

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 Yes NoHas your student ever withdrawn from U.S. schools?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

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
Mark Twain Elementary School
PO Box 1239/646 Stanislaus Ave.
Angels Camp, CA 95222
Ph (209)736-6533 / Fax (209)736-6537

STUDENT CUMULATIVE RECORD REQUEST

Date: _____

Last school attended: _____

Address: _____

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

The following student(s) have enrolled at Mark Twain 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) 736-6533 or fax us (209) 736-6537.

Requested by _____ Parent Signature _____

Harmony Skrobecky
hskrobecky@mtwain.k12.ca.us
School Office Manager

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 anafilático. 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.