

**State Pre-School
Enrollment Packet
(English)**

WELCOME TO BANNING UNIFIED SCHOOL DISTRICT!



Centralized Registration
161 W. Williams Street
(951) 922-2702
Hours: 7:30 a.m. - 4:00 p.m.



Checklist for State Pre-School Registration:

Please bring the items listed below to enroll your child.

Proof of student's birth (provide ONE from the list below):

- Birth Certificate
- County Record certifying date of birth
- Hospital Record
- Adoption Documents
- Court Placement/Agency Agreement
- Passport
- Statement by the local registrar
- Baptism Certificate
- Affidavit of parent, guardian, custodian of minor

Current Immunization Record

Documents verifying your residence address

- Current electric, water, or gas bills
- Car Registration
- County Documents
- Lease/rental agreement from landlord
- Escrow papers with closing date within the past/future 30 days
**All documentation must have a date of the past 30 days*

Copy of IEP (Special Education students only)

Most Current Court Documents (Only if it applies)

Completed BUSD Registration Packet

Parent/Guardian Photo ID (provide ONE from the list below):

- Current Driver's License/State Identification Card
- Current Passport
- Bank Identification Card with Photo
- Foster/Group Home/Agency Identification Card



Office use only:
State ID#



Office use only:
Date Entered:

EMERGENCY CONTACT / ENROLLMENT FORM

PLEASE NOTIFY CENTRALIZED REGISTRATION OF ANY CHANGES

ID # _____ School Year 20____ - 20____ School _____ Grade _____

STUDENT INFORMATION

Student's Last Name	First Name	MI	Male ___ Female ___
Home Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Birth Date		Age	

Student Lives With: Both Parents ___ Mother ___ Father ___ Foster Family ___
Group Home ___ Legal Guardian (with court papers) ___ Informal Guardian (without court papers) ___
Is the person checked above the legal guardian? Yes ___ No ___ If no then please complete a "Caregiver's Affidavit".

FAMILY INFORMATION

Phone Numbers

Parent/Guardian: Mother ___ Stepmother ___ Foster ___ Guardian ___	Cell ()
Name: _____	Home ()
Employer: _____ Position: _____	Work ()
Email _____ Military: Yes ___ No ___	

Mother's Education Level: Not a High School Graduate ___ HS Graduate/GED ___
Some College ___ College Graduate ___ Masters/Graduate School ___
Mother's Primary Language: English ___ Spanish ___ Other _____

Parent/Guardian: Father ___ Stepfather ___ Foster ___ Guardian ___	Cell ()
Name: _____	Home ()
Employer: _____ Position: _____	Work ()
Email _____ Military: Yes ___ No ___	

Father's Education Level: Not a High School Graduate ___ HS Graduate/GED ___
Some College ___ College Graduate ___ Masters/Graduate School ___
Father's Primary Language: English ___ Spanish ___ Other _____

Family Residence: House/Apartment/Mobile Home ___ Living w/another family/relative ___ Hotel/Motel ___
Car/Van/Street ___ Shelter/Transitional Housing ___ Campsite/Park ___ Other _____

Home School Communication: Check the language in which you would like to receive school notifications. English ___ Spanish ___

Print Parent/Guardian Name	Parent/Guardian Signature	Date
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OTHER CHILDREN IN THIS DISTRICT

Name:	School:	Name:	School:

Ethnic Origin	Race is separate from the previous question asking about Ethnic Origin. Please mark one or more boxes below to indicate this child's race.
Is this child Hispanic or Latino? Yes, _____ No, _____	Asian: Chinese ___ Japanese ___ Korean ___ Vietnamese ___ Asian Indian ___ Laotian ___ Cambodian ___ Filipino ___ Hmong ___ Other Asian _____ Native Hawaiian or Other Pacific Islander: Hawaiian ___ Guamanian ___ Samoan ___ Other ___ American Indian or Alaskan Native ___ Black or African American ___ White ___

Students Educational History

		Previously enrolled in Banning Unified? Yes ___ No ___
Has this child ever been retained? Yes ___ No ___ If Yes, which grade? _____	Has this child ever been accelerated to another grade? Yes ___ No ___ If yes, which grade? _____	
Has this child ever been suspended? Yes ___ No ___	Is child currently enrolled in a Special Education Program? Yes ___ No ___ If Yes, which programs? RSP ___ SDC ___ Speech & Language ___	
Is this child currently under an expulsion order or going through the expulsion process? Yes ___ No ___ If Yes, which District? _____		
What educational services has this child received? Please check all that apply. English Language Development ___ GATE ___ Indian Education ___ 504 Plan ___ Migrant Education ___		

Emergency Release Information

IN THE EVENT OF ILLNESS OR AN EMERGENCY AT SCHOOL, WHEN I CANNOT BE REACHED, I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE,
THESE INDIVIDUALS **MUST** COME TO THE SCHOOL OFFICE AND PRESENT A CURRENT PHOTO IDENTIFICATION CARD TO PICK UP MY CHILD

FULL NAME	RELATION TO CHILD	CELL/WORK PHONE	HOME PHONE
		()	()
		()	()
		()	()

I authorize emergency diagnosis and treatment by a licensed physician/hospital/paramedics and will assume financial responsibility for care if my medical doctor or I am not available: Yes ___ No ___

Medical Doctor: _____ Phone: () _____

Doctor's Address: _____ City: _____

Insurance Co: _____ Policy #: _____

MEDICATIONS your child is taking: _____

Health Problems/Allergies: _____

I understand that Banning Unified School District DOES NOT provide medical insurance covering students for accidents or school related injuries. However, they can refer me to student insurance for voluntary purchase.

I am taking student insurance as offered _____ I am NOT taking student insurance as offered _____

		/ /
Print Parent/Guardian Name	Parent/Guardian Signature	Date



CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child(ren) **UNLESS** one of them has a signed court order that indicate otherwise. The school has no legal right to refuse biological parent's access to their children and/or school records.

If a parent has a signed, current court order limiting the other parent or any other person, the district **MUST OBTAIN THE ORIGINAL COURT ORDER**. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/Designee. In situations that become a disruption to the school, local law enforcement will be contacted, and an officer will be requested to intervene.

Parents are asked to make every attempt not to involve schools in custody matter. Please have current information on file for your children.

I have read and understand the above statement.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

This form shall remain in effect as long as my child (ren) attends Banning Unified School District. If any changes occur, I will inform my child (ren)'s school office and the District office to update records with new court orders.

Banning Unified School District does not discriminate in any employment practice, educational program or educational activity on the basis and/or association with a person or group with one or more of these actual or perceived characteristics of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, marital status, medical condition, national origin, political affiliation, pregnancy, and related condition, race, religion, retaliation, sex (including sexual harassment), sexual orientation, or any other basis prohibited by California State and federal nondiscrimination laws respectively. In addition, the district provides equal access to the Boys & Girls Club and other designated youth groups.

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

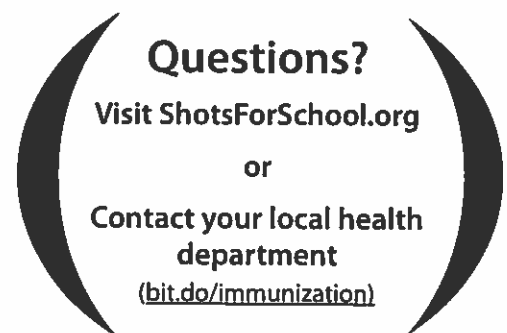
*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/dT/dT/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____ Date: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

STUDENT HEALTH HISTORY

Student Name: _____ Date of Birth ____/____/____
 Grade: _____

Please read and check any related illness or condition that your child has currently or has had in the past:

<input type="checkbox"/> Allergy: Bee sting medication required: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Allergy: Food (explain in comment section)	<input type="checkbox"/> Hyperactive: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Allergy: Medication (explain in comment section)	<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Allergy: Pollen/Dust/Hay Fever	<input type="checkbox"/> Medications prescribed to student (explain in comment section)
<input type="checkbox"/> Allergy: Unknown Causes	<input type="checkbox"/> Medications needed at school (explain in comment section)
<input type="checkbox"/> Anemia	<input type="checkbox"/> Menstrual Cramps (severe)
<input type="checkbox"/> Arthritis (Rheumatoid)	<input type="checkbox"/> Migraine Headaches: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Asthma (Mild)	<input type="checkbox"/> Mumps
<input type="checkbox"/> Asthma (Medication Required)	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Birth Defect/Chromosome Disorder	<input type="checkbox"/> Nose Bleeds (frequent)
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Osgood-Schlatter Disease
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Physical Activity Limitations (doctor's note required)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Rheumatic Fever History
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Rubella: 3-day Measles
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Rubeola: 10-day Measles
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Diabetic: Insulin Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Eating Disorders: <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight	<input type="checkbox"/> Sickle Cell Anemia (explain in comment section)
<input type="checkbox"/> Endocrine Disorders	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Epilepsy/Seizures: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Growth Disorder (explain in comment section)	<input type="checkbox"/> Vision Impairment (wears glasses/contacts)
<input type="checkbox"/> Hearing Loss: Hearing Aid Used Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Vision Impairment (visually handicapped)
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Other (explain in comment section)
	<input type="checkbox"/> No known health problems

Comments: _____

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

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

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBI/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



Student ID#: _____

Elementary School of Choice Form

Student Name:	Date of Birth: ____ / ____ / ____	
Parent Name:	Gender: Male ___ Female ___	Grade:
Address:		
Cell Number: ()	Work Phone: ()	

TK (*Transitional Kinder*) Students are placed at Florida Street Discovery Center;

But

Please note your school of choice below for the following school year.

Please rank as 1st, 2nd, 3rd, and 4th

Cabazon Elementary: _____

Central Elementary: _____

Hemmerling Elementary: _____

Hoffer Elementary: _____

Parent Signature

Date

