

**HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT  
ENROLLMENT FORM K-8  
TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Date: \_\_\_\_\_

Happy Valley Primary  Happy Valley Elementary  Happy Valley Community Day  Independent Study Program

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(From Birth Certificate) Last Name First Name Middle Name Month/Day/Year

Male

Female

Custody Papers? Yes  No  (If yes please attach most current copy of custody papers)

Grade for 2020/2021 \_\_\_\_\_

Non-binary

**PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES**

Check one. Father  Step-Father  Guardian   
Check one. Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Check one. Mother  Step-Mother  Guardian   
Check one. Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Name: \_\_\_\_\_  
First Last

Name: \_\_\_\_\_  
First Last

Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Notification Phone Number: (Main number to be used for automated calls both informational and emergencies):

**Ethnicity** Is this student Hispanic or Latino? (Select only one)  No, Not Hispanic or Latino  Yes, Hispanic or Latino

**Race**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 100 American Indian or Alaskan Native | <input type="checkbox"/> 205 Asian Indian | <input type="checkbox"/> 302 Guamanian              | <input type="checkbox"/> 600 Black or African American |
| <input type="checkbox"/> 201 Chinese                           | <input type="checkbox"/> 206 Laotian      | <input type="checkbox"/> 303 Samoan                 | <input type="checkbox"/> 700 White (not Hispanic)      |
| <input type="checkbox"/> 202 Japanese                          | <input type="checkbox"/> 207 Cambodian    | <input type="checkbox"/> 304 Tahitian               |  |
| <input type="checkbox"/> 203 Korean                            | <input type="checkbox"/> 208 Hmong        | <input type="checkbox"/> 399 Other Pacific Islander |  |
| <input type="checkbox"/> 204 Vietnamese                        | <input type="checkbox"/> 299 Other Asian  | <input type="checkbox"/> 400 Filipino               |  |
|  | <input type="checkbox"/> 301 Hawaiian     |   |  |

**PARENT EDUCATION LEVEL** Select the education level of the student's *most highly educated* parent or guardian. Check *one*.

- |   |   |  |
|---|---|--|
| 1 Not a high school graduate.... <input type="checkbox"/> | 3 Some college ..... <input type="checkbox"/>     | 5 Graduate school/post graduate training .. <input type="checkbox"/> |
| 2 High school graduate ..... <input type="checkbox"/>     | 4 College graduate ..... <input type="checkbox"/> |  |

**PARENT ON ACTIVE DUTY WITH ARMED FORCES OR FULL-TIME NATIONAL GUARD**

Select any appropriate response below

- Parent on Active Duty with Armed Forces  Parent Full-time 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, interviewed, photographed and/or filmed when they have received permission by the principal or designee to be on campus. Information gathered may be used in publications, television reports, public presentations and/or the school district web site Yes  No  Yearbook Only

**OTHER PARENT OR LEGAL GUARDIAN INFORMATION** not listed on page one, if applicable.

Check *one*. None  Father  Step-Father  Mother  Step-Mother  Guardian  Other  \_\_\_\_\_

Name	_____	Home Phone	_____
	First                                  Last		
Home Address	_____		
	Street Address	City	State                                  Zip Code
Work Phone	_____	Cell Phone	_____
	Area Code and Number		Area Code and Number
Pager	_____	Email Address	_____

**EMERGENCY CONTACTS**

List four *local* contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name _____	Name _____		
Phone _____ <small style="text-align: center;">Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday</small>	Phone _____ <small style="text-align: center;">Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday</small>		
Cell Phone _____	Cell Phone _____		
Relationship _____	Relationship _____		
Name _____	Name _____		
Phone _____ <small style="text-align: center;">Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday</small>	Phone _____ <small style="text-align: center;">Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday</small>		
Cell Phone _____	Cell Phone _____		
Relationship _____	Relationship _____		

**EMERGENCY MEDICAL AUTHORIZATION**

I am/We are the parent/guardian of the above named student, in case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

On \_\_\_\_\_ at \_\_\_\_\_, California  
Date City

Parent/Guardian Signature(s) \_\_\_\_\_

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

**If you are a single parent with sole legal custody, please submit a copy of the court order authorizing sole custody to the school.**

**PRIMARY PARENT OR GUARDIAN** (from page one)

**PRIMARY PARENT OR GUARDIAN** (from page one)

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

\_\_\_\_\_  
Phone Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

<b>FOR SCHOOL USE ONLY</b>	EO <input type="checkbox"/>	LEP <input type="checkbox"/>	FEP <input type="checkbox"/>	RFEP <input type="checkbox"/>	Redes Date if RFEP _____
GRADE LEVEL _____	InterDistrict <input type="checkbox"/>		District of Residence _____		
STUDENT ID NUMBER _____	PERMANENT ID NUMBER _____		CSIS NUMBER _____		

**School Use**

**HOME LANGUAGE SURVEY**

Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

What language does your son/daughter most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

Name the language most often spoken by the adults at home. \_\_\_\_\_

**If your child speaks or has spoken another language at home, the ELPAC assessment will be given to provide the school with information to support your child's continued learning. Please read "A Parent Guide to Understanding, The English Language Proficiency Assessments for California (ELPAC)" for more information.**

**OTHER STUDENT INFORMATION**

Student's Birthplace \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

When did the student first attend *school in the United States*? \_\_\_\_\_  
 Month and Year OR Grade level

When did the student first begin attending school *in California*? \_\_\_\_\_  
 Month and Year OR Grade Level

Has student previously attended school in Happy Valley School District? \_\_\_\_\_  
 Month and Year OR Grade Level

What *school* did the student attend before enrolling in the current Happy Valley Union Elementary School?

Check one. Public  Private  Home School  None

Name of Previous School \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
 Number Street Address City State Zip Code

Dates of Attendance at Previous School From \_\_\_\_\_ To \_\_\_\_\_

**ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION:** Please answer all questions.

I certify that my son/daughter: Check *one*.

- Has never been enrolled in a special educational program .....
- Was previously enrolled in a special program and is no longer enrolled .....
- Is currently enrolled in a special program. ....

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

- |   |                              |                             |  |                              |                             |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Special Education .....                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Gifted & Talented Education Program (GATE) ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Day Class (SDC) .....           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | English Language Development (ELD) .....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Resource Specialist Program (RSP) ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 504 Plan .....                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Speech and Language Program .....       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other: Please specify _____                      |                              |                             |
| Visually Impaired Program .....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |                              |                             |

**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Date of Birth	Lives at Home	School Attending/Grade (If graduated, NA)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

**HEALTH INVENTORY**

Student's  
Physician

\_\_\_\_\_  
Doctor's Name Street Address City Area Code and Phone Number

\_\_\_\_\_  
Dentist's Name Street Address City Area Code and Phone Number

**HEALTH INSURANCE**

Yes  No

If yes, Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**PERMISSION FOR MEDICAL RECORDS**

I/We GIVE consent to the Happy Valley Union Elementary School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.)

Yes  No

**HEALTH PROBLEMS** Check all that apply.

- Diagnosed ADD or ADHD
- Asthma
- Bladder Problems
- Bleeding Disorder
- Color Vision Deficiency
- Diabetes
- Eczema/Skin Trouble
- History of Ear Problem  Describe \_\_\_\_\_
- Heart Problem  Describe \_\_\_\_\_
- Head Injury  Describe \_\_\_\_\_
- History of Fracture  Describe \_\_\_\_\_
- History of Hospitalization  Describe \_\_\_\_\_
- History of Surgery  Describe \_\_\_\_\_
- Known Hearing Loss  Right  Left
- Known Vision Loss  Right  Left
- Physical Limitations  Describe \_\_\_\_\_
- Wears Contact Lens
- Wears Glasses  For close work  For distance only  At all times
- Wears Hearing Aide  Right ear  Left ear
- Other or further details of above \_\_\_\_\_

**ALLERGIES** Check all that apply.

- None  Animals  List specific item(s) student is allergic to: \_\_\_\_\_
- Food  Insects  Describe allergic reaction or treatment: \_\_\_\_\_
- Drugs  Bee Sting
- Plants  Other

**CURRENT MEDICATION(S)** Yes  No

If yes, Name of Medication(s)	Dosage	Time Taken	Purpose

## 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: \_\_\_\_\_

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** \_\_\_ **No** \_\_\_  
(If you circled "Yes", stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location \_\_\_\_\_

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student

(Relationship: \_\_\_\_\_)

***I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.***

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  
 RULES FOR THE PRIVILEGE OF RIDING THE BUS  
 THREE STRIKE'S YOU'RE OUT**

Riding the school bus is a privilege offered by the Happy Valley Union School District and students may be suspended for infractions of bus rules at any time. The bus driver will contact the parent/guardian each time an infraction of the bus rules occurs.

- First infraction = Ticket (Warning)
- Second infraction = Three days off of bus
- Third infraction = Contract & Suspension of riding privileges for five days
- Fourth infraction = Off the bus until the end of the year.

The principal of each school will be given copies of all infractions.

1. Surveillance cameras may be installed on the buses and may be used as needed.
2. The bus driver can and will arrange seating to accommodate the needs of all riders.
3. After loading the bus at the school, you must remain quiet so the driver may make all necessary checks before leaving the school.
4. The loading zone at the school is a quiet zone.
5. While waiting at the stop for the bus, all safety rules are to be observed.
6. While entering or exiting the bus please use hand rails and watch your step.
7. Riders must stand back from the road by at least 12 feet.
8. Do not move toward the bus until it comes to a complete stop and the driver opens the door.
9. Riders are not to arrive at the bus stop earlier than 5 minutes before scheduled pick up time.
10. Remain seated at all times while the bus is in motion.
11. Riders must sit still, face the front, keep aisle clear and remain reasonably quiet at all times.
12. Wrestling, scuffling, hitting, throwing of objects, name calling and general horseplay is not permitted.
13. Hands, arms, heads, feet, or legs must remain inside the bus and not outside the window.
14. Under no circumstance should anything be thrown out the window.
15. Eating, gum chewing or drinking of liquids is not allowed on the bus.
16. Upon exiting the bus, riders should move at least 12 feet off the road.
17. Do not walk to the rear area of the bus at anytime.
18. If driver is assisting a rider across a street, the rider should remain to the right of the front fender until the driver directs them to cross the street.
19. No skateboards will be allowed on the bus and the use of a skateboard on all school property is prohibited.
20. No live animals, insects or reptiles are permitted on the school bus. Other transportation arrangements must be made if these are to be brought to school for a project.
21. Any damage deliberately caused by the rider, such as tearing seat material or breaking windows, will result in the parent/guardian being billed for the repair.
22. Riders that need to change their bus stop must have a note signed by their parent/guardian. Take it to the school office for a bus pass and then give the bus pass to the bus driver when they board the bus in the afternoon. No exceptions will be made to this rule. Bus Passes will not be issued for a different bus route.
23. Hugging, kissing or other overt displays of affection are not to occur on the bus or on campus.
24. All students must wear seatbelts at all times.
25. No electronics are allowed on the bus. All electronics must be turned off and put away. If a student has theirs out, it will be confiscated and turned into the school office for parents to pick up.

Please complete the information below and return to the school office on the next day of school. If you have any questions, please contact the Primary school office at 357-2131 or the Elementary school office at 357-2111, or the transportation department at 357-3178.

I have read and understand all the bus rules and that I will lose my privileges if I break any rules.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Grade: \_\_\_\_\_

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.
7. 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 stipulations of this agreement.

\_\_\_\_\_ Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature