

ROCKFORD SCHOOL

Student Registration

DATE _____ GRADE _____ GENDER _____ BIRTHDATE: _____

PUPIL'S NAME _____

ADDRESS _____ P.O. BOX _____ Home Phone _____

 City Zip

LAST SCHOOL ATTENDEND _____ ADDRESS _____

PARENTS/GUARDIANS (LIVING IN HOME)

NAME _____ RELATIONSHIP _____
 Place of employment _____
 On Active Duty with Armed Forces or Full time duty with National Guard: Yes ___ No ___

1ST Primary Contact Cell Phone # _____ Would you like to receive Text messages? Yes ___ No ___

NAME _____ RELATIONSHIP _____
 Place of employment _____
 On Active Duty with Armed Forces or Full time duty with National Guard: Yes ___ No ___

2nd Primary Contact Cell Phone # _____ Would you like to receive Text Messages? Yes ___ No ___

LIST OF CHILDREN (LIVING IN HOME)

<u>Names</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

Office use only:
 Teacher/Class ___
 Immunizations Complete ___
 Need follow up ___
 Birth Certificate ___
 Cheryl ___ Diana ___

ACTIVITY PERMIT:

I hereby grant permission for my child to attend any activity, which will be under supervision of and subject to the jurisdiction of the school district.

	YES	NO
FIELD TRIPS	___	___
AFTER SCHOOL ACTIVITIES (GRADES 5-8)	___	___
OTHER SCHOOL SPONSORED ACTIVITIES	___	___
PHOTO RELEASE FOR: (School activities, school website, yearbook, (SARC/School Accountability Report Card)	___	___

INSURANCE: All students who participate in the school athletics program MUST have accident insurance. Parents may buy school insurance for their child. Contact the school office for details. Do you have personal accident insurance or medical card for your child?

Do you have Medi-Cal for your child? YES ___ NO ___

List any health problems or difficulties your child has which may affect his work at school:

List any current medications:

Does your child receive Special Education services? YES ___ NO ___

Signature of Parent/Guardian _____

What is the medical condition? _____
Doctor's Name: _____ Phone: _____
What medications are given daily? _____
What medications are given frequently, but not daily? _____
When did your child last see the doctor for this condition? _____

IF YOUR CHILD REQUIRES MEDICATION DURING SCHOOL HOURS (Prescription or over the counter), SEE YOUR SCHOOL NURSE. CERTAIN FORMS MUST BE COMPLETED FOR MEDICATION TO BE DISPENSED DURING SCHOOL HOURS.

Doctor's name: _____ Phone: _____
Dentist's name: _____ Phone: _____
Date of last physical exam? _____ Date of last dental exam? _____
Do you have any concerns about how your child gets along with other children?

Do you have any comments or concerns about this child's health, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly:

HAS YOUR CHILD EVER BEEN EVALUATED FOR:
_____**SPEECH/LANGUAGE IMPAIRMENT**
_____**OT/PT (Occupational or Physical Therapy)**
_____**LD/SLD (Learning Disability/Specific Learning Disability)**
_____**CD (Cognitive Disability)**
_____**MD (Multiple Disabilities)**
_____**ED (Emotional Disturbance)**

Form Completed by: _____
Relationship to child: _____

I (do/do not) give my permission for the SCHOOL NURSE to share this information as needed for the benefit of my child's health and educational needs, except for: _____

Signature _____ Date _____ Phone _____

STUDENT INFORMATION FOR CAASPP TESTING

Student Name _____ Date _____

Grade _____ Date of Birth _____ Sex _____

ETHNICITY

Mark the ethnicity with which the student most closely identifies.

- Hispanic/Latino – A Person of Cuban, Mexican, Puerto Rican, South Or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino
-

PRIMARY RACE

Mark the race with which the student most closely identifies.

- American Indian or Alaskan Native – A person having origins in any of the Original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN- A Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Chinese Japanese Vietnamese Laotian Hmong
- Korean Asian Indian Cambodian Other Asian
- PACIFIC ISLANDER- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hawaiian Samoan Guamanian Tahitian Other Pacific Islander
- Filipino- A person having origins in any of the original peoples of the Philippine Islands.
- Black or African American – A Person having origins in any of the black racial groups of Africa.
- White- A person having origins in any of the original people of Europe, Middle East, or North Africa.
-

SECONDARY RACE

Mark any additional race with which the student most closely identifies

- American Indian or Alaskan Native – A person having origins in any of the Original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN- A Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- Chinese Japanese Vietnamese Laotian Hmong
- Korean Asian Indian Cambodian Other Asian

PACIFIC ISLANDER- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Hawaiian Samoan Guamanian Tahitian Other Pacific Islander

Filipino- A person having origins in any of the original peoples of the Philippine Islands.

Black or African American – A Person having origins in any of the black racial groups of Africa.

White- A person having origins in any of the original people of Europe, Middle East, or North Africa.

PARENT EDUCATION LEVEL

Check the response that describes the education level of the most educated parent.

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/post graduate training.
- Declined to state or unknown

ROCKFORD SCHOOL DISTRICT

The Teacher Pledge:

I understand the importance of the school experience to every experience to every student and my role as a teacher and model. Therefore, I agree to carry out the following responsibilities to the best of my ability.:

I will teach all the necessary concepts to your child before regular homework is assigned.

I will strive to be aware of the individual needs of your child.

I will regularly communicate with you regarding your child's progress.

Teacher's Signature: _____ Date: _____

The Student Pledge:

I realize that my education is important to me. It helps me develop tools I need to become a happy and productive person. I also understand my parent(s) want to help me do my very best in school. I know I am the one responsible for my own success, and that I must work hard to achieve it. Therefore, I agree to carry out the following responsibilities to the best of my ability:

I will return completed homework on time.

I will return corrected work to my parent(s).

I will arrive to class on time every day unless I am ill.

I will be responsible for my own behavior.

I will strive to be a good learner.

I will be respectful to the school staff, school property and my fellow students.

Student's Signature: _____ Date: _____

The Parent Pledge:

I realize that my child's educational years are very important, and I understand that my participation in my child's education will help his or her achievement and attitude. Therefore, I agree to carry out the following responsibilities to the best of my ability.

I will provide a quiet place for my child to study.

I will encourage my child to complete his/her homework.

I will make sure my child gets an adequate night's sleep.

I will see that my child arrives at school on time every day.

I will encourage my child to read at home on a daily basis.

I will attend Back To School Night and Parent Conference.

Parent Signature: _____ Date: _____

ROCKFORD SCHOOL – EMERGENCY CARD

NAME _____
(Print) Last (legal) First Middle (name) Age Birth date

STUDENT LIVES AT _____
(Print) Apt. # Zip Code

Gender _____
Cell Phone# FATHER Cell Phone# MOTHER HOME PHONE #

FATHER _____
(Print) FULL NAME (Circle Yes/No-Lives with pupil?) Employer/Occupation Work Phone #

MOTHER _____
(Print) FULL NAME (Circle Yes/No-Lives with pupil?) Employer/Occupation Work Phone #

OTHER _____
(LEGAL STEP/FOSTER/GUARDIAN) Employer/Occupation Work Phone #

SERIOUS HEALTH PROBLEMS: (CIRCLE) *****If Child is on Medication at School, A Pupil Medication Form must be on file.**

Bee Sting Reaction / Hearing / Allergies
 Convulsions / Vision / Diabetic / Orthopedic
 Asthma / Cardiac Condition

_____ NAME OF MEDICATION

PLEASE EXPLAIN ANY CONCERNS _____

IN CASE OF AN EMERGENCY OR IF PARENT / GUARDIAN ARE NOT AVAILABLE, CALL THE FOLLOWING:

NAME	RELATIONSHIP	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of an accident, and a parent cannot be reached, I wish my child to be placed under the emergency care of:

Doctor's Name: _____ Phone: _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parent(s) or legal guardian(s) of _____ a
 Minor, do hereby authorize the ROCKFORD SCHOOL DISTRICT, as agent for the undersigned to consent to any treatment
 deemed advisable by, and to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the
 Medical Practice Act on the medical staff of Sierra View District Hospital.

It is understood that this authorization is given in advance in case of an illness or injury occurring at school with the school authorities being unable to reach the undersigned parent(s) or guardian(s).

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

 MOTHER/LEGAL GUARDIAN'S SIGNATURE DATE FATHER/LEGAL GUARDIAN'S SIGNATURE DATE

ROCKFORD SCHOOL DISTRICT

NOTICE TO PARENTS AND GUARDIANS

As required by law, you are hereby notified that you have a right to permit or to refuse to permit your child to engage in the school activities listed below. **THE ONLY PROGRAMS PRESENTLY PLANNED TO BEGIN THIS SCHOOL YEAR ARE STARRED (*)**.

1. Absence for religious purposes at a place away from school property and after the pupil has attended school for a minimum day.
2. Sex education courses for family life education in which reproductive organs and their functions are described, illustrated or discussed. If such a course is planned at some future time you will be notified of your rights to inspect and review pertinent written or audiovisual materials prior to the holding of the course. (Written consent is not required, but written objection shall be honored for your child.) This section does not apply to words or pictures in any science, hygiene or health textbook. A teaching credential may be revoked for violation. (E.C. 8506).
3. Venereal disease education rules are similar to those in Item 2 above. (E.C. 8507).
4. Excuse from instruction in the areas covered in Items 2 and 3 due to religious beliefs (including personal/moral convictions) of the parent shall, upon written request, be permitted for the parts in conflict with the beliefs. (E.C. 8701).
5. Immunizations for communicable disease may be consented to in writing by a parent for a licensed physician to administer an immunizing agent.
- *6. Administration of medication prescribed by a physician for a child during the school day may be done by a nurse, secretary, or teacher if designated, under detailed doctor's instructions, but only upon written parental request. (E.C. 11753.1).
- *7. Physical examination may not be given to a child whose parent has filed an objection for the year. However, the child may be sent home if, for good reason, he is believed to be suffering from a recognized contagious or infectious disease.
- *8. Evaluation of vision on a child, including tests for visual acuity and color vision by the school nurse, or teacher if authorized, upon first enrollment and at least every third year thereafter. The evaluation may be waived upon presentation of an appropriate certificate from a physician or optometrist.
- *9. Medical and hospital services for pupils injured at school-sponsored events or while being transported may be insured at district or parent expense.

PARENTAL: CONSENT OR OBJECTION

I hereby consent for the current year to each starred item, except that I object to items _____
(Leave blank OR write in the number of each starred item, if any, to which you object). Disregard non-starred items because you will receive further notice if any such item is later planned to occur this year.

Name of Student: _____ Grade: _____ Signature of Parent: _____
date

THIS FORM MUST BE RETURNED BY ALL
Rockford School Publicity Release Only

Dear Parent/Guardian:

Rockford School District would like to use photos of Rockford students who may be involved in various school-related activities as well as their school portrait as part of Rockford Schools (Website, Yearbook, and SARC/School Accountability Report Card).

By signing below you are granting permission for Rockford School to use photographs and the school portrait of your child in various activities at Rockford School. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

_____ I DO consent to have photographs that include my child in Rockford School's school-related activities.

_____ I DO NOT consent to have photographs that include my child in Rockford School's school-related activities.

PLEASE PRINT:

Student(s) Name(s) _____

Grade (s) & Teacher (s) _____

Parent/Guardian

Signature: _____

Date _____

Please return this signed form to your child's homeroom.

ROCKFORD SCHOOL DISTRICT
TO: PARENTS OF ROCKFORD SCHOOL STUDENTS

RE: PARENT VOLUNTEERS

We would like to give you the opportunity to be a part of your child's education by offering to help in some voluntary capacity. If you would like to be involved in this way, please fill out the following form and return it to school.

STUDENT'S NAME: _____ TEACHER: _____

PARENT'S NAME: _____ PHONE # _____

____ Yes, I am interested in being a parent volunteer at my child's school.

I MAY BE INTERESTED IN:

- ____ Being a room parent for my child's classroom.
- ____ Help by providing punch, cookies, etc. for class parties.
- ____ Accompanying my child's class on a field trip. (be a chaperone).
- ____ Helping with a special event:
 - ____ Halloween Fun Night
 - ____ Bring a cake for the cake walk
 - ____ Help serve food for the Parent Group
 - ____ Book Faire
 - ____ Spring Chicken Dinner (1st Sunday in May)
- ____ Providing classroom help with Math, Reading, etc. (Tutoring)
- ____ Volunteering art demonstrations (share an art activity or craft)
- ____ Provide bilingual help (work with students in another language:
Please state the language: _____)
- ____ Volunteering to share your experience:
 - ____ Have you ever lived or visited another country?
 - ____ Do you speak other languages other than English?

Day or Days you would be available:
____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Hours I am available: (Teacher's hours may vary)
____ 8:30 - 9:30 ____ 9:30-10:30 ____ 10:30-11:00 ____ 1:00-1:30 ____ 1:30-2:00

Grade(s) I would be interested in helping in: K 1 2 3 4 5 6 7 8 (circle)

Skills I could offer to the school:
____ Typing, Filing ____ Grading papers ____ Work with small groups ____ Computer instruction
____ Work with individual students

District Philosophy:
We appreciate and encourage parental support and involvement at Rockford School. We feel it is important that all parent volunteers work closely with the classroom teacher for directions and guidance regarding the scheduling of all school activities and functions. We pledge to continue to work to the best of our abilities to provide the most excellent learning environment possible.

In order to comply with the Education and Penal Codes of the State of California, all parent volunteers are asked to report to the school office prior to going into the classrooms. Thank you for your cooperation with these regulations.

Parent Signature: _____ Date: _____

Parents – Please Keep this page for your records.

DRESS CODE

Rockford School believes that the standards of dress and grooming are primarily the responsibility of the parents and students. Students should wear appropriate school clothing and groom themselves in a manner which reflects credit to themselves, their family and Rockford School. However, under no conditions should clothing or personal grooming be distracting, unsafe, immodest, or disruptive to the education program. When the mode of dress is in question, the school has a responsibility to establish restrictions on student dress or facial adornment. As a result, the following dress code standards have been developed with concern for the safety of the student and the student's ability to participate effectively as a learner.

It should be recognized that styles do change and guidelines will be subject to periodic review. The school also realizes that no set of rules can cover every situation. However, if parents and students will keep in mind such things as neatness, cleanliness, safety, and modesty, a productive educational environment will be established and maintained. Your support as parents will certainly be appreciated in upholding these guidelines.

1. No cut-off jeans.
2. No swim suits or sun suits.
3. No jogging shorts, short shorts or tight-fitting shorts i.e. biker's shorts.
4. No spaghetti straps, tube tops, or halter tops. Sleeveless tops are permissible, but they must be at least 1 ½ inches wide.
5. No backless, strapless or low-cut dresses or tops.
6. No clothing that exposes tummies.
7. No see-through shirts or blouses i.e. fish net.
8. No clothing that has holes, rips, cuts, or tears.
9. No clothing items that advertise drugs, tobacco, alcohol.
10. No clothing items that are considered gang-related i.e. "baggy" clothing too large in width and length.
11. No hats except Rockford School baseball caps or visors or beanies.
12. No undergarments are to be visible at any time.
13. Shorts must be at least 4 ½ inches long from the inseam, and skirts or dresses are not to be shorter than mid thigh.
14. Shirts not tucked in cannot extend below the wrist when the student is standing up straight.
15. Pants must be worn above the hip bone at all times (without the aid of a belt or suspenders).
16. No oversized hanging belts; belts must fit and be fitted through belt loops.
17. No attire that may be used as a weapon is to be worn (i.e. chains, wallet chains, etc.).
18. No clothing that is considered to be distractive to the educational environment of the classroom.
19. Wearing jewelry, rings, studs, etc. as a result of body piercing shall be allowed only in the ear lobe and otherwise shall be considered a distraction to the school climate.
20. Coloring of hair shall be restricted to natural colors and otherwise shall be considered a distraction to the school climate.
21. Consequences for deliberate disregard of the guidelines addressed in the dress code may result in disciplinary action that includes detention, suspension, and/or expulsion.

Rockford School reserves the right to send home any student which, in the opinion of the superintendent and/or staff, is not appropriately dressed for school. If you have any questions regarding the dress code, use this rule of thumb: IF IN DOUBT, DON'T WEAR IT!