



SOUTHERN KERN UNIFIED SCHOOL DISTRICT

P. O. Drawer CC
Rosamond, CA 93560
(661)256-5000 Fax (661)256-1247

District Enrollment

Has this student previously attended a school in the **United States**? (Check One)

NO, this student has not attended a school in the Unites States.

YES, this student has attended a school in the United States.

If YES,

Date student first enroll into any K-12 school in the United States? _____

Print Student's Name

Student's Date of Birth

Parent/Guardian Signature

Relationship to Student

Date



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Previous School Information

Student Name: _____ Birthdate: _____

Name of the last school student attended: _____

City: _____

State: _____

Country: _____

Does not apply. This is the student's first time enrolling into a school.

Parent Signature: _____ Date: _____

STUDENT SERVICES QUESTIONNAIRE

School: _____

Student Name: _____ Birthdate: _____ Grade: _____

1. Did your child receive any special help at his/her last school?

- | | |
|---|---|
| <input type="checkbox"/> Special Education (RSP, Speech, Special Day Class placement) | <input type="checkbox"/> Help to improve attendance |
| <input type="checkbox"/> Bilingual Services | <input type="checkbox"/> Help to improve behavior |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Student Success Team Meeting | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 504 Accommodations |

2. Has your child ever been retained (held back)?

- Yes No **If yes**, what grade? _____

3. Has your child ever been expelled?

- Yes No **If yes**, for what reason? _____

What district? _____

Is the expulsion cleared? Yes No

4. Where is your child/family currently living? (Check **one** box only.)

This information will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001.

- In a single family residence
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster care placement
- Other: _____

Parent/Guardian Signature

Date

**Thank you for taking the time to fill out this form.
We look forward to working with you to help your child be successful in school!**

**SOUTHERN KERN UNIFIED SCHOOL DISTRICT
PARENT CONSENT FOR PARTICIPATION, RELEASE AND WAIVER OF
LIABILITY AND INDEMNITY AGREEMENT**

WHEN SIGNED, THIS PARENT CONSENT IS IN EFFECT FOR THE SCHOOL YEAR. ADDITIONAL PARENT CONSENT WILL NOT BE REQUIRED FOR FIELDTRIPS. YOU WILL BE INFORMED OF AN UPCOMING FIELDTRIP BEFORE THE FIELDTRIP TAKES PLACE. HOWEVER, FOR ACTIVITIES THAT OCCUR FREQUENTLY, SUCH AS MATHLETE COMPETITIONS, SPORTS EVENTS, ETC., PLEASE CHECK THE SCHOOL CALENDAR.

Please PRINT or TYPE:

School Year: 20____-20____

School _____

Student's Name _____
Last First Middle Grade

Address _____
Number/Street City Zip

Father's/Guardian's Name _____ Home Phone _____

Father's/Guardian's Employer _____ Work Phone _____
Name City

Mother's/Guardian's Name _____ Home Phone _____

Mother's/Guardian's Employer _____ Work Phone _____
Name City

(If Unable to Reach Parent)

EMERGENCY CONTACT _____ Phone _____
Name Relationship

Doctor's Name _____ Phone _____

Name of Medical Insurance Carrier _____ Phone _____

Policy Number _____ Effective Date _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of my son/daughter being permitted to participate in the athletic program, fieldtrip or excursion, sponsored, planned and directed by the Southern Kern Unified School District, for any purpose including, but not limited to, observation, use of various facilities or equipment, or participation in any way, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE SOUTHERN KERN UNIFIED SCHOOL DISTRICT, their officers, employees, board members and agents (hereinafter referred to as "releases") from all liability to my son/daughter, the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of my son/daughter, while my son/daughter participates in the sponsored athletic program, field trip or excursion, sponsored, planned and directed by the SOUTHERN KERN UNIFIED SCHOOL DISTRICT;
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of my son/daughter in the athletic program, field trip or excursion, sponsored, planned and directed by the SOUTHERN KERN UNIFIED SCHOOL DISTRICT;
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in the athletic program, field trip or excursion, sponsored, planned and directed by the SOUTHERN KERN UNIFIED SCHOOL DISTRICT; and
4. THE UNDERSIGNED IS AWARE THAT PARTICIPATION IN THE ATHLETIC PROGRAM PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that an injury may result while participating in said athletic program. The undersigned is aware of the risk that any part of my child's body or any of his/her body systems may be hurt or injured by participating in the athletic program. The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes any and all risks of bodily injury against the SOUTHERN KERN UNIFIED SCHOOL DISTRICT while participating in the athletic program.
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of Parent or Guardian

Date

HEALTH HISTORY:

Student's Name: _____ Birthdate: _____
Last First Middle

1. To the best of your knowledge, has your child been exposed to a communicable disease within the past 21 days? YES NO

2. Does your child have any of the following health problems? YES NO

a. Operations or serious injuries (dates) _____

- b. Chronic or recurring illness Recent broken bones Asthma
- Heart Disease_ Hay Fever Fainting Spells
- Hernia Convulsions (Epilepsy) Diabetes

c. Other physical conditions or disease _____

3. Date of most recent Tetanus shot _____

4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.) _____

5. Medications your child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician): _____

Please make sure the necessary medication is available and that your child is aware of the prescribed dosage. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.

RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct as far as I know, and my son/daughter herein described has permission to engage in all prescribed activities except as noted by me and is physically fit to participate.

I (we) the undersigned parent, parents or legal guardian of a minor, do hereby request that he/she be permitted to attend fieldtrips/activities throughout the school year and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the SOUTHERN KERN UNIFIED SCHOOL DISTRICT, its officers, or employees for medical aid rendered and will reimburse the SOUTHERN KERN UNIFIED SCHOOL DISTRICT for medical or other expense incurred in the care of my son/daughter. This Authorization is given pursuant to Family Code Section 6910 and remains effective only for the event and date listed above.

In order that my son/daughter may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the SOUTHERN KERN UNIFIED SCHOOL DISTRICT and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian

Date

Signature of Witness

Date

Education Code Section 35330:

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.



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Military Family Information

As part of the new accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring LEAs (school districts) to identify students who are armed forces family members. These students will be part of a new accountability subgroup.

It has been determined that military dependents may require additional services, programs, or attention due to their specific situations. (Frequent moves, parent/guardian deployment, etc.)

Please complete this form and return to your school site.

Student Name _____ Grade _____ School _____

Please Check One:

There are no dependents of active duty military residing in this household.

I, parent/guardian, am active duty military.

Name of military family member: _____

Relationship to student: _____ # of Siblings in this school district: _____

Branch of Military:

Air Force

Marines

National Guard

Other: _____

Army

Navy

Coast Guard

Thank you in advance for your assistance with the new state and federal compliance request.

Any questions may be directed to Leanne Hargus, Associate Superintendent (661) 256-5000 ext. 1118



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McKinney-Vento Act Residency and Educational Rights Information

Thousands of children across the country experience homelessness each year. The McKinney-Vento Homeless Assistance Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school.

The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students must be provided a written statement of their rights when they enroll and at least two additional times per year.
- Students may enroll without school, medical or similar records.
- Students have a right to transportation to school.
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled.
- Students are automatically eligible for Title 1 services.

According to the U.S. Department of Education, people living in the following situations are considered homeless:

- Doubled up with family or friends due to loss of housing or economic hardship
- Living in motels and hotels for lack of other suitable housing
- Runaway and displaced children and youth- Unaccompanied Youth
- Homes for unwed or expectant mothers for lack of a place to live
- Transitional housing programs
- The streets
- Abandoned buildings
- Public places not meant for housing
- Cars, trailers (does not include mobile homes intended for permanent housing), and campgrounds
- Awaiting foster care
- Migratory children staying in housing not fit for habitation

Please complete the form on the reverse side of this document and return to your school office.

Questions may be directed to the site administrators or Leanne Hargus, Associate Superintendent/McKinney-Vento Liaison, 661-256-5000x1118.

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: (____) _____

SOUTHERN KERN UNIFIED SCHOOL DISTRICT

School Year: 20____ - 20____

VERIFICATION OF RESIDENCY

Student Information:

PLEASE PRINT

Last Name	First Name	Grade	
Address	Apt/Spc	City	Zip Code

Students who attend school in Southern Kern Unified School District must reside within its boundaries on a full-time permanent basis, unless the student has received an approved Inter District Transfer. In accordance with Title 5, California Code of Regulations Section 432(F) (2), California school districts must annually verify student residency.

In order to verify residency within the Southern Kern Unified School District, please provide two (2) current proof of residency documents, see list below. Documentation must include parent/guardian's name, address of residence and be dated within 30 days. If the parent/guardian does not have the proof of residency documents in his/her name, the Statement of Residence (on the reverse side) must also be completed by both the parent/guardian and the property owner/legal resident.

- Both proof of residency documents are in parent/guardian's name (complete this side only)
- Proof of residency documents is NOT in parent/guardian's name (complete both sides).

2 Acceptable Proof of Residency – any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Electric bill or Residence Service Letter from Electric Co. | <input type="checkbox"/> Cable TV/Satellite |
| <input type="checkbox"/> Gas or Propane bill or Residence Service Letter from Gas Co. | <input type="checkbox"/> Internet Provider |
| <input type="checkbox"/> Water | <input type="checkbox"/> Property Tax Statement (most con-current) |
| <input type="checkbox"/> Trash | <input type="checkbox"/> Escrow papers (if escrow closing within 30 |

The following documents will NOT be accepted as proof of residency: rent or lease agreement, mortgage or bank statement, insurance statement, driver's license, phone bill. Post Office Boxes do not meet residency requirements.

- This student has an approved Inter District Transfer from School District and is not required to provide proof of residency documents. Copy of approved Inter District Transfer attached.

Falsification of any information or document required for residency verification or the use of the address of another person may result in immediate revocation of student enrollment. If, at any time a student's residence is in question, the Southern Kern Unified School District will investigate. The District may ask for additional documents for verification. If a student is not living within the District boundaries full time, or if a student's living arrangements do not agree with statements provided by a parent or legal guardian, the student will be excluded from attending school in the Southern Kern Unified School District. Periodic home checks may be made at the discretion of the school to verify residence. EC 48200, 48204

PLEASE PRINT

I, _____ (Parent/Guardian), declare under penalty of perjury that the above-named student resides at the address shown on the documents indicated.

Signature of Parent/Guardian: _____ Date: _____

SHARED RESIDENCE AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act.
The information provided will help speed the enrollment process for the student.

Student: _____ Male ___ Female ___

Birth date: _____ Grade: _____

I, _____, the parent/guardian of the
above-named student, am sharing the residence of

_____/_____
Name of owner/lease holder/renter Relationship

Located at _____
Address Street Number

City Zip

Phone: (____) _____ Cell phone or pager #: (____) _____

This living arrangement is: Temporary ___ Permanent ___ Duration _____

My California driver's license or I.D card number: _____

Parent/Guardian Signature Date

I, _____ certify that
(Owner, lease, holder, landlord, qualified relative, friend, neighbor)

Parent/Guardian and _____
Student

are living with me at: _____
Address Street Number

City Zip

My California driver's license or I.D. card number: _____

Signature Date

Southern Kern Unified School District

Parent Signature Form

School Year 20_____ - 20_____

You must bring this signed form to the district enrollment office to complete the required permissions, and acknowledgements for your student. Your signatures below acknowledge that you were given the opportunity to download the documents listed below.

These documents are available on our district website at <https://www.skusd.k12.ca.us/documents>

Enrollment Documentation	
Southern Kern Unified Parent Annual Notice	School Calendar
Google Suite Acceptable Use Policy	Student Technology Agreement
Authorization for Medication Administration	Transportation Application
After School Program Enrollment Form	Medical Meal Accommodation
TDAP and 2 Varicella Notification for 7 th grade	Pesticide Information
Physical and Oral Assessment for Kindergarten or 1 st	Authorization for Medication

Your signatures confirm that the information you entered, approved and confirmed on the Enrollment Portal is accurate to the best of your knowledge and that you have reviewed, understand, and agree to abide by the policies of Southern Kern Unified School District.

Student Name (Please Print)

Student Signature

Date

Mother/ Print Guardian Name

Mother/ Guardian Signature

Date

Father/ Print Guardian Name

Father/ Guardian Signature

Date



California Pediatric Tuberculosis Risk Assessment



- Use this tool to identify asymptomatic **children** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
For children with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

- Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
 - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
 - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old
-
- Immunosuppression**, current or planned
HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication
-
- Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

- None**; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

See the California Pediatric TB Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the [TB RISK ASSESSMENT page](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx) (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx)



Household Income Data Collection - Southern Kern Unified School District 20__ - 20__

PART I: Fill in the following information for a student living in your household

LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL	GRADE	AFTER SCHOOL PROGRAM?		BUS TRANSPORTATION?		SCHOOL ROOM CODE	
					YES	No	YES	No		
		/ /			YES	No	YES	No		
		/ /			YES	No	YES	No		
		/ /			YES	No	YES	No		
		/ /			YES	No	YES	No		
		/ /			YES	No	YES	No		

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$ _____

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Printed name of adult household member
completing this form

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- Gross earnings from work: Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- Welfare, Child Support, Alimony: Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: Include the amount each person living in your household receives from these sources.
- All Other Income: Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- Military Housing Allowances and Combat Pay: Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/ciefault.htm>.

CA Dept. of Education
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