

**K-8 REGISTRATION FOR SONOMA VALLEY UNIFIED SCHOOL DISTRICT**

<b>Student's Legal Last Name</b> Apellido del estudiante	<b>Student's First Name</b> Nombre de pila del estudiante	<b>Middle Name</b> Segundo	<b>Grade</b> Grado	<b>Gender (M/F)</b> Género (sexo)
<b>Does your child use another first or last name?</b> ¿Usa su hijo(a) algún otro nombre ó apellido?	<b>Name of Previous School</b> El nombre de la escuela anterior	<b>Previous School Address</b> La dirección de esa escuela		
<b>Any Illness School/Staff Should Know About</b> - Información sobre cualquier enfermedad de que debemos saber.				
<b>Has your child previously attended Sonoma Valley public kindergarten and/or school before?</b> ¿Alguna vez ha asistido su hijo o hija al Kinder o escuelas públicas del valle de sonoma? Kindergarten? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No      Other grade/otro grado <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No If yes, which school? / ¿Si sí, cuál escuela? _____				
<b>Mailing Address</b> - La dirección del correo	<b>City</b> - La ciudad	<b>State</b> - Estado	<b>Zip</b> - Código postal	
<b>Street Address</b> - La dirección de la casa	<b>City</b> - La ciudad	<b>State</b> - Estado	<b>Zip</b> - Código postal	
<b>Home Telephone</b> - Teléfono de la casa	<b>Unlisted?</b> ¿No alistado? <input type="checkbox"/> Yes - Sí <input type="checkbox"/> No - No		<b>Child Lives With</b> El niño vive con <input type="checkbox"/> <b>Father</b> El Padre <input type="checkbox"/> <b>Mother</b> La Madre <input type="checkbox"/> <b>Guardian</b> Guardián	
<b>Father/Guardian Name</b> - Nombres del padre/guardián	<b>Mother/Guardian Name</b> - Nombres la madre/guardián			
<b>Father's Work Telephone</b> - Teléfono del trabajo del padre/guardián	<b>Mother's Work Phone</b> - Teléfono del trabajo de la madre/guardián			
<b>Father's Cell Phone</b> - Teléfono celular del padre/guardián	<b>Mother's Cell Phone</b> - Teléfono celular de la madre/guardián			
<b>Student's Birthdate</b> - Fecha de nacimiento el estudiante	<b>Student's Birthplace</b> - city/state/country El lugar donde nació el estudiante - ciudad/estado/país			
<b>Student's Social Security Number</b> Número de seguro social del estudiante	<b>For NEW students entering grades 1-8:</b> / Para NUEVOS estudiantes que entran en grados 1-8 <b>Date first attended school in the:</b> / Fecha en que asistió por vez primera a la escuela en: United States/Estados Unidos _____ California _____			
<b>First/Last name of other children in family including ages</b> El apellido y los nombres de los otros niños de la familia y sus edades		<b>School</b> - La escuela		
1				
2				
3				
<b>I live in the Flowery attendance area and am interested in my child attending the Dual Immersion Program.</b> Yo vivo en el área de Flowery y estoy interesado/a en que mi hijo/a asista al Programa de Inmersión Doble. <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No/No				
<b>I do not live in the Flowery attendance area and am interested in my child attending the Dual Immersion Program at Flowery.</b> Yo no vivo en el área de Flowery y estoy interesado/a en que mi hijo/a asista al Programa de Inmersión Doble en Flowery. <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No/No				
<b>My child is an English Learner. I am interested in my child receiving instruction in Spanish.</b> - Mi hijo/a es un estudiante aprendiendo inglés. Yo estoy interesado/a en que mi hijo/a reciba instrucción en español. <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No/No				

Please complete reverse  
Por favor complete el reverso

<b>I. What is your child's ETHNICITY?</b> <b>¿Cuál es el origen ÉTNICO de su hijo/a?</b>	<input type="checkbox"/> Hispanic or Latino (500)	<input type="checkbox"/> Not Hispanic or Latino
	<input type="checkbox"/> Hispano o Latino	<input type="checkbox"/> No Hispano o Latino

**II. What is your child's RACE? (Please check up to five racial categories):**  
**¿Cuál es la RAZA de su hijo/a? (Por favor marque hasta un máximo de cinco categorías raciales):**

<b>American Indian or Alaskan Native (100)</b>	<b>Chinese/ Chino (201)</b>	<b>Japanese/ Japonés (202)</b>
Indio Americano o Nativo de Alaska	<b>Korean/ Coreano (203)</b>	<b>Vietnamese/ Vietnamita (204)</b>
<b>African American/Black (600)</b>	<b>Asian Indian/ Indio Asiático (205)</b>	<b>Laotian/ Laosiano (206)</b>
Afro-Americano/Negro	<b>Hawaiian/ Hawaiano (301)</b>	<b>Samoan/ Samoano (303)</b>
<b>Filipino/Filipino American (400)</b>	<b>Guamanian/ Guamaniano (302)</b>	<b>Cambodian/ Camboyano (207)</b>
Filipino/Filipino Americano	<b>Tahitian/ Tahitiano (304)</b>	<b>Hmong/Hmongo</b>
<b>White (700)</b>	<b>Other Asian (299)</b>	<b>Other Pacific Islander (399)</b>
Blanco	Otro origen Asiático	Otro de las Islas del Pacífico

<p><b>III. Parent Education Level of most educated parent</b> Nivel de educación del padre/madre con más educación académica</p> <p><input type="checkbox"/> <b>Father/del padre</b>      <input type="checkbox"/> <b>Mother/de la madre</b> <input type="checkbox"/> <b>Guardian/Guardián</b></p> <p><input type="checkbox"/> <b>Not a high school graduate (14)</b> No me gradué de la preparatoria</p> <p><input type="checkbox"/> <b>High school graduate (13)</b> Graduado de la preparatoria</p> <p><input type="checkbox"/> <b>Some collage (12)</b> Algún tiempo en la universidad</p> <p><input type="checkbox"/> <b>College graduate (11)</b> Graduado de la universidad</p> <p><input type="checkbox"/> <b>Graduate school/post graduate training (10) /Escuela para graduados/ entrenamiento para después de la graduación</b></p> <p><input type="checkbox"/> <b>Decline to state/ Me niego a declarar (15)</b></p>	<p><b>IV. Residence – where is your child/family currently living? (federally mandated by NCLB) Please check:</b></p> <p><input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200)</p> <p><input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)</p> <p><input type="checkbox"/> In a shelter or transitional housing program (100)</p> <p><input type="checkbox"/> In a motel/hotel (110)</p> <p><input type="checkbox"/> Unsheltered (car/campsite) (130)</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><b>Residencia - ¿Dónde vive actualmente su hijo o hija o la familia? (pedido por la federación por NCLB) – Por favor, marque la/s casilla/s apropiada/s</b></p> <p><input type="checkbox"/> En una residencia permanente de una familia (casa, apartamento, condominio, casa móvil) (200)</p> <p><input type="checkbox"/> Con más de una familia en una casa o apartamento (120)</p> <p><input type="checkbox"/> En un refugio o programa de vivienda en transición (100)</p> <p><input type="checkbox"/> En un motel/hotel (110)</p> <p><input type="checkbox"/> Sin residencia (carro o campamento) (130)</p> <p><input type="checkbox"/> Otra (especifique) _____</p>
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<p><b>V. Previous Programs Your Child Was In:</b></p> <p><b>Special Education or 504 Plan</b></p> <p><input type="checkbox"/> Resource Specialist Program/RSP</p> <p><input type="checkbox"/> Speech/Language</p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> Special Day Class/SDC</p> <p><b>English Learner Program</b></p> <p><input type="checkbox"/> Two-Way Program at Flowery</p> <p><b>Other Services</b></p> <p><input type="checkbox"/> GATE</p>	<p>Programas anteriores en los que estaba su hijo/a:</p> <p><b>Programa de Educación Especial o Plan '504'</b></p> <p><input type="checkbox"/> Programa de Especialista de Recursos/RSP</p> <p><input type="checkbox"/> Habla/Lenguaje</p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> Clases de Día Especiales/SDC</p> <p><b>Programa del aprendizaje del inglés</b></p> <p><input type="checkbox"/> Programa de Inmersión Doble en Flowery</p> <p><b>Otro Servicios</b></p> <p><input type="checkbox"/> Superdotado</p>
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**For Office use Only - Sólo por el use de la oficina**

Year Student Entered District _____	Year Student Entered Site _____
Grade Student Entered District _____	Grade Student Entered Site _____
Year entered US schools (mm/dd/yyyy) _____	First year entered California schools (mm/dd/yyyy) _____
If RFEP, date reclassified (mm/dd/yyyy) _____	_____

Dear Parent/Guardian:

Please complete every line of this temporary emergency card (over).

Emergency cards are very important. They are used for calling parents when your child has an accident at school, gets sick or school emergencies occur. It is very important to keep all phone numbers and addresses current and complete. It is necessary to contact the school to update your child's emergency card whenever the information changes.

You will be asked to complete a new emergency card after school starts. Please complete every annual request for emergency card information promptly and completely throughout your child's education.

Thank you.

S.V.U.S.D. EMERGENCY INFORMATION CARD/ S.V.U.S.D. Tarjeta de Emergencia  
PLEASE PRINT OR TYPE / POR FAVOR, ESCRIBA EN LETRAS DE MOLDE

Grade/Grado \_\_\_\_\_  
Room/Salón \_\_\_\_\_

Student Name/Nombre del estudiante \_\_\_\_\_ Home. Tel./Tel. de casa \_\_\_\_\_  
Last/APELLIDO First/Nombre Middle/Segundo nombre

Parent's E-mail Address/Dirección electrónica de los padres: \_\_\_\_\_

Child Lives With/El Niño vive con:

Child Lives With/El Niño vive con:

Name/Nombre Relationship/Parentesco Name/Nombre Relationship/Parentesco

Sibling/Hermano/a \_\_\_\_\_ Sibling/Hermano/a \_\_\_\_\_ Sibling/Hermano/a \_\_\_\_\_ Sibling/Hermano/a \_\_\_\_\_

Social Security # / # de Seguro Social: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex/ Sexo M F Birthdate/ Fecha de Nacimiento \_\_\_\_\_  
(Circle One/ Circule uno)

Home Address/Dirección

Street/Calle City/Ciudad Zip Code/Código Postal

Mailing Address (if different)/ Dirección del Correo (si es diferente)

Street/Dirección City/Ciudad Zip Code/Código Postal

Mentor Name/Tel. - Nombre del Mentor /Tel. \_\_\_\_\_

**Medical Alert/Alerta Médica:** Health Problems/Problemas de Salud \_\_\_\_\_

Allergies/Alergias \_\_\_\_\_

Medications taken regularly/Las medicinas tomadas regularmente \_\_\_\_\_

- Allergy to bee stings/Alergia a picadura de abejas  Asthma/Asma  Diabetes/Diabetes  Heart Condition/Condición cardíaca  
 Epilepsy/Epilepsia  Other/Otras \_\_\_\_\_

**IN THE EVENT OF A LIFE THREATENING ALLERGIC REACTION, I AUTHORIZE TRAINED SCHOOL PERSONNEL TO GIVE EMERGENCY TREATMENT (ADRENALIN VIA EPI-PEN) TO MY CHILD. / EN CASO DE UNA REACCION ALERGICA QUE AMENAZA LA VIDA, AUTORIZO AL PERSONAL CAPACITADO DE LA ESCUELA A DAR TRATAMIENTO DE EMERGENCIA (ADRENALINA POR MEDIO DE EPI-PEN) A MI HIJO/HIJA.**



Signature of Parent or Guardian - La Firma del Padre/ de la Madre o Tutor Legal

Date/ Fecha

In case of emergency, illness, or accident to the child named above, the school is authorized to release my child as indicated below. Number each item # 1,2,3,4,5 in order of desired action. **PLEASE COMPLETE ALL INFORMATION.** / En caso de emergencia, enfermedad o accidente del niño nombrado, la escuela está autorizada a dejar salir el niño en la manera notada abajo. Ponga los números 1,2,3,4,5, para indicar en que orden. **COMPLETE TODA LA INFORMACIÓN.**

# \_\_\_\_\_ CONTACT MOTHER/ Llamar a la madre Name/Nombre \_\_\_\_\_  
Workplace/Lugar de trabajo \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ CONTACT FATHER/ Llamar al padre Name/Nombre \_\_\_\_\_  
Workplace/Lugar de trabajo \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ BABYSITTER/FRIEND - La niñera Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ FRIEND/RELATIVE- Amigo/Pariente Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

# \_\_\_\_\_ FAMILY PHYSICIAN/ Médico Familiar Name/Nombre \_\_\_\_\_  
Address/Dirección \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

Special Instructions / Instrucciones  
Especiales: \_\_\_\_\_

I certify that all information given is accurate and true. Yo certifico que toda la información es correcta.

Signature of Parent or Guardian La Firme del Padre, de la Madre, o Tutor Legal

Date / Fecha

# Sonoma Valley Unified School District

## Home Language Survey

\_\_\_\_\_

Date

\_\_\_\_\_

School

\_\_\_\_\_

Teacher

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.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of Student \_\_\_\_\_

Last

First

Middle

Grade

Age

1. Which language did your son or daughter learn when he or she first began to talk? \_\_\_\_\_
2. What language does your son or daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home. \_\_\_\_\_

The school has my permission to test my child for language proficiency and academic ability.

\_\_\_\_\_

Parent/Guardian Signature

cc: ELL Resource Teacher, Student's Cumulative folder

# SVUSD Kindergarten Registration Survey

Child's Legal Name \_\_\_\_\_ M or F

Name Child Goes By: \_\_\_\_\_ Child's Birth date \_\_\_\_\_

Parents'/Guardians' Name \_\_\_\_\_

Who does child live with? \_\_\_\_\_

1. Did your child attend a pre-school? Yes No Name of preschool \_\_\_\_\_

2. Will your child require daycare during his/her kindergarten year? Yes No  
If yes, which daycare? \_\_\_\_\_ Phone # \_\_\_\_\_

3. How will your child get to school? I will drive or walk School Bus

4. What will your child do after school? I will pick up School Bus Home  
Attend onsite childcare School bus to \_\_\_\_\_ Other \_\_\_\_\_

5. Will you be able to volunteer on a regular basis? Yes No

6. Has your child ever been evaluated for academics or behavior or speech? Yes No

If yes, please explain \_\_\_\_\_

7. Language(s) spoken at home: \_\_\_\_\_

8. Are you registering your child in another kindergarten program? Yes No

If yes, please indicate which program: Charter Private Other

9. Will you be applying for an intradistrict transfer request? Yes No

If yes, to what school? \_\_\_\_\_

**I have received and read all materials in the Kindergarten Registration packet.**

Parent/Guardian Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

# Sonoma Valley Unified School District



## Bus Transportation Request

**TO:** New Kindergarten Parents/Guardians  
**FROM:** Vernice Bruno, Dispatcher

To assist us in the transportation of your new Kindergarten student, we are asking you to fill out and return the following form for busing with your Kindergarten Registration. *Please understand that if an Intradistrict Transfer is approved, transportation to approved school will not be provided by the District.*

Name of Student \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other emergency phone number \_\_\_\_\_

Address of where child will be picked up  
\_\_\_\_\_

Address of where child will be returned to (i.e., babysitter)  
\_\_\_\_\_

# Health History

Date \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Student is living with \_\_\_\_\_

**Has your child had any of the following? Please indicate Yes or No and dates.**

	Yes	No	Date
Tuberculosis			
T.B. in family of contact			
Other Diseases			
Operations			
Present Medications _____			

  

	Yes	No	Date
Ear Trouble			
Tonsillitis			
Tonsils Removed T & A			
Frequent Colds			
Stinging Insect Allergy			
Asthma			
Allergies			
Convulsions, Seizures			
Heart Disease			
Diabetes			
Serious Accidents/Illnesses			
Behavior/Emotional Difficulties _____			

If child will need medication dose at school, please contact school for Medication at School Form. No medication, either prescription or OTC will be administered without form completed by a health care provider and parent.

Any Physical Limitations      No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Date Last Seen \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Date Last Seen \_\_\_\_\_

Name of Eye Specialist \_\_\_\_\_ Date Last Seen \_\_\_\_\_

Name of Ear Specialist \_\_\_\_\_ Date Last Seen \_\_\_\_\_

Health Plan \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## 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.***