



Welcome to Freshwater School TK/Kindergarten Registration for the 2023-24 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 2023. 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.

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

- Registration Packet** *(as soon as possible)*
- Up to date Immunization Records or current Medical Exemption**
- Legal Birth Certificate** *(copy)*
- Physical Exam** *(must be after March 2023)*
- Oral Health Assessment**
- 2 Proofs of residency** *(if residing within Freshwater School district)*
- Interdistrict paperwork –Turn into 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.

Thank you!



Freshwater Elementary School Enrollment Form 2023-24



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 _____

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.

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

PARENT E-MAIL (S) _____ / _____

Parent/Guardian Signature: _____ **Date:** _____

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

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. Parents must show their child's Immunization Record as proof of immunization.

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	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	SCHOOL
First	ZIP code	

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 Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
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)					
DtaP/DTP/DT/Td (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 (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and 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)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ <i>Licensed Dental Professional Signature</i> _____ <i>CA License Number</i> _____ <i>Date</i> </div>			

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.