

Eureka City Schools

Registration

(T-K, Kindergarten, New student to ECS)

Date Completed Pack Received

Student Name: _____
Last First Middle

Birthdate: ____/____/____ Grade Level for 2023-2024: ____
Month Day Year

School of Residence: _____

School Requesting: _____ (intradistrict needed if not school of residence)

District of Residence: _____ (if other than Eureka City Schools)

Reason for request:

REQUIRED PAPERWORK TO COMPLETE REGISTRATION PROCESS:

- Completed Registration Forms (attached)
- Birth Certificate
- Immunization Record
- Proof of Address (Current Home Address)*
- Intradistrict Request if applicable
- Interdistrict Transfer Permit if applicable

*Proof of Address for current home address may include any one of the following:

1. Property tax payment receipts
2. Correspondence from a government agency
3. Utility Service contract, statement or payment receipts
4. Pay Stubs
5. Rental property contract, lease or payment receipts

EUREKA CITY SCHOOLS STUDENT REGISTRATION

GRADE

Student Last Name:

▶ **Has your student ever attended Eureka City Schools before?** Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
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Nonbinary

Male Female

Birth date:

Month	Day	Year
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Parent (Mother) Last Name	First Name	Home Phone () () ()	Work Phone () () ()	Cell () () ()
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Parent (Father) Last Name	First Name	Home Phone () () ()	Work Phone () () ()	Cell () () ()
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Mailing Address (P.O Box or house # & street name)	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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GUARDIAN EMAIL ADDRESS:

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) – check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
 Is the above (checked) person (s) the student’s LEGAL guardian? Yes No If No, please complete a “Caregiver Affidavit”
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ **Phone #: (____)** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Student has sibling(s) currently registered to attend ECS 2023-2024: Yes No

Sibling Name(s):

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First Name:

Permanent ID:

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

PARENT EDUCATION – Check a box for each parent/guardian

- | | | |
|--------------------------|--------------------------|---|
| Mother/
Guardian | Father/
Guardian | |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduate Degree or Higher (10) |
| <input type="checkbox"/> | <input type="checkbox"/> | College Graduate (11) |
| <input type="checkbox"/> | <input type="checkbox"/> | Some College or Associate's Degree (12) |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Graduate (13) |
| <input type="checkbox"/> | <input type="checkbox"/> | Not a High School Graduate (14) |

Date child first attended school in the U.S.

Month	Day	Year
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Date child first attended school in California

Month	Day	Year
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CHILD'S

BIRTHPLACE: City: _____ State: _____ Country: _____

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by ESSA) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (please check all boxes that apply)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior 504

Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 12/02/2021)



KeenanDirect



Certified Insurance Agent

Your dedicated Covered California agent

Call for assistance

1.855.653.3626 (1.855.6Keenan) or keenandirect.com

Reference Code: AB2706

Enroll. Get Care. Renew.

Health Coverage Options

Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
1	\$16,934	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

www.coveredca.com

1(800) 300-1506

Find in-person help:
www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org

April 2016





KeenanDirect



Certified Insurance Agent

Su agente dedicado de Covered California

Llamar para asistencia gratis
1.855.653.3626 (1.855.6Keenan)
Código de referencia: AB2706

Inscríbese. Cuide Su Salud. Renueve Su Cobertura.

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Niños, jóvenes en hogares de crianza, mujeres embarazadas, adultos, ciudadanos de los Estados Unidos, e inmigrantes incluyendo personas con el estatus de Acción Diferida (DACA)—podrían ser elegibles para Medi-Cal gratis o a bajo costo.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

! Para familias indocumentadas visiten: www.allinforhealth.org/resources#Undocumented
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2016 es menos de...	Si el ingreso familiar en 2016 es entre...	
1	\$16,934	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podrías calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbese.

Tres formas para inscribirse con Medi-Cal y Covered California:

www.coveredca.com/espanol/

1(800) 300-0213

Ayuda en persona:
www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

- ▶ El seguro de Medi-Cal debe ser renovado cada año. Medi-Cal le enviará por correo su paquete de renovación. Complete y regrese el paquete. Para ayuda, contacte su oficina de Medi-Cal o marque 211.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California

Para más información visite:
www.allinforhealth.org
www.asegurate.com



Asegúrate, para el bienestar de tu familia

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"



ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Butte County Office of Education
MIGRANT EDUCATION – REGION 2
SANTA ROSA AREA OFFICE
 5510 Skylane Blvd., Suite 101-C, Santa Rosa, CA 95403
 Office: (707) 526-1272 /Cell: (707) 293-5927/Fax: (707) 526-9724

ME-1



FORMULARIO DE REFERENCIA
REFERRAL FORM

ESTA INFORMACIÓN ES CONFIDENCIAL / THIS INFORMATION IS CONFIDENTIAL

¿Le gustaría seguir apoyando a su hijo/a para que tengan éxito en la escuela? ¿El Programa de Educación Migrante es un excelente recurso!

Would you like to continue assisting your child in school? The Migrant Education Program is an excellent resource!

1. ¿Ha trabajado algún miembro de su familia en la agricultura, ganadería, pesca o industria forestal en los últimos tres años? YES NO

 Has any member of your family worked in agriculture, livestock, fishing or logging in the last three years?

2. ¿Se mudó su familia al pueblo/ciudad donde viven en los últimos tres años? YES NO

 Did your family move to the town/city where you live in the last three years?

Si contestó “SÍ” a ambas preguntas, su hijo/a podría ser elegible para recibir servicios educativos. Por favor anote los siguientes datos y entregue este formulario. ¡Gracias!
 If you answered “YES” to both questions, your child could be eligible to receive educational services. Please provide the following information and return this form. Thank you!

Fecha/Date: _____

Nombre de los Padres/Parents’ Name: _____

Número de Teléfono/Telephone Number: _____

Dirección/Address: _____
Número /Number Calle/Street Ciudad/City

Nombre del Estudiante/Student’s Name: _____

Fecha de Nacimiento/Date of Birth: _____

Referred by (Agency/School): _____ Telephone Number/e-mail: _____

FOR MIGRANT EDUCATION RECRUITMENT STAFF USE ONLY	
Date: _____	Notes: _____
Date: _____	Notes: _____

Please mail completed surveys to the address above, fax to (707) 526-9724, or e-mail to jocegued@bcoe.org

Eureka City Schools Student Health Inventory

Student Name _____ Sex M F N Date of Birth _____ Grade _____

Today's Date _____ Doctor's Name _____ Teacher _____

Please list any medications your child takes:

Prescription?

Name of medication: _____ Purpose of medication: _____ Y / N

Name of medication: _____ Purpose of medication: _____ Y / N

Name of medication: _____ Purpose of medication: _____ Y / N

If your child must take prescription or over-the-counter medications during the school day, s/he will need school forms for doctor and parent permission. Please contact the school office regarding the "Medications at School" policies.

My child does not have any health issues at this time.

My child does have health issues at this time.

★ If your child does have health issues that may require special instructions or emergency response, please complete below and ALSO notify school staff directly.

Seizures

- Uses medication
- Petit Mal/Absence Grand Mal or Tonic-Clonic
- Simple partial/focal
- Complex partial/psychomotor

How often does your child have seizures? _____

Diabetes

How long has your child had diabetes? _____

How much help does s/he need at school?

- Independent Support/supervision
- Assistance testing/calculating/administering

Diagnosis such as Autism, ADHD or Mood Disorder?

Specify _____ Medication(s) _____

Asthma

- Mild Moderate Severe
- Rescue Inhaler at home
- Rescue Inhaler with student (forms required)
- Rescue Inhaler in school office (forms required)

Life-threatening Allergies (anaphylaxis)

Has a doctor prescribed an **EpiPen**? No Yes

- Bees/Insects _____
- Foods _____
- Medication/Other _____

Special Equipment needed at school. Describe below.

Toileting Issues. Describe below.

Heart Condition: _____

- No symptoms or limitations.
- Has limits on activity level. Describe below.

Any serious condition or limitation such as a genetic disorder, cancer treatment, bleeding disorders, digestive issues, kidney or bladder issues, a shunt, orthopedic problems, allergies or food intolerances that affect his/her daily life, or problems with seeing, hearing, or speaking? No Yes Please describe below.

Comments: _____

Signature of Parent or Guardian

If your child has a diagnosis requiring special foods and/or assistance or supervision with meals, please contact the school nurse to obtain the necessary forms for your doctor. Food services must meet legal requirements in order to substitute foods.

Eureka City Schools Home Language Survey

Student's Name: _____

Grade Level: _____

Date of Birth: _____

1. Which language did your child learn when they first began to talk? _____

2. Which language does your child most frequently speak at home? _____

3. Which language do you (the parents and guardians most frequently use when speaking with your child? _____

4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults) _____

Signature of Parent or Guardian _____

Date: _____