



Welcome to Freshwater School TK/Kindergarten Registration for the 2025-26 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 2025. 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 2026)*
- Oral Health Assessment**
- 2 Proofs of residency** *(if residing within 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, Brenda Flores, bflores@freshwatersd.org

Thank you!



Freshwater Elementary School Enrollment Form 2025-26



Student's Legal Name: _____

Male: _____ (Last) _____ (First) _____ (Middle) _____
Female: _____ Non Binary: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____
(City, State)

Home Address: _____
(Street) _____ (City) _____ (Zip)

Mailing Address: (If different) _____

School District of Residence: _____

Last School Attended: _____ Address: _____

Date of withdrawal: _____ Reason for withdrawal: _____

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Please check all 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 # _____

Level of Education: 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 # _____

Level of Education: 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 # _____

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

____ Parent/Guardian is a member of the Armed Forces (Army, Air Force, Marine Corps or Coast Guard) and are 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, in 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 concerns and/or physical disadvantage? If yes, please specify: _____

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

List siblings, under the age of 18, who reside in the household:

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 one

____ In a single family, permanent residence (house, apartment, condo, mobile) ____ In a motel/hotel ____ Unsheltered (car/campsite)

____ Double up (sharing housing with other families/individuals due to economic hardship or loss) ____ Other _____

____ In a shelter or transitional housing program

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 child? _____

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 you 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 all that apply.

____ American Indian or Alaskan Native ____ Hawaiian ____ Tahitian ____ Japanese ____ Korean ____ Vietnamese ____ Filipino

____ Black or African American ____ Guamanian ____ Other Pacific Islander ____ Chinese ____ Cambodian ____ Loatian

____ White ____ Samoan ____ Asian Indian ____ Hmong ____ Other Asian

Parent email: _____ / _____

Parent/Guardian Signature: _____ Date: _____

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2025-2026

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 2025-2026: _____
	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 2025-2026

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 2025-2026

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.