



Welcome to Freshwater School TK/Kindergarten Registration for the 2024-25 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 2024. 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 bflores@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 2024)*
- **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)*

Freshwater School District Enrollment Form 2024-25

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.

- | | | | |
|---|-----------------------|----------------------------------|----------------------|
| _____ 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: _____

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

Parents' Guide to Immunizations Required for School Entry



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 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	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 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)					
DTP/DTP/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 (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	Date
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.

CHDP website: www.dhcs.ca.gov/services/chdp

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last ADDRESS—Number, Street City	First Middle	ZIP Code SCHOOL	DATE OF BIRTH—Month/Day/Year Teacher
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PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. SIGN AND RETURN THIS FORM TO THE SCHOOL where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

I choose not to have my child receive a health examination as part of the school entry requirement.

I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

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.

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2024-2025

Date Request Received
by DOR

Part A – To be completed by parent/guardian

Parent/Guardian: Complete applicable steps on page 1 and 2 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: Student Information (PLEASE PRINT)		<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 2024-2025:	
	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	

NEW APPLICATIONS ONLY	STEP 2: Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)
	Please explain the reason for your request. Include as much information as possible to help districts make an informed decision. Use additional pages as needed . If reason is parent employment or childcare, provide name, address, and phone number of childcare or work.
	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 2024-2025

Comments:

Date of action by DOR

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 2024-2025

Comments:

Date of action by DPE

DPE Authorizing Signature: _____

Title: _____

District: _____

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 707-445-7031 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.