

# Check List for Registration/Enrollment

Student Name: \_\_\_\_\_ Grade in 2023-24: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SPED: N/A \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ SPEECH \_\_\_\_\_

OFFICE USE ONLY		CALPADS: _____ CCE _____ MME _____ MONT _____ FF _____
Received	Collect	
	"SUBMITTED" and signed	Pre-Enrollment (step 1-to be completed online)
	DL Passport	Parent Photo ID (driver's license or passport)
	BC Passport	Proof of birth date (birth certificate or passport)
	Completed and Signed	Verification of Residency Form
	Lease or Mortgage	Proof of residence (mortgage statement or rental/lease agree.)
		Home Language Survey All new students with <b>no</b> Public CA prior enrollment
		Primary Language Survey (elementary only) If other than English spoken at home <b>and</b> no prior Public CA enrollment.
	TK TO 6 <sup>TH</sup> GRADES only	Student Health & Family History Questionnaire
	KN & 1 <sup>ST</sup> Grade only On or after March 1, 2023 or Waiver signed	Report of Health Exam (Doctor completes) or Waiver
	TK, KN & 1 <sup>ST</sup> Grade Due by December 31st or Waiver signed	Oral Health Assessment (Dentist completes)
	506 Indian Student Eligibility Certification Form	The purpose of the form is to help the District identify any students who are eligible for Title VI services, which are students who: <ul style="list-style-type: none"> <li>Have a grandparent, a parent or are themselves a member of a tribe.</li> </ul>
	TK-12 <sup>th</sup> Grades	Student Nutrition Lunch Application
	High School	Withdrawal Form – from previous school
	Jr. High & High Schools	Transcripts Required for the Counseling Meeting
	Jr. High & High Schools	Course Request Sheet (summer only)



## Current Immunizations Printout (must be from a doctor or clinic in English)

We are not able to accept a school immunization record from a previous school district

Vaccines	1st	2nd	3rd	4th	5th	JH/HS	
Polio							4 - 3 if one given on or after 4 <sup>th</sup> b-day
DTaP/DTP/DT/Td							5 - 4 if one given on or after 4 <sup>th</sup> b-day
Tdap Booster							JH/HS- 5 <sup>th</sup> on or after 7 <sup>th</sup> b-day
MMR							Both on or after 1 <sup>st</sup> b-day
Hepatitis B							3
Varicella							2
HIB for Preschool Only							1

Home School:	Overflow:
Date:	Emailed: