IN ORDER TO ENROLL A CHILD IN SCHOOL, the following MUST be provided.

1. PROOF OF BIRTHDATE - Certified birth certificate, baptismal record or passport - original documents.

2. IMMUNIZATION RECORD - Signed or stamped by a doctor.
   a. Poliomyelitis (polio) 4 doses but 3 doses are acceptable if the last dose was given after the age of 4 years.
   b. Diphtheria, Tetanus, Pertussis (DTP / DTPa/ Tdap or TD) 5 doses, 4 doses are acceptable if the 1 dose given on or after the age of 4 years, 3 doses acceptable if 1 dose given on or after age of 7.
   7th Grade requirement- at least 1 dose of Tdap on or after age 7
   c. Measles, Mumps, Rubella (MMR) (2 doses) The both dose must be given on or after first birthday. One of the doses must be MMR; the other dose may be any measles-containing vaccine.
   d. Hepatitis B (3 doses) (Not required for 7th grade entry)
   e. Varicella (chicken pox) 2 doses
   7th Grade requirement- 2 doses Varicella
   f. TB Risk Assessment Form completed by pediatrician or verification of clear Tuberculin Skin Test (TST) or Interferon Gamma or clear x-ray
   Kindergarten only - Full-physical examination (completed after March 1, 2019).
   Kindergarten only - Dental examination (completed after August 1, 2018).
   Immunizations required for all new student admissions, including those who had previous personal beliefs exemption

3. PROOF OF RESIDENCE – One of the following must be provided clearly indicating the name of the parent/guardian of the child AND the address within the Mt. Pleasant School District boundaries. (Before submitting documentation please cross out all listed dollar amounts and account numbers to maintain privacy)
   - Property tax payment receipts,
   - Rental property contract,
   - Lease or Rental payment receipts,
   - Utility service contract, statement or payment receipts (PG&E, Water, Trash) Phone bills are not acceptable.
   - Pay stubs;
   - Voter registration,
   - Correspondence from a government agency,

If you are unable to obtain proof of residency and reside with another family whose name appears on the above documents, please submit a signed Verification of Residency form with one of the above Proof of Residence forms.

Special Circumstances:
   - If you cannot provide proof of residence in your name and can not obtain a Verification of Residency please contact the school secretary to discuss the requirements for completing a Declaration of Residency Form.
   - If you have become homeless or do not have permanent housing please contact the School Secretary regarding enrollment.

4. EMERGENCY CONTACT INFORMATION- Names, addresses, phone numbers of individuals who are authorized to pick up your child from school in an emergency.

   ONLY THE PARENT OR LEGAL GUARDIAN MAY ENROLL A STUDENT. AN INDIVIDUAL REPRESENTING A PARENT MUST HAVE A COMPLETED CAREGIVERS AFFIDAVIT

The District will require the parent or legal guardian to show a valid California Driver's license or picture identification at the time of enrollment.
Mt. Pleasant School District
Enrollment Form
All areas must be completed
(To be completed by the parent or guardian)

Date enrolled __/__/____
Teacher: ___________
Room: _______ Inter/ Intra ______
Perm request ______
Received by: __________
MP RS AB IJ VV

Student’s LEGAL Name: ___________________________________________ Date of Birth: __________
(from birth certificate)          Last Name     First Name     Middle Name     Mo./Day/Year

Mother’s/Guardian’s First Name: ___________________________ Last Name: ___________________________ Home Phone: ___________________________
Email: ___________________________ Cell/Work Phone: ___________________________

Father’s/Guardian’s First Name: ___________________________ Last Name: ___________________________ Home Phone: ___________________________
Email: ___________________________ Cell/Work Phone: ___________________________

Mailing Address: ___________________________________________ City: __________ State: __________ Zip: ______

Residence Address (IF DIFFERENT): ___________________________________________ City: __________ State: __________ Zip: ______

Last School Attended: __________ Name of School: ___________________________ City/State: ___________________________ Phone No.: __________
Last Day of Attendance: __________

Student’s Birthplace: ___________________________ 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? ______/______ in a California school? ______/______

MUST ANSWER BOTH

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 child to be.

□ American Indian or Alaskan Native (100)
(Person having origins in any of the original peoples of North and South America (including Central America)

□ Asian (205)
□ Hawaiian (301)
□ Guamanian (302)
□ Samoan (303)
□ Tahitian (304)
□ Other Pacific Islander (309)

□ African American or Black (600)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

□ .Con20α(LEP)

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□ African American or Black (600)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

HOME LANGUAGE SURVEY
1. Which language did your son/daughter learn when he/she first began to talk? __________

3. What language do you use most frequently to speak to your son/daughter? __________

2. What language does your son/daughter most frequently use at home? __________

4. Name the language most often spoken by the adults at home: __________

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

□ Not a high school graduate        □ Some college (includes AA degree)        □ Graduate school/post graduate training
□ High school graduate                □ College graduate

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

Special Education: □ Resource (RSP) □ Special Day Class (SDC) □ Speech/Language □ 504 Accommodation Plan
□ Gifted (GATE) □ Remedial Math □ Remedial Reading □ Counseling
□ Medical Health Plan                □ English Language Development
□ Bilingual/Two-way Dual Immersion

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: ______

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)       □ In a motel/hotel
□ Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
□ In a sheltered or transitional housing program
□ Unsheltered (car/campsites)
□ Other

Page 1 of 2
OTHER CHILDREN IN THE FAMILY: (living in home)

First and Last Name | Relationship | Lives at Home | School | Grade (If graduated, not applicable)
--- | --- | --- | --- | ---
| | | Yes □ No □ | | |
| | | Yes □ No □ | | |
| | | Yes □ No □ | | |
| | | Yes □ No □ | | |

EMERGENCY CONTACTS:

Name | Phone | Relationship | Name | Phone | Relationship
--- | --- | --- | --- | --- | ---

HEALTH PROBLEMS (Check all that apply)

Diagnosed ADD or ADHD □
Asthma □
Bladder Problems □
Bleeding Disorder □
Color Vision Deficiency □
Diabetes □
Eczema/Skin Trouble □
History of Ear Problem □
Heart Problem □
Head Injury □
History of Fractures □
History of Hospitalization □
History of Surgery □
Known Hearing Loss □
Known Vision Loss □
Physical Limitations □
Wears Contact Lenses □
Wears Glasses □

For close work □ For distance only □ At all times □

Other or further details of above

ALLERGIES (Check all that apply) None: □

Animals □ Drugs □
Insects □ Food □
Bee Stings □ Plants □
Other □

List specific item(s) student is allergic to:
Describe allergic reaction and/or treatment:
Explain:

CURRENT MEDICATION(S) No □ Yes □ Epi-Pen □ If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s) | Dosage | Time Taken | Purpose
--- | --- | --- | ---

PERMISSIONS

I/we give permission for my/our student to be observed, photographed and/or filmed for District Training, publications or media materials. Yes □ No □
I/we give permission for my/our student's work to be published. Yes □ No □

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/were 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 an 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: ___________________________

MPESD
Revised: 7/21/09