradezco su cooperación y entendimiento en relación con esta política. Para más información sobre las alergias alimentarias, por favor póngase en contacto con la oficina de la escuela.