

HUGHES-ELIZABETH LAKES UNION SCHOOL

16633 Elizabeth Lake Road
Lake Hughes, CA 93532
(661) 724-1231

1st- 8th Grade Enrollment Checklist

For Parents

Student Name _____

Grade _____

- _____ Student Emergency Card
- _____ Enrollment Form (Parent signature required)
- _____ Verification of Residence (Include proof... utility bill, driver's license, rental agreement, etc.)
- _____ Health Appraisal Report (Completed and signed by parent)
- _____ Home Language Survey
- _____ Special Programs Survey
- _____ Student Information Sheet
- _____ Request for Student Cumulative Records
- _____ Immunization Record
- _____ County Birth Certificate (other documents that can be used as proof of age are passport or baptismal certificate)
- _____ Most Recent Report Card

HUGHES-ELIZABETH LAKES UNION SCHOOL

School Year _____

Student Emergency Card

Grade _____

PLEASE FILL OUT COMPLETELY

Student's Legal Last Name	First Name	Middle Name	M	F	Birth Date
Home Address			Zip Code		Home Phone

Parents – For the welfare and protection of your child, the following information must be on file in the school office. Should this information be incomplete, or not up-to-date, it may become necessary in the event of an emergency for the school to enlist the aid of the Los Angeles County Sheriff Department. Students will only be released from school to those persons authorized by this card upon verification of identity.

Please complete the following information for the parent/guardian the student LIVES WITH.

Mother's Name	Maiden	Legal	Step	Foster	Other-Specify
Mother's Employer	Business Phone	Cell Phone			
Father's Name		Legal	Step	Foster	Other-Specify
Father's Employer	Business Phone	Cell Phone			
E-mail Address to receive school information					

- PLEASE COMPLETE REVERSE SIDE -

ALTERNATE PERSONS IN CASE OF EMERGENCY:

These persons are authorized to take students from school. Non-custodial parents **MUST** be listed here if they have permission to remove the student from school.

(Please keep your emergency contacts local.)

1. Name	Relationship	Home Phone	Cell Phone
2. Name	Relationship	Home Phone	Cell Phone
3. Name	Relationship	Home Phone	Cell Phone
4. Name	Relationship	Home Phone	Cell Phone

Please identify Any Serious Medical Conditions and/or Daily Medication:

Please list any other matters that might affect student's school day (i.e., custody matters, ongoing appointments, parents work out of area):

All persons listed as "alternate persons in case of emergency" are authorized to take my child from school.

Signature of Parent or Guardian

Date

Hughes-Elizabeth Lakes Union School District

New Enrollment Form

TO BE COMPLETED BY PARENT OR GUARDIAN

GRADE

Student's Legal Name: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Other Name(s) used (ie: Nickname) _____ Male Female Nonbinary

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

Check one: Father Step-Father Guardian

Check one: Mother Step-Mother Guardian

Name: _____
First Last

Name: _____
First Last

Home Phone: _____
Area Code and Number

Home Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Employer: _____

Employer: _____

Work Phone: _____
Area Code and Number

Work Phone: _____
Area Code and Number

Email address _____

Email address _____

Mailing Address: _____
P.O. Box, or Street # and Street Name City State Zip

Residence Address (IF DIFFERENT): _____
Street City State Zip

WHAT IS YOUR CHILD'S ETHNICITY? (Check one): Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)
 Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

- 100 American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America)
- 201 Chinese
- 202 Japanese
- 203 Korean
- 204 Vietnamese
- 205 Asian Indian
- 206 Laotian
- 207 Cambodian
- 208 Hmong
- 299 Other Asian
- 301 Hawaiian
- 302 Guamanian
- 303 Samoan
- 304 Tahitian
- 399 Other Pacific Islander
- 400 Filipino/Filipino American
- 600 African American or Black
- 700 White (Persons having origins in any of the original peoples of Europe, North Africa, or Middle East)

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

- Not a High School Graduate
- High School Graduate
- Some College or Associates Degree
- College Graduate
- Graduate School/Post Graduate Training

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

If your child was born outside the United States,

Date first attended school in the U.S.

Date first attended school in California

Month / Day / Year

Month / Day / Year

MOST RECENT SCHOOL ATTENDED:

Name of School: _____ Phone Number: _____

School Address (mailing address, city, state, zip code)

Dates of Attendance: From _____ to _____

OTHER CHILDREN IN THE FAMILY:

Name:	Age:	Living at home?	Name:	Age:	Living at home?
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RESIDENCE – where is your child/family currently living? (federally mandated by NCLB) – **Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled up (sharing housing with other families/individuals due to economic hardship or loss)
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (please specify) _____

Signature of Parent or Guardian: _____ Date: _____

Hughes-Elizabeth Lakes Union School District

16633 Elizabeth Lake Road
Lake Hughes, CA 93532
Phone 661-724-1231 * FAX 661-724-1485

VERIFICATION OF RESIDENCE

Date

Pursuant to Education Code 48200, I _____ declare under
(Parent/Legal Guardian/Foster Parent – please print)

Penalty of perjury that my present permanent address is:

I have provided the necessary paperwork to validate the above address.

I understand that I must notify the school within 24 hours of any change of address and that a school official may visit the address to verify occupancy.

FALSIFICATION OF ANY INFORMATION ON THIS FORM WILL BE GROUNDS FOR REMOVAL OF THE STUDENT FROM THIS SCHOOL.

Student Name

Grade

Parent / Legal Guardian / Foster Parent Signature

Verified by School Employee

FOR OFFICE USE ONLY:

- ___ Utility Bill _____
- ___ Escrow Papers/ Lease Agreement
- ___ Rental Agreement
- ___ Property Tax Bill
- ___ Voter Registration
- ___ Pay Stub with Employer Name & Address and Employee Name & Address
- ___ Correspondence from Government Agency _____
- ___ Other _____

Hughes-Elizabeth Lakes Union School
HEALTH APPRAISAL REPORT

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following report.

Name _____ Male Female Birthdate _____
Last First Middle (Circle One)

Doctor's name _____ Phone# _____ Date of last physical _____

Dentist's name _____ Phone# _____ Date of last exam _____

Does your child have:

Allergies? Yes ___ No ___ To drugs, food, insects, pollen? Please list _____

Has the allergy required emergency action in the past? Yes ___ No ___

Comments _____

Bee sting allergy? Yes ___ No ___ Describe reaction _____

Difficulty breathing? Yes ___ No ___ Need emergency medication? ___

Asthma? Yes ___ No ___ Triggered by: _____ Treatment _____

Diagnosed by doctor _____ Date _____

Diabetes? Yes ___ No ___ Takes insulin? _____ Date diagnosed _____

Epilepsy/Seizures Yes ___ No ___ Describe seizure _____

Date of last seizure _____ Medication _____

Is student currently under a doctor's care for seizures? Yes ___ No ___

Heart condition Yes ___ No ___ Describe _____

Bone or joint problem? Yes ___ No ___ Describe _____

Physical restrictions (due to heart condition or orthopedic problem?) _____

Check off the following regarding health concerns that pertain to your child:

Eyes: wears glasses: ___ reading ___ distance ___ contacts ___ lazy eye ___ crossed ___ blindness in one eye: ___ right ___ left

Ears: ___ frequent infections ___ tubes ___ hearing loss: ___ right ear ___ left ear ___ hearing aides: wear at school? ___

Other: ___ nosebleeds ___ eating ___ sleeping ___ bladder ___ requires catheterization ___ frequent sore throats

___ neurologic ___ lungs ___ bedwetting ___ bowel ___ requires diapering ___ bleeding disorder

___ headaches ___ dental ___ ADD/ADHD ___ phobias ___ skin/rashes/eczema ___ blood pressure

Daily medication(s): At home? Yes ___ No ___ At school? Yes ___ No ___ Emergency only? Yes ___ No ___

Name of medication(s) and reason for taking _____

Serious past illness or injuries _____

Surgeries _____ Date(s) of surgeries _____

Condition that prevents P.E. participation _____

Past illnesses: ___ Chickenpox ___ Scarlet Fever ___ Mononucleosis ___ Meningitis ___ Other: _____

Other health information or concerns: _____

If your child requires medication or special health care at school, please obtain the appropriate form in the school health office.

Signature of legal parent / guardian

Relationship to student

Date

HUGHES – ELIZABETH LAKES UNION SCHOOL

HOME LANGUAGE SURVEY
English

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

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

Name of student:

Last

First

Middle

Grade

Age

1. Which language did your son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently use at home?

3. What language do you use most frequently to speak to your son or daughter?

4. Name the languages in the order most often spoken by the adults at home:
a. _____
b. _____
c. _____

Signature of Parent or Guardian

Date

HUGHES – ELIZABETH LAKES UNION SCHOOL
ESTUDIO DEL IDIOMA DEL HOGAR
Spanish
HOME LANGUAGE SURVEY

El código de educación de California requiere que las escuelas determinen el idioma(s) que el estudiante habla más en casa. Esta información es esencial para que las escuelas puedan proveer la instrucción necesaria para todos los estudiantes.

Su colaboración en ayudar con este ruisito nos ayuda mucho. Por favor conteste las preguntas y que su hijo/hija lo devuelva a su profesor(a). Gracias por toda su ayuda.

Nombre del alumno: _____

(Name)	Apellido (Last)	Primero (First)	Segundo (Middle)	Grado (Grade)	Edad (Age)
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1. Cuando su hijo(a) empieza a hablar, cual idioma aprendio primero? _____
2. Cual idioma usa principalmente su hijo(a) cuando conversa en la casa? _____
3. Cual idioma usa usted con mas frecuencia cuando habla con su hijo(a)? _____
4. Cual idioma hablan los adultos con mas frecuencia en la casa?
a. _____
b. _____
c. _____

Firma del padre a Tutor

Fecha

HUGHES-ELIZABETH LAKES UNION SCHOOL

SPECIAL PROGRAMS SURVEY

Student's Name	Grade	Enrollment Date	Teacher
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Dear Parent/Guardian,

In order to provide each child with the very best educational advantage at Hughes-Elizabeth Lakes Union School, our staff needs to know the following information for proper placement.

Was your child enrolled in any of the following programs at a previous school? **Yes / No**
(circle one)

If yes, check which program your child was enrolled in:

- GATE (Gifted and Talented)
- Speech
- Special Education Class (Please provide the most recent I.E.P.)
- Special Day Class
- Adapted P.E.
- Title I
- 504 Disability Accommodation Plan
- Other special program _____

Thank you for helping us place your student in the appropriate program.

Signature of Parent/Guardian



Hughes-Elizabeth Lakes Union School
16633 Elizabeth Lake Road
Lake Hughes, CA 93532

STUDENT INFORMATION SHEET

Students Name _____

Grade _____ Date _____

WELCOME TO HUGHES-ELIZABETH LAKES SCHOOL:

In order that we may become better acquainted with your child at the time of initial entrance in our school, we are asking that you take the time to answer the following questions.

This information will be used to more effectively place your child in the best possible learning environment. The principal and teacher will review this information.

1. A. How does your child spend his/her leisure time? _____

B. What subjects and activities at school have "turned your child on?" _____

2. What type of teacher motivates your child? _____

3. Please list some academic strengths and weaknesses of your child.

Strengths: _____

Weaknesses: _____

4. What form of classroom discipline do you support for your child? We believe discipline should include warmth and support with firm limits and consequences both positive and negative. What works best with your child?

5. Does your child play a musical instrument? Yes _____ No _____ Instrument _____

6. What would be the main goals or objectives that you would like to see your child attain while attending Hughes-Elizabeth Lakes School? Ask to see our curriculum overview if this will help you in answering this question.

7. Is there anything about your child that you feel is important that we know? _____

8. Does your child have any health problems (physical, educational, emotional)? _____

9. List any information that you may have on your child's academic progress to date (report cards, test results, etc.) if transfer records are not available. Please summarize, _____



HUGHES-ELIZABETH LAKES UNION SCHOOL DISTRICT

P.O. Box 530 • 16633 Elizabeth Lake Road
Lake Hughes, CA 93532
Phone (661) 724-1231 • Fax (661) 724-1485

REQUEST FOR STUDENT CUMULATIVE RECORDS

(Please include any special testing, IEP's, or information relating to special classes.)

TO:

School	

Address	

City, State, Zip	
_____	_____
Phone #	Fax #

The following student(s) are currently enrolled in our school:

_____	_____	_____
Name	DOB	Grade
_____	_____	_____
Name	DOB	Grade
_____	_____	_____
Name	DOB	Grade

Please send cumulative folder for the above student(s) to:

Hughes-Elizabeth Lakes Union School
P.O. Box 530
Lake Hughes, CA 93532
Attn: Tanya Duron

_____	_____
Date	Signature of Parent, Guardian, or Registrar

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

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. Parents must show their child's Immunization Record as proof of immunization.



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

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. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

