

## Welcome to Freshwater School Kindergarten Registration for the 2022-23 School Year!

Thank you for your interest in Freshwater School. Please complete the following documents for students starting Transitional Kindergarten (TK) or Kindergarten in the Fall of 2022. Completed packets can be returned to Freshwater School directly by using the drop box located outside of the main office during regular business hours, by US Mail: 75 Greenwood Heights Dr. Eureka, CA 95503 or by email to [smintey@freshwatersd.org](mailto:smintey@freshwatersd.org).

The following documents must be returned **before** the first day of school:

- Registration Packet**
- Up to date immunization records**
- Legal Birth Certificate** *(copy)*
- Physical Exam** *(must be after March 2022)*
- Oral Health Assessment**
- 2 Proofs of residency** *(if residing within Freshwater School district)*
- Interdistrict paperwork from your district of residency** *(if residing outside of Freshwater School district)*
- Freshwater School Interdistrict agreement** *(if residing outside of Freshwater School district)*

Students residing within the Freshwater School District, students who have parents employed by the Freshwater School District, or students with siblings who attend Freshwater School District will receive priority enrollment. If further spaces are available, students will be placed on a waitlist and families will be notified as space allows. Please call the school office at (707) 442-2969 or email the School Secretary, Stacy Mintey at [smintey@freshwatersd.org](mailto:smintey@freshwatersd.org).

Thank you!



# Freshwater Elementary School Enrollment Form 2022-23



Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  Male  Female  Non Binary  
(Last) (First) (Middle)

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (Zip)

Mailing address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

School District of Residence \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address \_\_\_\_\_

Date of withdrawal \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

**WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all boxes that apply)**

Special Education:  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504  IEP

Other:  GATE  Remedial Math  Remedial Reading  Counseling  English Language Development

Parent/Guardian:

Name \_\_\_\_\_ Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives with student: Yes / No (circle one)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Education Level:  Grad School  College Grad  Some College  High School Grad  Not a High School Grad

Parent/Guardian:

Name \_\_\_\_\_ Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives with student: Yes / No (circle one)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Education Level:  Grad School  College Grad  Some College  High School Grad  Not a High School Grad

Step-Parent/Guardian:

Name \_\_\_\_\_ Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives with student: Yes / No (circle one)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Education Level:  Grad School  College Grad  Some College  High School Grad  Not a High School Grad

Parent or guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard) on active duty or full-time National Guard duty.

EMERGENCY INFORMATION

In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does this student have any special health problems and/or physical handicaps? If yes, please specify \_\_\_\_\_

Is this student taking any long-term medication? If yes, please specify \_\_\_\_\_

**List siblings under age 18 and living at home:**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of birth \_\_\_\_\_

**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)       In a motel/hotel
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)       Unsheltered (car/campsite)
- In a shelter or transitional housing program       Other \_\_\_\_\_

**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 schools to provide meaningful instruction for all students.

**Language Background**

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child use most frequently at home? \_\_\_\_\_

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

What language is most often spoken by the adults at home? \_\_\_\_\_

**If a language other than English is indicated above, please answer this question:**

Has your child ever received formal instruction in the English language? Yes \_\_\_\_\_ No \_\_\_\_\_

**If your child was not born in the United States, please answer the following questions:**

When did you arrive in the United States? Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you arrive in Humboldt County? Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Federal Race & Ethnicity Survey**

**Part A. Is this student Hispanic or Latino?** \_\_\_\_\_ No, not Hispanic or Latino \_\_\_\_\_ Yes, Hispanic or Latino

*Part A. is about ethnicity, not race. No matter what you selected above, please continue to answer Part B. by marking one or more spaces to indicate what you consider the student's race to be.*

**Part B. What is this student's race? Check one or more.**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 100 American Indian or Alaskan Native | <input type="checkbox"/> 301 Hawaiian    | <input type="checkbox"/> 304 Tahitian               | <input type="checkbox"/> 202 Japanese   |
| <input type="checkbox"/> 600 Black or African American         | <input type="checkbox"/> 302 Guamanian   | <input type="checkbox"/> 399 Other Pacific Islander | <input type="checkbox"/> 203 Korean     |
| <input type="checkbox"/> 700 White                             | <input type="checkbox"/> 303 Samoan      | <input type="checkbox"/> 201 Chinese                | <input type="checkbox"/> 204 Vietnamese |
| <input type="checkbox"/> 205 Asian Indian                      | <input type="checkbox"/> 206 Laotian     | <input type="checkbox"/> 207 Cambodian              | <input type="checkbox"/> 400 Filipino   |
| <input type="checkbox"/> 208 Hmong                             | <input type="checkbox"/> 299 Other Asian |   |   |

PARENT E-MAIL (S) \_\_\_\_\_ / \_\_\_\_\_

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



	4 Polio <sup>4</sup>	5 DTaP <sup>5</sup>	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella
<b>K-12 Admission</b>					
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

### INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil’s age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.\*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil’s grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled “EXCLUDE IF NOT GIVEN BY”), or
- A temporary medical exemption from some or all required immunizations.\*

## CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

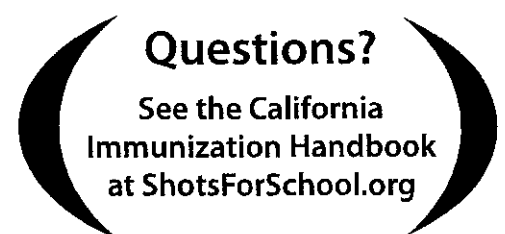
Vaccine	Minimum Age	Maximum Age
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



\* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.

## 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 Examination	/ /
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)					
DtaPDT/dT/dT/d (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)

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

#### 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)

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.

### Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

#### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

#### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

#### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
 My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school **no later than May 31** of your child's first school year.  
 Original to be kept in child's school record.

# 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**

\_\_\_\_\_ State issued Drivers License

\_\_\_\_\_ Current Government Identification Card

\_\_\_\_\_ Property Deed or Most Recent Property Bill

\_\_\_\_\_ Notarized Rental/lease agreement

\_\_\_\_\_ Property Tax statement

\_\_\_\_\_ \*Other (Explain below.)

## **COLUMN B**

\_\_\_\_\_ Paycheck Stub

\_\_\_\_\_ Bank statement

\_\_\_\_\_ Cable statement

\_\_\_\_\_ Auto insurance

\_\_\_\_\_ Automobile registration

\_\_\_\_\_ \*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 2022-2023

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 1<sup>st</sup> and February 1<sup>st</sup> 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 <b>Yes</b> or <b>Unknown</b> 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	<b>STEP 1: To be completed by parent/guardian (PLEASE PRINT)</b>		<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal
			<input type="checkbox"/> Sibling(s) at school? Sibling Grade(s): _____	<input type="checkbox"/> No change in address
			Sibling Name(s): _____	<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 2022-2023:
	Student Name (Last, First)			Birth Date
	Current or Last School of Attendance			
	Student Address			City, Zip Code
	Parent / Guardian Name			
Primary Phone		Other Phone	Email address	

<b>STEP 2: To be completed by parent/guardian for NEW applications only</b>	
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 2022-2023

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 2022-2023

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.**