

NAME OF SCHOOL: Freshwater School SSID: _____

Teacher: _____ Grade Level: _____ School Year: _____

Student's LEGAL Name: _____ Date of Birth: _____
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year
 Male
 Female
 Non-binary

County of Residence: _____ District of Residence: _____ Birthplace: _____

Are there any legal restrictions in place regarding this student? Yes No *(If yes, please attach court order/documentation.)*

PARENT/GUARDIAN 1

Last Name _____ First Name _____
 Relationship to Student: Mother Step Parent Legal Guardian
 Father Foster Parent Caregiver
 Person has: Physical Custody Legal Custody Education Rights
 Mailing Address _____ City _____ State _____ ZIP _____
 Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____
 () ()
 Primary Phone _____ Alt/Work Phone _____ Email Address _____

PARENT/GUARDIAN 2

Last Name _____ First Name _____
 Relationship to Student: Mother Step Parent Legal Guardian
 Father Foster Parent Caregiver
 Person has: Physical Custody Legal Custody Education Rights
 Mailing Address _____ City _____ State _____ ZIP _____
 Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____
 () ()
 Primary Phone _____ Alt/Work Phone _____ Email Address _____

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

- | | |
|---|---|
| <p>Person 1</p> <input type="checkbox"/> Not a high school graduate
<input type="checkbox"/> High school graduate
<input type="checkbox"/> Some college (includes AA degree)
<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate school/post graduate training | <p>Person 2</p> <input type="checkbox"/> Not a high school graduate
<input type="checkbox"/> High school graduate
<input type="checkbox"/> Some college (includes AA degree)
<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate school/post graduate training |
|---|---|

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.

_____ () _____ ()
 Last Name/Relationship to Student First Name Primary Phone Alt/Work Phone
 Mailing Address _____ City _____ State _____ ZIP _____
 Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____

EMERGENCY CONTACTS/PICK-UP PERMISSION — Individuals not listed above who are emergency contacts, can pick student up, or both.

First and Last Name	Relationship to Student	Phone Number	Role (check all that apply)
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up

PREVIOUS SCHOOL INFO — What month and year did your child first enroll in a California School? ____ / ____

Last School Attended: _____ Last Date Attended: _____
Name of School City/State Phone

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 Expelled: _____

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

- Special Education: Resources (RSP) Special Day Class Speech/Language 504 Accommodation Plan
- Other: Gifted (GATE) Remedial Math Remedial Reading Counseling
- English Lang Dev. Medical Health Plan

MEDICAL INFORMATION — Are there medical issues that the school should be aware of? Yes No

If yes, please describe: _____

Medication taken at home? Yes No If yes, please describe: _____

Medication taken at school? Yes No If yes, please submit the Medication Form signed by doctor at time of registration.

Allergies the school should be aware of? Yes No If yes, please describe: _____

Primary Care Physician _____ Phone _____ Insurance Carrier _____ Policy Number _____

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

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

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by adults at home: _____

Must answer both questions

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)
- Non 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)
<i>(Person having origins in any of the original peoples of North and South America (including Central America)</i> | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) | <i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |
| | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) | |
| | <input type="checkbox"/> Hmong (208) | | |
| | <input type="checkbox"/> Other Asian (299) | | |

OTHER CHILDREN IN THE FAMILY

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

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: _____

FRESHWATER SCHOOL DISTRICT RESIDENCE VERIFICATION FORM
(ONLY IF YOU RESIDE IN FRESHWATER SCHOOL DISTRICT)

Student Name: _____ School: _____

Address: _____ Date of Birth: _____

How long has the student lived full time at the above listed address? : _____

Dear Parent/Legal Guardian:

State Law requires the District to enroll students whose parent(s) or legal guardian(s) reside in our district. This form has been prepared to help us verify your residence. Please call 442-2969 if you have any questions or need further assistance. All verifications are subject to District Approval.

Each parent/legal guardian must provide a form of residence verification from each column below in order to enroll a student.

COLUMN A

COLUMN B

_____ State issued Drivers License

_____ Paycheck Stub

_____ Current Government Identification Card

_____ Bank statement

_____ Property Deed or Most Recent Property Bill

_____ Cable statement

_____ Notarized Rental/lease agreement

_____ Auto insurance

_____ Property Tax statement

_____ Automobile registration

_____ *Other (Explain below.)

_____ *Other (Explain below.)

*Explanation:

I certify the above information is true and correct:

 Printed Name of Parent/Legal Guardian

 Signature of Parent/Legal Guardian

 Date

*Investigations that reveal that students have enrolled on the basis of providing false information will lead to immediate withdrawal from the District.

 Signature of School Principal

 Date

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2021-2022

Date Request Received
by DOR

Part A

Parent/Guardian: Complete applicable steps on page 1 and 2 shaded in gray and then submit it to your **District of Residence (DOR)**. If it is approved, it will be forwarded to the **District of Proposed Enrollment (DPE)**. **Only new requests submitted between December 1st and February 1st are assured of approval by the DOR, subject to reasonable enrollment activities.** (See the DOR district office for exceptions and for information on reasonable enrollment activities). If both districts approve, and you agree to any additional terms and conditions required by the district(s), you may enroll your student in the DPE.

District of Residence _____ District of Proposed Enrollment _____

Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Homeless/McKinney-Vento Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes or Unknown to either of the above please contact the district of residence Foster/Homeless liaison or the Humboldt County Office of Education Foster & Homeless Youth Education Services office at 707-445-7187 before proceeding with application.	

COMPLETE ALL SECTIONS	STEP 1: To be completed by parent/guardian (PLEASE PRINT)		<input type="checkbox"/> New Application <input type="checkbox"/> Sibling(s) at school? Sibling Grade(s): _____ Sibling Name(s): _____	<input type="checkbox"/> Renewal <input type="checkbox"/> No change in address <input type="checkbox"/> Address change	
	Have you applied for a transfer to any other district for this same school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list all:		Student Grade in 2021-2022:		
	Student Name (Last, First)		Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
	Current or Last School of Attendance				
	Student Address		City, Zip Code		
	Parent / Guardian Name				
	Primary Phone	Other Phone	Email address		

STEP 2: To be completed by parent/guardian for NEW applications only
Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)
If reason is parent employment or childcare, provide name, address, and phone number of childcare or work below. Any additional information you wish to provide may be included below (use additional pages as needed):
If reason is "Other", please explain as thoroughly and clearly as possible. Include all relevant details.
What special services has the student received? (Check all that apply) <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> None
If the student is receiving Special Education services, what is their current placement (Please attach IEP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Speech Services <input type="checkbox"/> Pending Assessment
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the terms and conditions and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I also understand that approval or denial of this application and revocation of the Permit is subject to the terms of this Permit and the policies and/or regulations of the individual districts. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief. I also understand and agree to the above terms.

Parent/Guardian Signature _____ Date _____

Student Name _____

PART B: Terms and Conditions:

The following terms and conditions apply to this Permit if it is approved by both districts:

1. Students will be required to re-apply for interdistrict attendance for any subsequent school year.
2. As permitted by law, the Permit may be revoked by either district pursuant to its policies and regulations and any applicable terms and conditions in Part C and/or D. Grounds for revocation of the Permit include, but may not be limited to, the failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance, as determined by the district of proposed enrollment.
3. Neither district will be responsible for pupil transportation unless required by law.
4. The District of Proposed Enrollment (DPE) will be responsible for special education services and related costs.
5. Approval of this Permit does not guarantee athletic eligibility.

PART C: Action of District of Residence (to be completed by DOR):

Decision: Approved Denied for the school year 2021-2022

Comments:

Date of action by DOR

Authorizing Signature: _____

Title: _____

District: _____

PART D: Action of District of Proposed Enrollment (to be completed by DPE):

Decision: Approved Denied Denied, but on waitlist for the school year 2021-2022

Comments:

Date of action by DPE

Authorizing Signature: _____

Title: _____

District: _____

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 707-445-7171 if you wish information on the appeal process or go online at <https://www.hcoe.org/inter-district/>. **(An interdistrict attendance appeal request must be filed with the Humboldt County Board of Education within thirty (30) calendar days of notification that the request was denied.)**

The parent/guardian and each district shall be provided with and retain a copy of this form.

Freshwater School District Incoming Interdistrict Attendance Approval

The Governing Boards of the _____ District of Humboldt
(District of Residence)
 County, and the Freshwater School District of Humboldt County, hereby agree to permit
 the within named pupils, while residing in the first-named district to attend the
 elementary school in the second-named district.

(Please initial each line to indicate that you have read these terms)

- ____ 1. Freshwater School District assumes no obligation for pupil transportation. **Students must arrive on time.**
- ____ 2. The failure of a pupil to maintain appropriate academic effort, behavior (as outlined in Education Code and Freshwater School Board Policy), and attendance/punctuality records which are satisfactory to the Superintendent of the Freshwater School District shall constitute sufficient grounds for the cancellation of this permit.
- ____ 3. The Freshwater School District Board of Trustees has the right to review the above-listed criteria in regard to the pupils listed below at any time during the length of this permit.

NAMES OF PUPILS

ADDRESS OF PARENTS/GUARDIANS

 Superintendent, Freshwater School District

 Parent/Guardian

Date: _____

Date: _____

Please RETURN BOTH COPIES to the Freshwater School District, 75 Greenwood Heights Drive, Eureka, CA 95503. When the attendance permit is granted, you will receive a copy signed by the Superintendent.