HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT ENROLLMENT FORM K-8

TO BE COMPLETED BY THE PARENT OR GUARDIAN

	Date:	7.7
☐ Happy Valley Primary ☐ Happy Valley Element	ary 🗌 Happy Valley Community Day 🔲 In	dependent Study Program
Student's Legal Name	Date of	Birth
(From Birth Certificate) Last Name First Nam		Month/Day/Year
Custo da Pangua? Van No C (Tours alors attach mass	t assessed as a second	Male ☐ Female ☐
Custody Papers? Yes No (If yes please attach most Grade for 2020/2021)	t current copy of custody papers)	Non-binary [
PRIMARY PARENT(S) OR GUARDIAN(S) WITH V	VHOM STUDENT RESIDES	
Check one. Father Step-Father Guardian	Check one. Mother Step-Moth	er Guardian
Check one. Mrs. Ms. Dr. Other	Check one. Mrs. Ms. Dr.	Other
Name:	Name:	
First Last	First	Last
Mailing	Mailing	
Address	Address	
Circ Code	City	Zin Cada
City: Zip Code:	City:	Zip Code:
Residence Address	Residence Address	
City: Zip Code	City	Zip Code
Home Phone:	Home Phone:	
Cell	Cell	*** **********************************
Phone:	Phone:	· · · · · · · · · · · · · · · · · · ·
E-Mail Address:	E-Mail Address:	
Work Phone:	Work Phone:	
Notification Phone Number: (Main number to be used for au	tomated calls both informational and emergencies):	
Ethnicity Is this student Hispanic or Latino? (Sele	ect only one) No, Not Hispanic or Latino	Yes, Hispanic or Latino
Race	not only one) I wo, that inspanie of Eating	1 co, inspanie of familie
100 American Indian or 205 Asian Indian	302 Guamanian	☐ 600 Black or African
Alaskan Native	☐ 303 Samoan ☐ 304 Tahitian	American 700 White (not Hispanic)
202 Japanese 208 Hmong	399 Other Pacific	(institution)
203 Korean 299 Other Asian	Islander	
☐ 204 Vietnamese ☐ 301 Hawaiian	☐ 400 Filipino	
PARENT EDUCATION LEVEL Select the education levels and the education levels are the education levels and the education levels are the education le	vel of the student's most highly educated parent	or guardian. Check one
1 Not a high school graduate 3 Some college		
2 High school graduate		
	ICON WILL MARKE WARRIOWAL CALLED	
PARENT ON ACTIVE DUTY WITH ARMED FORCE Select any appropriate response below	S OR FULL-TIME NATIONAL GUARD	
Parent on Active Duty with Armed Forces Parent Full-time	e with National Guard 🗌 Parent Not on Active Duty	or Full-time National Guard
MEDIA PERMISSION I/We GIVE permission for my/our student to be observed, i	nterviewed photographed and/or filmed when t	hey have received
	interviewed, photographed and/or infined when t Information gathered may be used in publication	
public presentations and/or the school district web site	Yes No Yearbook Only	,, , , , , , , , , , , , , , ,

Nama		Home			
Name	First Last	Phone			
Home Address	2				
Moule	Street Address	City	Call	State	Zip Code
Vork hone			Cell Phone		
	Area Code and Number		_		a Code and Number
ager			Email Addr	ress	
	NCY CONTACTS				
st four <i>loc</i>	cal contacts to whom the student may be released in the	case of illr	ess or othe	r emergency if unable to	o notify parent.
ame		Name			
hone		Phone			
	Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday		Best r	number between 7:00 a.m. and	d 5:00 p.m., Monday-Friday
ell Phone		Cell Phone			
elationship		Relationshi	p		
		1			
ame		Name			
hone		Phone		10	· · · · · · · · · · · · · · · · · · ·
	Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday	-	Rest numl	per between 7:00 a.m. and 5:0	00 n m Monday-Friday
ell Phone	Dest number between 7.00 a.m. and 3.00 p.m., Pronage-1 reasy	Cell Phone	Dest name	or between 7.00 a.m. and 5.0	o p.iii., ivioliday-i iiday
elationship		Relationshi	n		
am/We an ereby auth ne giving o	CY MEDICAL AUTHORIZATION re the parent/guardian of the above named student, in canorize a representative of the school, pursuant to the proof any and all medical, dental, hospital or surgical care	ovisions of to the abov	Family Coo	de section 6910, to act a	as any agent to consent to
On	Date	at	 	City	, California
tarent/Gua	rdian Signature(s)			City	
e undersig	ned declare under penalty of perjury that they are the p				•
	PARENT OR GUARDIAN (from page one)	PRIM	ARY PAR	ENT OR GUARDIAN	N (from page one)
ease Print F	ull Name	Please I	rint Full Nam	е	
gnature		Signatu	re		
i		Phone			
hone	Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday	1 110110		r between 7:00 a.m. and 5:00	

Student's Name	
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		EP RFE		if RFEP	
		District of Re		COLO THE COLO	
	ERMANE	NT ID NUMB	BER	CSIS NUMBER_	
School Use HOME LANGUAGE SURVEY					
Which language did your son/daughter learn	when he/she	e first began to	o talk?		
What language does your son/daughter most	frequently u	ise at home?			
What language do you use most frequently to	speak to yo	our son/daugh	ter?		-
Name the language most often spoken by the If your child speaks or has spoken another linformation to support your child's continual Language Proficiency Assessments for Calif OTHER STUDENT INFORMATION	anguage at ed learning	home, the El . Please read	l "A Parent Guide		
Student's Birthplace					
City	. II 1 Gr	0	State	Country	
When did the student first attend school in the	e Unitea Sta	ites (Month and Year C	OR Grade level	
****	1	<i>c</i> o	1,1011,11 (11.11		
When did the student first begin attending sch	1001 in Calij	tornia?	Month o	nd Year OR Grade Level	
			Wolldi a	nd Tear OK Grade Level	
Has student previously attended school in Ha	ppy Valley	School			
District?			Month	nd Year OR Grade Level	
			Willian	na real or Grade Bever	
What school did the student attend before enrol	ling in the c	current Happy	Valley Union Elem	entary School?	
Check one. Public Private Home S	chool□	None□			
Name of Previous School			Anna Cod	o/Dhana Numbau	
			Area Cod	e/Phone Number	
Address: Number Street Address		City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Number Street Address		City		State	Zip Code
Dates of Attendance at Previous School From				To	
ADDITIONAL ENROLLMENT/PLACEMI I certify that my son/daughter: Has never been enrolled in a special educated was previously enrolled in a special program. My son/daughter has participated in the following Special Education	ional program and is no mand in the mand in th	am longer enroll rogram(s): M Gifter Engli 504 P	Check one.	box for each. tion Program (GATE) opment (ELD)	
Visually Impaired Program Ye					
OTHER CHILDREN IN THE FAMILY				.	
First and Last Name	Da	te of Birth	Lives at Home	School Attending/Grade (If gradua	ted, NA)
			ì		!
			Yes No		
			Yes No Yes No		

Student Nar	ne							
HEALTH	INVENTORY				_			
Student's Physician								
i ilyototani .	Doctor's Name			Street Address			City	Area Code and Phone Number
Student's Dentist	Ductor & Ivainc			Succi Address			City	Area Code and Phone lydinoci
Domisi	Dentist's Name			Street Address			City	Area Code and Phone Number
HEALTH	INSURANCE	Yes	П	No□				
	me of Insurance Company		<u> </u>	- · · · · · · · · · · · · · · · · · · ·		Policy l	Number	
PERMISSI	ION FOR MEDICAL RE	CORDS	3					
	consent to the Happy Valle			nentary School Dis	strict	to receive from	or send to the d	loctors listed above any
	concerning the health and							
information				•		-		
Yes□ N	√o□							
HEALTH	PROBLEMS Check all t	hat appl	y.					
Diagnosed	ADD or ADHD					pilepsy		
Asthma					Ey	ye Injury		
Bladder Pi	oblems				H	ypoglycemia		
Bleeding I	Disorder				Fr	equent Noseble	eds [
Color Visi	on Deficiency					44 4		
Dichotos	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Se	eizure Disorder		
	kin Trouble							
History of	Ear Problem	□ D	escril					
Heart Prob	olem	∐ D	escril					
Head Injur	у	D	escrib				······································	
History of	Fracture	H n	escrit escrit					
History of	Hospitalization Surgery	u م	escrit escrit					
Known He	earing Loss	片 ĸ	ight[
Known Vi	sion Loss	⊢ R	ight[= =				
Physical L	4		escrib	_				
Wears Con	***************************************							NAME OF THE PROPERTY OF THE PR
	Wears Glasses For close work For distance only At all times							
Wears Hea			Right	ear□ Left ea	ar 🔲			
Other or further details of above								
					<u> </u>			
	IES Check all that apply.	- · ·	1.01		11			
None _	Animals			item(s) student is				
Food Insects Describe allergic reaction or treatment:								
Drugs Bee Sting Department of their Department								
Plants Other								
CURRENT MEDICATION(S) Yes No								
If yes, Nan	ne of Medication(s)		\perp	Dosage	\perp	Time Taken	Purpose	
					ļ			

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student:	(Male Female)
Birthdate:	Grade:
	egular, adequate nighttime residence? YesNo ovide a gas or electric bill in your name as proof ntinue with this form.)
2. Do you and the student live in: □ shelter □ motel/hotel □ temporarily with another family in a car or RV □ at a campsite □ transitional housing	a house, mobile home, or apartment
□ other location	
 3. The student lives with: □ one parent □ two parents □ a qualified relative □ friend(s) □ an adult that is not the legal guardi □ alone with no adult(s) 	ian
4. I am: ☐ the parent/legal guardian of the about the adult relative of the about th	
	he laws of this state that the information provided her
Signature:	Date:
Print Your Name:	
Residence:	
Street .	City Zip
Mailing Address:	·
Street	City Zip
Telephone: ()	Cell Phone: ()

Happy Valley Elementary Union School District Compact for Student Success

Staff Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide high-quality curriculum, instruction, and supports.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Participate in professional development opportunities.
- Work to make schools accessible and welcoming places for families.
- Respect the school, students, staff, families, and community.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability.

- Come to school ready to learn, work hard, and participate by completing all assignments given to me.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Ask for help when I need it.
- Communicate regularly with my parents and teachers about school experiences.
- Limit my TV watching and video game time so I can study or read every day after school.
- Respect the school, students, staff, families, and communities.

Family/Parent Pledge

I agree to carry out the following responsibilities to the best of my ability.

- Assist my child with their homework by monitoring assignments and by providing time, a place, and support for homework activities.
- Read to my child or encourage my child to read every day
- Communicate with the teacher when I have a concern.
- Ensure regular, on-time attendance at school.
- Regularly monitor my child's progress in school.
- Attend school parent-teacher conferences and parent education/support nights.
- Communicate the importance of education and learning to my child.
- Respect the school, students, staff, families, and communities.

_ Teacher
 Student
Parent/Guardian



Happy Valley Union School District Computer/ Technology Acceptable Use Agreement

Happy Valley Union School District (HVUSD) provides technology and access to learning opportunities through telecommunications available to students and staff. PROPER AND ETHICAL USE: Staff and students are expected to understand and to practice ethical use of computer resources.

Conditions and Rules for Use:

1. Acceptable Use

The purpose of the District's data and telecommunications system is to facilitate communications in support of education. The use of your account must be consistent with the educational objectives of the District.

- No user may deliberately propagate any harmful program code using District resources. Use of District the laws and
 regulations of the United States, or the laws and regulations of any resources for illegal activity is grounds for
 discipline. The District will cooperate with law enforcement authorities to investigate such acts.
- Plagiarism is illegal.

2. Privilege

The District has the authority to determine appropriate use and may deny, revoke, or suspend a user account based upon its determination of inappropriate use.

3. Monitoring

The District reserves the right to inspect any files stored in private areas of our network in order to assure compliance with policy.

4. Network Etiquette

- Users must abide by the generally accepted rules of network etiquette.
- Be respectful of the equipment
- Use acceptable language
- Do NOT reveal personal information, including username, password, telephone number, or address to anyone
- Students may not access e-mail on campus

The District maintains software systems to monitor and record Internet usage. Be aware that security systems are capable of recording, for every user, each World Wide Web site visit, each chat, newsgroup or e-mail message, and each file transfer into and out of the network. No user should have any expectation of privacy using District resources. Attempts to bypass or evade the District filter system will be grounds for loss of Internet privileges.

5. Security

- a) Security on the computer system is a high priority, especially because the system involves many users. Never share your account information, including username and password. Protect your password to ensure system security and your privilege to continue using the system.
- b) Do not attempt to log on as a District system administrator. Cancellation of privileges and criminal charges may result from such activity.
- c) The District may deny access to anyone identified as a security risk for having a history of problems with other computer systems.

6. Prohibited Activities & Content

Happy Valley Union School District Computer/ Technology Acceptable Use Agreement

- 1. Vandalism and harassment may result in cancellation of user privileges and possible criminal charges.
- 2. Harassment, or the persistent annoyance of another user or interference with another user's work, includes but is not limited to the sending of unwanted email or other communications.
- 3. District computer resources may not be used for games research or to play games. Non-academic activities, in general, are prohibited.
- 4. Giving out personal information about another person, including home address or phone number, is strictly prohibited.
- 5. Any use of the network for commercial or for-profit purposes is prohibited.
- 6. Hardware and/or software shall not be destroyed, modified, or abused in anyway.
- Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
- 8. Use of the network to access or process pornographic material, inappropriate text files (as determined by the system administrator or building administrator), or files dangerous to the integrity of the local area network is prohibited.
- 9. The HVUSD network may not be used for downloading entertainment software or other files not related to the mission and objectives of the HVUSD.
- 10. Use of the network for any unlawful purpose is prohibited.
- 11. Use of profanity, obscenity, racist terms, or other language that may be offensive to another user is prohibited.
- 12. Establishing network or Internet connections to live communications, including voice and/or video (relay chat), is prohibited unless specifically authorized by the system administrator.

7. Controversial Material

Education, by its nature, is a controversial activity. However, it is against District policy to use district resources for access to inappropriate or offensive material. In an effort to comply with the Children's Internet Protection Act (CIPA) the District uses blocking and filtering services, which will make it difficult for students to gain access to inappropriate or offensive sites on the Internet.

8. Local Area, District, and Internet

Electronic information services (Local, District-wide, and Internet) are available to students and staff in Happy Valley Union School District. Happy Valley Union School District strongly believes in the educational value of such electronic services and recognizes their potential to support curriculum and to allow staff to efficiently provide educational services. The District goal in providing this service is to promote educational excellence by facilitating research, innovation, communication, and business efficiency. Staff must understand that all the rules of conduct described in the Happy Valley Union School District Technology Plan apply during network use. PROPER AND ETHICAL USE: Staff and students are expected to understand and to practice ethical use of computer resources discipline. The District will cooperate with law enforcement authorities to investigate such acts.

I have read and agree to follow the stipulation			
		Date	
Student's Signature		Parent's Signature	
District Education Technology Plan	2	07/2006 -06/2011	