



P.O. Box 4768, El Dorado Hills, CA 95762
5049 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(530) 677-2261 - (916) 985-2183
Fax (916) 934-0920
www.buckeyeusd.org

**2020-2021 Registration Packet – Grade 6-8
Valley View Charter Montessori Middle School
International Baccalaureate Candidate School**

The attached registration packet contains the following:

1. Superintendent's Letter to Parents
2. Enrollment Registration Memo
3. **Required Enrollment Information – proof of immunizations required prior to enrollment/registration**
4. Student Registration Form
5. Student Demographic Information
6. Home Language Survey
7. Record of Prior Program Participation
8. Authorization to Release Information
9. McKinney-Vento Assistance Information
10. Health Information

Registration Process:

Please complete all forms. If your child is receiving special education services and has an IEP (Individual Education Plan), please make sure you provide a copy for scheduling purposes. Please note all registration **MUST** be returned with the following:

- Proof of all required immunizations
- Birth Certificate

Ongoing from January 21, 2020, you may hand deliver **completed** registration packets to your school of residence. **No child will be registered without proof of all required immunizations.**

For siblings enrolling in elementary schools in our district, please use the registration packet from that school.

The first day of school for 2020 - 2021 will be in August 12, 2020. Please go to our website for specifics on this date at <http://www.buckeyeusd.org>.



BUCKEYE UNION SCHOOL DISTRICT

BOARD OF TRUSTEES

Brenda Hanson-Smith, Ph.D., Winston Pingrey, Kirk Seal, Gloria Silva, Jon Yoffie
P.O. Box 4768, El Dorado Hills, CA 95762
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www.buckeyeusd.org

January 2020

Dear Parents:

As Superintendent of the Buckeye Union School District, I would like to welcome you. I am sure you are excited to begin your educational experience with us, just as I am pleased to have you as a new member of the Buckeye family. It is the mission of the Buckeye Union School District to provide the highest quality educational program for all students so that they fulfill their innate potential, become lifelong learners, and contribute to society as responsible citizens.

The Buckeye Union School District is renowned for the quality of its schools, which have been recognized with numerous State and National awards. We offer a comprehensive educational experience that includes technology-rich, standards based educational opportunities provided by a highly qualified and dedicated team of teachers and support staff. Additionally, we receive significant support from our generous parents and community.

Our programs are enhanced by a K-8th grade articulated science program, elementary physical education specialists, staffed libraries, elementary and middle school band, school counselors, 1-to-1 computer device access, instructional coaches, and well designed interventions. Many extra-curricular activities exist including elementary and middle school sports as well as STEM clubs and school garden programs.

As a new parent to our school area, it is important for you to understand that each school's enrollment is changing due to increasing and shifting enrollment patterns within our attendance areas. Consequently, it is extremely difficult to guarantee that your child will be housed in a particular school during the coming school years. I want to assure you that we will make every effort to keep your child in your neighborhood school. It may be necessary, however, for us to transport some children to other schools within the district in order to comply with state laws and district policies on class size.

If you have any questions regarding these issues, please contact your school site principal.

Once again, welcome to the Buckeye Union School District. We look forward to working with you and your children.

Sincerely,



David Roth, Ph.D.
Superintendent

Buckeye School
(530)677-2277 • (916)933-2333

Silva Valley School
(916)933-3767 • (530)677-8953

Blue Oak School
(530)676-0164 • (916)933-5149

Wm. Bronks School
(916)933-6618 • (530)677-2875

Oak Meadow School
(530)672-3890 • (916)939-9640

Camarado Springs Middle School
(916)933-9746 • (530)677-9818

Rolling Hills Middle School
(530)677-1658 • (916)933-0584

Valley View Charter Montessori
(530)676-2490 • (916)933-9290



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2020/2021 Enrollment

Buckeye Union School District announces that beginning January 15, 2020, registration for the 2020/2021 school year will be accepted at all schools [Buckeye in Shingle Springs (530-677-2277), Blue Oak in Cameron Park (530-676-0164), Valley View Charter Montessori in El Dorado Hills (916-939-9640), William Brooks in El Dorado Hills (916-933-6618), Silva Valley in El Dorado Hills (916-933-3767), Oak Meadow in El Dorado Hills (916-933-9746), Camerado Springs in Cameron Park (530-677-1658) and Rolling Hills in El Dorado Hills (916-933-9290)]. School websites can be accessed at buckeyeusd.org.

Registration forms will be available in school offices beginning January 15, 2020 for the registration period beginning on January 21, 2020. Registrations will be taken at school sites based upon designated boundaries. If you are uncertain as to your school of attendance, please visit the district website to input your address and access this information. Go to www.buckeyeusd.org →Parent Resources→Boundaries to use this tool.

A child who resides in Buckeye Union School District and will be five years of age on or before September 1, 2020, may register for Kindergarten. Children who will turn five years old between September 2, 2020 and December 2, 2020, are eligible for and may register for Transitional Kindergarten.

Your child's birth certificate, up-to-date immunization record and proof of residence will be required when you register your child. Proof of residency requires that a parent/guardian provide two pieces of documentation. The specific information about these documents is available on the district website at www.buckeyeusd.org by clicking on "For Parents" and then "Enrollment." [**Proof of residency is *not* required for picking up a registration packet for enrollment in Valley View Charter Montessori School or Camerado Middle School, but *is required* for registration if the student is registering under one of the following enrollment preferences: (1) a student who resides within the Valley View school boundaries; or (2) a student who resides within the attendance boundaries of the District.]

It is important to understand that if your child's registration packet is not complete and all documents required to be submitted have not been submitted to school officials, your child will not be enrolled at the time of submission of the enrollment packet, but rather will be placed on a wait list pending completion of the required enrollment information. School staff will contact you if your enrollment packet is deemed to be incomplete and request the information needed in order to enroll your child upon its submission. If you need any further information regarding registration, please visit or call the school.

Interdistrict Transfers. Any child attending Buckeye Union School District on a currently approved Interdistrict Transfer Agreement, will be registered for the 2020-2021 school year, unless the school site is notified of the student's withdrawal. New Interdistrict Transfer request forms will be accepted between February 3, 2020 and March 31, 2020, for consideration for the 2020-2021 school year. New Interdistrict Transfer requests will not be reviewed until May 13, 2020.

Intradistrict Transfers: Intradistrict Transfer forms will be accepted between January 1, 2020 and February 28, 2020, for consideration for the 2020-2021 school year. Remember, if your student is already attending a school on an Intradistrict Transfer, a move from the student's assigned school to another school within our district, and they wish to remain at that school, they do not need to renew their intradistrict agreement, and we will assume he/she will be returning to the same school for the 2020-2021 school year. Intradistrict forms will be available on the Buckeye Union School District website January 1, 2020. The web address is www.buckeyeusd.org (click on "Parent Resources" and then "District/School Transfers").

Buckeye Union School District REQUIRED ENROLLMENT INFORMATION

A child will not be registered or admitted unless proof of residence, required immunizations, and a birth certificate (or other legal evidences of age – AR 5111 of the Board Policies, Ed. Code § 48002) are presented to school officials at the time of registration.

RESIDENCE VERIFICATION

Education Code Section 48200 states, in part, that, "Each person subject to compulsory full-time education...shall attend the public full-time school...in which the **residency** of either the parent or legal guardian is located and each parent, guardian, or person having control or charge of such pupil shall send the pupil to the public full-time school...in which the residence of either the parent or legal guardian is located."

Residency documentation must show the name and address of the parent or legal guardian residing within the school district. **Parent(s) or legal guardian(s) must provide valid proof of residency which may be established by documentation including, but not limited to, a combination of two or more of the following documents:**

- | | |
|---|---|
| <input type="checkbox"/> Utility Bills (water/electric/gas)
(utility service contract, statement or payment receipts) | <input type="checkbox"/> Property Tax Payment Receipt |
| <input type="checkbox"/> Rental agreement or notarized copy of escrow papers,
lease agreement or payment receipts.
(Must be verified by a utility receipt within 30 days of enrollment) | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Correspondence from a government agency | <input type="checkbox"/> Declaration of residency executed by parent or legal guardian
(available in school offices) |

IMMUNIZATION: In accordance with state law (SB277), you must provide PROOF OF IMMUNIZATION at time of registration.

PLEASE NOTE: All immunizations must be completed and provided to be registered for school. Students with incomplete immunizations will be placed on a waitlist until immunizations are complete. Once registration packets are processed, if you do not have required immunizations, you will receive a notification of the immunizations required to complete your registration.

GRADE	NUMBER OF DOSES OF EACH IMMUNIZATION				
K-12 Admission	4 Polio	5 DTaP	3 HEP B	2 MMR	2 Varicella
7 th – 12 th	1 Tdap				
7 th Grade Advancement	2 Varicella	1 Tdap			

Note: Requirements may be found here online: <http://eziz.org/assets/docs/IMM-231.pdf>. Exemptions may only be made for medical concerns with a letter from a physician as required. For more on new vaccine laws and exemptions; <http://www.shotsforschool.org/laws/exemptions/>.

BIRTH CERTIFICATE

Please provide us with a copy of your child's birth certificate or bring the certificate for us to copy (other legal evidences of age as stated in AR 5111 of the Board Policies, Ed. Code § 48002 may be accepted in the absence of a Birth Certificate). Children entering kindergarten must be 5 years old on or before September 1st of that school year. Children who will turn 5 between September 2nd and December 2nd are eligible for Transitional Kindergarten.

HEALTH EXAM

A health examination is required before entry into first grade. This examination may be given up to 18 months prior to first grade entry. You may turn in proof of this exam anytime during your child's kindergarten year. **This report must be filled out by a medical doctor.**

ORAL HEALTH ASSESSMENT

An oral health examination is required by May 31, 2020 in Transitional Kindergarten, Kindergarten or first grade, whichever is your child's first year of public school. An examination that happened within the 12 months before your child enters school also meets this requirement. **This report must be filled out by a licensed dental professional.**

STUDENT REGISTRATION FORM

Please check if applicable:

Registering for Grade: _____ /School Year: 20____ - 20____

Has your child ever attended school in this district? Yes No

If yes, school name _____

Last School Attended _____

Date Last Attended _____ Address _____

<input type="checkbox"/> Kindergarten	
Prefer: <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<input type="checkbox"/> All Day K - Buckeye School	

LEGAL NAME OF CHILD

(As shown on birth certificate) Last First Middle

HOME ADDRESS

Street City Zip code

MAILING ADDRESS

Street or P.O. Box City Zip code

DATE OF BIRTH _____ AGE _____ HOME PHONE _____
 Mo / Day / Year Listed Unlisted Blocked

GENDER M F

OFFICE USE ONLY

School _____

Perm Num _____

Generate HAC Letter _____

(Please Initial upon Receipt)

_____ Registration Form

_____ Demographic Form

_____ Home Language Survey

_____ Record of Prior Program Part

_____ Cumulative Request Form

_____ McKinney Vento Form

_____ Health Information Form

_____ Report of Health Exam (Kinder)

_____ Oral Health Assessment (Kinder)

_____ Immunization Record

_____ Birth Certificate

_____ Residence Verification

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home ()
	Cell ()
Employer	Work ()
Email:	
By providing my e-mail, I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above.	

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home ()
	Cell ()
Employer	Work ()
Email:	
By providing my e-mail, I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above.	

By COURT ORDER, this student CANNOT be released to: _____
 (Copy of Court Order MUST be on file at school office)

(If there is any legal information, i.e., court orders, guardianship, please attach)

Siblings: (If more space is needed, please check this box and continue on to the back page.)

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Has your child been expelled from a school, or is he/she in the process of being reviewed for expulsion? Yes No

Has your child ever been retained? Yes No If Yes, Grade: _____

I have received the *Superintendent's Letter to Parents*: Initial Here _____

My signature certifies under penalty of perjury that the information on this form is true and accurate. The home address listed above is my true legal residence as parent/guardian of the above-named student. I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student. It is the parents' responsibility to notify the school of any changes in the information reported on this form.

Parent/Guardian Signature _____

Date _____



Student Demographic Information

The Buckeye Union School District is required by the State of California to provide the information below for every student. The district makes every effort to maintain this information as confidentially as possible. Thank you for your accurate provision of this information.

Student Name:		
School:	District: Buckeye Union School District	
Gender:	Grade:	Date of Birth:

WHAT IS YOUR CHILD'S ETHNICITY? (please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
--

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):		
<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION (Check the response that describes the education level of the <u>most educated parent</u>):
<ul style="list-style-type: none"> • Some college means attending or graduating from a junior college OR attending a four-year college or university but not graduating. • College graduate means you have graduated from a four-year college or university.
<input type="checkbox"/> Graduate Degree or Higher (10)
<input type="checkbox"/> College Graduate (11)
<input type="checkbox"/> Some College or Associate's Degree (12)
<input type="checkbox"/> High School Graduate (13)
<input type="checkbox"/> Not a High School Graduate (14)



BUCKEYE UNION SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Date: _____

School: _____

For Office Use Only If ELL, letter referred to: _____ If not ELL, no action needed. Date: _____ Reviewed by: _____

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.

If a language other than English is noted on questions 1-3, your child will be tested for English Proficiency as required by California state law.

Name of Student: _____
Last (Legal) First Middle

Grade Age Date of Birth

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:

Signature of Parent or Guardian



BUCKEYE UNION SCHOOL DISTRICT

Record of Prior Program Participation

Name of Student _____

Birthdate _____

Grade _____

To provide continuity in your child's educational program, it is important that we be made aware of any services he/she has received. Please give us the following information to help us expedite your child's proper placement.

My Child: (please initial)

_____ is not participating in any special programs

_____ has had testing for Special Education at _____

School in _____ School District

_____ is currently in a Gifted and Talented Education program (GATE)

_____ is currently in an English Language Development class (ELD)

_____ is currently in Special Day class (SDC)

_____ is currently in a Resource Specialist Program (RSP)

_____ is currently receiving Speech/Language Therapy

_____ is currently receiving Adaptive Physical Education

_____ is currently receiving Vision Services

_____ is currently receiving Hearing Services

_____ is currently receiving accommodations from a 504 Plan

If your child is currently in any Special Education programs, do you have a copy of the current IEP? Yes No If yes, please provide a copy.

Comments: _____

Parent/Guardian Signature

Date



BUCKEYE UNION SCHOOL DISTRICT

**Valley View Charter Montessori Middle School
International Baccalaureate Candidate School
1665 Blackstone Parkway
El Dorado Hills, CA. 95762
Phone: (916) 939-9640/Fax: (916) 939-5015**

Authorization to Release Information

To: _____
(Name of School Previously Attended) (Phone Number) (Fax Number)

(Mailing Address) (City) (State) (Zip Code)

The following student(s) have enrolled in our school. Please forward the cumulative records, confidential records, and any health information to the school listed above.

_____ Student's First and Last Name	_____ Birth Date	_____ Grade
_____ Student's First and Last Name	_____ Birth Date	_____ Grade
_____ Student's First and Last Name	_____ Birth Date	_____ Grade

Thank you,

Paul Stewart
Principal

AUTHORIZATION TO RELEASE INFORMATION

I hereby give _____ School my consent to obtain any confidential information in my child's cumulative record, and request you to forward the same to the school at the address listed above.

I understand that I have the right to review a copy of the record if desired and have an opportunity to challenge the content of the record.

Parent/Guardian Signature Date

Date _____

**BUCKEYE UNION SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE**

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

Student Name – Last		First	Middle
Gender (circle one) M F	Date of Birth:		Grade:
School		Teacher	

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to a loss of housing? Yes No Economic Hardship? Yes No
3. Are you enrolling a foster child? Yes No

***If you answered "NO" to all of the above questions, STOP NOW.
If you answered "YES" to any of the above questions, please complete the remainder of the form.***

4. Do you and/or the student live in:
 a shelter
 motel/hotel
 temporarily with another family in a house, mobile home, or apartment
 in a car or RV
 at a campsite
 transitional housing (Hope House, Women's Center, Progress House, Mentor House, Grace Place)
 other location _____
5. The student lives with:
 one parent friend(s)
 two parents an adult that is not the legal guardian
 a qualified relative alone with no adult(s)
6. I am:
 the parent/legal guardian of the above-named student
 a qualified adult relative of the above-named student (relationship: _____)
7. Has anyone in the household served in the Military; Active or Reserve/Guard? Yes No

Name of Parent(s)/Legal Guardian/Caregiver	
I can be reached for emergencies at the following address:	
Phone:	Cell Phone:
I receive mail at:	

**** See next page regarding possible rights and protections of students in transition.***

Siblings (include children from 0-21 years)

Name	Age/Grade	School

Fecha _____

Distrito Escolar Cuestionario de Domicilio del Estudiante

Este Documento se enfoca en el Acta de Asistencia del Programa de McKinney-Vento.

Sus respuestas nos ayudaran a determinar cuales documentos son necesarios para registrar al estudiante más pronto.

Nombre del Estudiante – Apellido	Primer Nombre	Segundo Nombre
Género (Marque uno) M F	Fecha de Nacimiento:	Grado:
Escuela:	Maestro:	

1. ¿La dirección donde esta viviendo es un arreglo provisional? Sí No
2. ¿Este arreglo provisional es a causa de la perdida de su vivienda? Sí No ¿O por razones económicas? Sí No
3. ¿Esta usted registrando un niño de crianza o adoptado? Sí No

***Si su respuesta es “NO” a todos las preguntas arriba, PARE AHORA.
Si su respuesta es “SÍ” a cualquiera de las preguntas arriba, por favor complete el resto de la forma.**

4. Está usted y/o el alumno viviendo en:
 Un Refugio
 Hotel/Motel
 En la casa de otra familia en forma provisional, en casa móvil, o apartamento.
 En el carro o casa remolque
 En un parque para acampar.
 Vivienda de Transición (Hope House, Women’s Center, Progress House, Mentor House)
 Otro Lugar _____
5. El alumno vive con:
 Solo uno de los padres Amistad (es)
 Ambos Padres Un adulto que no es el guardián legalmente.
 Un familiar con derecho Solo sin ningún adulto (s)
6. Yo soy:
 El padre/madre/guardián legal del antes mencionado alumno.
 Un familiar adulto que tiene el derecho sobre el antes mencionado alumno (relación: _____)
7. ¿Alguien en el hogar ha servido en el Ejército? Activo o Reserva / Guardia? Sí No

Nombre de Padre(s)/Guardián Legal/Encargado	
Puedo ser localizado por caso de emergencia en la siguiente dirección:	
Numero de Teléfono:	Numero de Celular:
Recibo mi correo en:	

***Vea la siguiente página sobre posibles derechos y protección de alumnos en transición.**

Hermanos (Incluya a niños de la edad de 0 – 21 años)

Nombre:	Edad/Grado:	Escuela:



You can ENROLL in school!

Even if you have:

- Uncertain housing
- A temporary address
- No permanent physical address

You are guaranteed enrollment in school by the federal McKinney-Vento Act and California state law if you live:

- In a house or apartment with more than one family due to loss of housing or economic hardship
- With friends or family because you are a runaway or an unaccompanied youth
- In substandard housing (without electricity, water, or heat)
- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In an abandoned building, in a car, at a campground, or on the streets

You can enroll in school immediately even without the documents normally required for enrollment, such as:

- Proof of residency
- Immunization records or other required health records
- School records
- Legal guardianship papers

Your child may:

- Participate fully in all school activities and programs for which he/she is eligible.
- Receive transportation to and from the school of origin if you request it.
- Continue to attend the school in which he/she was last enrolled even if you have moved away from that school's attendance area.
- Qualify automatically for school nutrition programs.

Your responsibilities are to:

- Make sure your child gets to school on time and ready to learn.
- Stay informed of school rules, regulations, and activities.
- Contact the homeless liaison for assistance in removing barriers to your child's education.
- Attend parent/teacher conferences, Back-to-School Nights, and other school related activities.

For questions about enrolling in school or for assistance with school enrollment, contact:

- Your local school district homeless liaison:

Nicole Schraeder
5049 Robert J Mathews Pkwy
El Dorado Hills, CA 95762
(530) 677-2261

- Your county homeless liaison:

Margaret Lewis
Homeless Youth Coordinator
El Dorado County Office of Education
6787 Green Valley Road
Placerville, CA 95667
Phone: 530-295-4539
email:mlewis@edcoe.org

- Your homeless state coordinator:

Leanne Wheeler
State Coordinator
California Department of Education
1430 N Street, Suite 6408
Sacramento, CA 95814
Phone: 1-855-856-8214



¡Tú puedes INSCRIBIRTE en la escuela!

Incluso si:

- Tu situación de vivienda es incierta
- Tienes una dirección temporal
- No tienes una dirección física permanente

La ley federal McKinney-Vento y las leyes del estado de California te garantizan la inscripción en la escuela si vives:

- En una casa o departamento con más de una familia debido a la pérdida de tu vivienda o a dificultades económicas
- Con amigos o familiares porque huiste de tu hogar o eres un menor no acompañado
- En una vivienda precaria (sin electricidad, agua o calefacción)
- En un refugio (para familias, víctimas de violencia doméstica o jóvenes, o un programa de vivienda temporal)
- En un motel, hotel o vivienda que se paga semanalmente
- En un edificio abandonado, automóvil, campamento o en la calle

Puedes inscribirte en la escuela de inmediato incluso sin los documentos que normalmente se piden para la inscripción, como:

- Prueba de residencia
- Registros de vacunación y otros registros médicos
- Registros escolares
- Papeles de tutela legal

Tu hijo puede:

- Participar plenamente en todas las actividades y programas escolares para los que reúne los requisitos.
- Recibir transporte de ida y vuelta a su escuela de origen si lo solicita.
- Seguir asistiendo a la escuela en la que estuvo inscrito por última vez, incluso si se mudó fuera de la zona de asistencia de esa escuela.
- Reunir los requisitos automáticamente para participar en los programas de nulificación escolar.

Es tu responsabilidad:

- Asegurarte de que tu hijo asista a la escuela a tiempo y listo para aprender.
- Mantenerse informado de las reglas, normas y actividades de la escuela.
- Contactar al enlace designado para las personas sin hogar para obtener ayuda para eliminar las barreras a la educación de tu hijo.
- Asistir a reuniones entre padres y maestros, las noches de regreso a la escuela y otras actividades relacionadas con la escuela.

Si tienes preguntas acerca de la inscripción en la escuela o para obtener ayuda con la inscripción, contacta a:

- El enlace designado para las personas sin hogar ("homeless liaison") de tu distrito escolar local:

Nicole Schraeder
5049 Robert J Mathews Pkwy
El Dorado Hills, CA 95762
(530) 677-2261

- El enlace designado para las personas sin hogar de tu condado:

Margaret Lewis
Homeless Youth Coordinator
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95867
Phone: 530-295-4539
email: mlewis@edcos.org

- El coordinador de las personas sin hogar de tu estado:

Leanne Wheeler
Coordinadora Estatal
Departamento de Educación de California
1430 N Street, Suite 6408
Sacramento, CA 95814
Teléfono: 1-866-856-8214

Buckeye Union School District
CONFIDENTIAL - STUDENT HEALTH INFORMATION

Student's Name: _____ **Birth date:** _____ **Teacher:** _____ **Grade:** _____

Blue Oak, 530-676-0164 x1830, Fax: 530-676-0758 Silva Valley, 916-933-3767 x2730, Fax: 916-933-6389
 Buckeye, 530-677-2277 x1230, Fax: 530-672-1483 William Brooks, 916-933-6618 x2430, Fax: 916-933-3910
 Camerado, 530-677-1658 x1530, Fax: 530-677-9537 Rolling Hills, 916-933-9290 x3030, Fax: 916-939-7454
 Oak Meadow, 916-933-9746 x2130, Fax: 916-933-9784 Valley View Charter Montessori 916-939-9640, Fax 916-939-5015

Parent/Guardian: To best plan for your child's health and wellbeing, please complete front (and back if applicable) of form. Medications required during the school year require a separate medication form that should be updated yearly.

MEDICAL HISTORY – If YES to any *, please complete the REVERSE side of form (Complete section below).**

<i>Has your child experienced?</i>	<i>No</i>	<i>Yes-within 12 months</i>	<i>Has your child experienced?</i>	<i>No</i>	<i>Yes-within 12 months</i>	<i>Has your child experienced?</i>	<i>No</i>	<i>Yes-within 12 months</i>
**Allergies			Diabetes-ask for packet			Headaches		
*Asthma			Dizziness			*Heart Disease		
*Blood Disorder or Hepatitis			*Epilepsy or Seizures			Nosebleeds		
*Cardiac/Heart Condition			Ear/Eye or Hearing or Vision Problem			*Treatment required (i.e. catheter, etc		
Cerebral Palsy			Fainting Spells					

OTHER MEDICAL CONDITION: _____

Allergy Information

ALLERGIES (please list and complete SEVERE section if applicable): _____

MILD/MODERATE ALLERGIES- Action for MINOR reaction, if symptoms is/are: _____

Provide the following action: _____

If severe allergies: What specific reaction does your child have? Include concerns for airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), skin (hives, itch, rash, swelling – include location), gastrointestinal (nausea, abdomen pain, cramps, vomiting, diarrhea) or other reaction. **Include DATE of last reaction**

SEVERE ALLERGIES- Action for SEVERE reaction, if symptom(s) is/are: _____

Provide the following action: _____

Any previous history of hospitalization, serious illness, accident or surgery: _____

Does your child require any medication(s) while at school (IF YES please obtain medication form): YES NO

Does your child require any vision or hearing equipment? _____

Birth History: My child was born ___ Full-Term ___ Premature (if so, at how many weeks? _____) Birth weight: _____

Delivery: Were there any problems? _____

Did baby go home with parent(s)? YES NO Was baby hospitalized after birth? _____

Developmental: Indicate child was (E)arly, (L)ate or (A)verage for milestones: ___ Sitting ___ Walking ___ Talking ___ Toileting

Parent/Guardian Name: _____ Phone #: _____

Alternate Emergency Contact: _____ Phone #: _____

Physician's Name and Contact information: _____

Parent Signature: _____ Date: _____

Buckeye Union School District – Individualized Student Health Plan
Asthma, Blood Disorder, Cardiac/Heart Condition, Epilepsy/Seizure Disorder, Treatments Required at School
For students with Diabetic concerns, please obtain and complete the Diabetic Packet at the Health Office prior to school.

Medical condition above or treatment(s) to be addressed in health plan: _____

For any health concerns not listed that you feel may require a health plan, please complete the OTHER section.

IF ADDITIONAL ROOM IS REQUIRED, PLEASE USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM FOR REVIEW.

****FOR SEVERE ALLERGIES** Please complete front of form section marked ALLERGIES..**

Asthma: Student has mild, moderate, SEVERE asthma. Inhaler at school, Inhaler at home, Inhaler both locations.
 Student wears a medical bracelet.

Triggers to asthma include: _____

Any restrictions or special care required, including medications: _____

Blood Disorder: Type of condition: _____

Any restrictions, special care required, or medications: _____

Cardiac/Heart Condition: Type of condition: _____

Any restrictions, special care required, or medications: _____

Epilepsy/Seizure Disorder: Type of condition: _____

Any restrictions, special care required, or medications: _____

Treatments Required at School (include details of medical condition): _____

OTHER: Type of condition: _____

Any restrictions, special care required or medications: _____

EMERGENCY PLAN: Please indicate approval of emergency care for any signs of severe distress: Airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), Cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), gastrointestinal (vomiting blood, bloody diarrhea).

Other condition warranting 911 call: _____

Plan of Action:

- 1) Contact 911 – do not hesitate to ask for advanced life support
- 2) Provide basic first aid & CPR as required
- 3) Call Parent/Guardian and/or emergency contacts listed on previous page & District Nurse
- 4) Other: _____

Parent Signature: _____ Date: _____