



Revision Date 10/23/24

Roseland School District NEW Student Registration

PARENT NOTICE: Student placement is based on the site with the available space in each grade level. There is a possibility that the school you prefer or register your child at will not be the school that they are placed in.

Please select your site preference

- ☐ Roseland Creek Elementary (707) 543-2800 ☐ Sheppard Accelerated Elementary (707) 546-7050 ☐ Roseland Elementary: A Leadership Academy (707) 545-0100

Please request a Roseland Charter School Registration Packet for Roseland Charter Tk-6th Home School Program

Registration for Transitional Kinder, Kindergarten & 1st needs to include the following:

1. ☐ Birth Certificate
Kindergarten: 5 on or before Sept. 1st
Transitional Kindergarten: 4 on or before September 1st
2. ☐ Proof of address: (Current - within the last 30 days, Utility Bill: PG & E, water, garbage, etc.)
3. ☐ Inter district Form (only if out of district)
4. ☐ Immunization Records: (DTP 5, Polio 4, Hepatitis B 3, MMR 2, Varicella 2)
5. ☐ Physical Exam (Recommended not required)
6. ☐ Dental Exam (Appointment card will be accepted temporarily)
7. ☐ Student Health Form Completed
8. ☐ Special Education Services Information (Copy of IEP if applicable)

**Appointment Card
Follow Up Date:**

I: _____
P: _____
D: _____

Registrations for 2nd - 6th need to include the following:

1. ☐ Birth Certificate
2. ☐ Proof of address: (Current - within the last 30 days, Utility Bill: PG & E, water, garbage, etc.)
3. ☐ Inter district Form (only if out of district)
4. ☐ Immunization Records: (DTP 5, Polio 4, Hepatitis B 3, MMR 2, Varicella 2)
5. ☐ Student Health Form Completed
6. ☐ Special Education Services Information (Copy of IEP if applicable)

Office Use Only

Intake Site: _____

Intake Person: _____

Date and Time Received _____

Name _____ Grade _____ DOB _____

Address _____

Parent Name _____ Phone Number _____

Siblings _____

☐ In District ☐ Out of District District of Residence _____ Approved: ☐ Yes ☐ No

Student receives Special Services: ☐ Yes ☐ No If Yes, what are the services: _____

Notes _____ Student ID No. _____

This form must remain in the students file



LAST ENROLLED & LATE ENROLLMENT

Dear Roseland District Families

Welcome to our school district! We have been experiencing much growth in our schools. Our goal is to enroll your child in the school of your choice. However, there are times when our classes fill to capacity and changes in initial student placements are necessary.

Please note that it is possible that your child may be assigned to a different classroom, and potentially a school different than where you initially registered. This is dependent upon the availability of space in grade levels at each of our schools.

By signing this notification, you acknowledge that you are aware of the possibility that your student may be placed in a different class or school than where you initially registered.

Print First, Last Name

Sign

Date

ULTIMAS INSCRIPCIONES E INSCRIPCIONES TARDES

Estimados Familias del distrito de Roseland

¡Bienvenidos a nuestro distrito! Estamos en un gran crecimiento en nuestras escuelas. Nuestra meta es inscribir a su niño/a en la escuela de su elección. Sin embargo, hay ocasiones en que nuestras clases se llenan a capacidad y los cambios en las asignaciones iniciales de estudiantes son necesarios.

Por favor tenga en cuenta que es posible que su niño/a pueda ser asignado a una clase diferente y, potencialmente, una escuela diferente a la que se registró inicialmente. Esto es dependiente de la disponibilidad de espacio en los diferentes grados en cada una de nuestras escuelas.

Al firmar esta notificación, usted reconoce que usted es consciente de la posibilidad de que el estudiante puede ser colocado en una clase o escuela diferente en la que se registró inicialmente.

Imprimir Nombre, Apellido

Firma

Fecha

October 23, 2024



Roseland Public Schools

Family Information Sheet

Do you have other children/siblings enrolled in the Roseland District? Yes____ No____
(If yes please provide information below)

Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade

Hoja de información familiar

¿Tiene otros hijo/a(s) que asisten al Distrito Escolar de Roseland? Si____ No____
(Si indico que si, por favor provee la información abajo)

Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado

October 23, 2024

**Complete this page if this is the first time your child is being enrolled in a
California public school (TK-12)**

Home Language Survey

Name of Student: _____,
(Last Name) (First Name)

Date of Birth: _____ Age: _____ Grade Level: _____

Directions to Parents and Guardians:

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents and guardians most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

► Has your student ever attended Roseland School District schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No										
PLEASE PRINT – STUDENT’S LEGAL NAME										
Legal First Name			Legal Middle Name			Legal Last Name		Other Legal Name (if applicable)		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary						Birth Date		Month	Day	Year
						()		()		
Parent 1/Guardian First Name			Last Name			Home Phone		Work Phone		
						()		()		
Parent 2/Guardian First Name			Last Name			Home Phone		Work Phone		
Parent 1/Guardian Email Address					Parent 2/Guardian Email Address					
Mailing Address				Apt#	City		State	Zip		
Residence Address (house # & street name) (IF DIFFERENT)				Apt #	City		State	Zip		
(P.O Box or house # & street name)										

PARENT 1 EDUCATION – Check the response that describes the education level of parent 1. <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)	PARENT 2 EDUCATION – Check the response that describes the education level of parent 2. <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)
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WHAT IS YOUR CHILD’S ETHNICITY?

(Please 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)

No matter what you selected above for your child’s ethnicity, please continue to answer the following by marking one or more boxes to indicate what you consider your child’s race to be.

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

In which language do you wish to receive written communications from the school? ☐ English ☐ Spanish

Parent/Guardianship Information (with whom the student lives) – check all that apply

☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Step-Parent 1 ☐ Step-Parent 2 ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ☐ Parent 1 ☐ Step Parent 1 /Guardian (check one)

Full Name: _____

Employer: _____ City: _____ Daytime Phone #: (____) _____

2. ☐ Parent 2 ☐ Step Parent 2/Guardian (check one)

Full Name: _____

Employer: _____ City: _____ Daytime Phone #: (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No

Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date:	Assigned Grade:	Permanent ID:	Blank ET RC
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Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	
Name of School			Grade	

The information provided below will help Roseland Public Schools determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

The McKinney-Vento Homeless Assistance Act defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.” These sample questions can be used as a guide in determining whether your family qualifies under this federal law.

Presently, are you and/or your family living in any of the following situations?

- ☐ Living in a single-home residence that is permanent (house, apartment, etc)
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Sharing housing with other(s). **Please select one of the following options:**
- ☐ Shared Housing is due to family choice. It is **NOT DUE** to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
 - ☐ Shared Housing **IS DUE** to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason

Phone Number	Street Address	City	State	Zip

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Birthdate	Grade	School

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

If you have any questions about these rights, please contact your child's school or the Roseland School District/Charter Office:

District office point of contact:

Name: Haley Piazza

Phone: (707) 545-0102 x4243

Email: hpiazza@roselandsd.org



Roseland School District
District Office
1691 Burbank Ave.
Santa Rosa, CA. 95407
707-545-0102

**AFFIDAVIT OF STUDENT'S FAMILY
LIVING WITH FRIEND OR RELATIVE**

I _____ am verifying that
Landlord

Name(s) of Student(s)

and his/her family _____
Name(s) of Parent(s)

are living with me at the following address:

Number and Street

City

Zip code

My telephone number is: (____) _____

A copy of utility bill or rental agreement must be attached

I understand that all communication between the school and the student(s) living with me will be done through the above address and telephone number.

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

SONOMA COUNTY INTERDISTRICT TRANSFER AGREEMENT

STEP 1: To be completed by parent/guardian (please print)



Transfer requested for : <input type="checkbox"/> New student <input type="checkbox"/> Current school year Current grade: _____ 20____ - 20____ <input type="checkbox"/> Continuing student <input type="checkbox"/> Next school year Next grade: _____		Date of Request
Student Name (Last, First)	Birth Date	
Current or Last School of Attendance	Current or Last District of Attendance	
School of Residence	District of Residence	
School Requested	District Requested	
Parent/Guardian Name	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Email Address	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address	City/Zip	
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this student currently receive special education or other special services, such as section 504? (<i>Attach current IEP or 504 plan</i>) <input type="checkbox"/> Yes, Section 504 <input type="checkbox"/> Yes, Special Education <input type="checkbox"/> Yes, Speech/RSP <input type="checkbox"/> No, Does Not Apply <input type="checkbox"/> Other: _____		
What is/are the reason(s) for the request? Please provide written documentation/evidence. (<i>Check all that apply</i>) <input type="checkbox"/> Bullying (priority given) <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Health & Safety <input type="checkbox"/> Specialized Program <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Recommended by SARB <input type="checkbox"/> Proposed Change in Residence <input type="checkbox"/> Change in Social Environment <input type="checkbox"/> Child Care: (<i>address/phone of child care provider</i>) _____ <input type="checkbox"/> Sibling: (<i>name(s)/grade of siblings</i>) _____ <input type="checkbox"/> Other: _____		

I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with the terms and conditions of the districts' attendance agreement, if any, which includes but is not limited to those terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance. ***I understand that the interdistrict attendance permit must be renewed annually***, if the above listed districts have an attendance agreement which provides for such. I further understand that neither district may rescind an existing permit for a student entering grades 11 or 12 in the subsequent school year.

Parent/Guardian Signature _____ Date _____

STEP 2: District of Residence

Date Received: _____

District: _____

Decision: ☐ Approved ☐ Denied

Comments: _____

By: _____

Title: _____ Date: _____

Authorized Signature: _____

STEP 3: Proposed District of Attendance

Date Received: _____

District: _____

Decision: ☐ Approved ☐ Denied

Comments: _____

By: _____

Title: _____ Date: _____

Authorized Signature: _____

IMPORTANT: Requests will be considered based on local board policies. The District of Residence will forward the approved request to the District Requested. The District Requested will mail the parent/guardian the approved form.

All applications must include a copy of the most current transcript/report card. Requests will be considered based on local board policies.

PARENTS RIGHTS AND DUTIES

As a parent or legal guardian, you have the right to:

- Request an interdistrict attendance agreement from your district of residence. If one or both parents or legal guardians are employed within the boundaries of a school district that is not their district of residence, they may be eligible for residency with the district in which their place of employment is located, pursuant to the "Allen Bill," at Education Code section 48204(b). This form should not be used to meet residency requirements under the Allen Bill. Additionally, this form should not be used for enrollment into a charter school.
- Receive a written copy of local school board policy relating to interdistrict attendance agreement requests from both the district of residence and the district you desire to attend. These policies stipulate the school boards' policies with regard to granting, denying, and revoking interdistrict attendance permits.
- Receive a written copy of the Districts' Attendance Agreement, if any, which stipulates the written agreement between the districts with regard to interdistrict attendance permits.
- Discuss your situation with your local district superintendent or appointed designee.
- If applicable, appeal an adverse decision to the school board denying the permit request, pursuant to that school board's policies, and receive written notice of local board action within a period of time specified by the board policy.
- Appeal a school district's decision regarding a request for interdistrict transfer to the Sonoma County Board of Education. Such an appeal must be filed within 30 calendar days of the date of the school district's final denial. Please refer to governing board policy for further information.
- Students with disabilities may not be discriminated against in the interdistrict transfer process. Information collected related to a student's disability should be used only to determine capacity in special education programs and/or if a school district would need to create a new program to serve a student.

You are encouraged to review the relevant school districts' governing board policies for further information and any additional rights.

TERMS AND CONDITIONS

- This Interdistrict Attendance Permit is valid only for the school year/s granted. This Permit expires at the end of the duration granted by both districts, and must be renewed prior to its expiration. A district may not require renewal for a student entering grades 11 and 12.
- This Permit may be revoked at any time by the district of attendance pursuant to their policies and regulations.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- The parent/guardian is responsible for providing transportation to and from the school of attendance.

<p>Each school district in Sonoma County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits, which may or may not include the reasons listed on the previous page. After reviewing the policies of your district of residence and the district of desired attendance, fully complete the interdistrict attendance permit.</p>
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STUDENT USE OF TECHNOLOGY ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT/CHARTER FROM LIABILITY (STUDENTS)

The Roseland School District/Roseland Charter School authorizes students to use technology owned or otherwise provided by the district/charter as necessary for instructional purposes. The use of district/charter technology is a privilege permitted at the district/charter's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district/charter reserves the right to suspend access at any time, without notice, for any reason.

The district/charter expects all students to use technology responsibly in order to avoid potential problems and liability. The district/charter may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

Each student who is authorized to use district/charter technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

Definitions

District/charter technology includes, but is not limited to, computers, the district/charter's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district/charter-owned or personally owned equipment or devices.

Student Obligations and Responsibilities

Students are expected to use district/charter technology safely, responsibly, and for educational purposes only. The student in whose name district/charter technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using district/charter technology for improper purposes, including, but not limited to, use of district/charter technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying")
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
5. Intentionally disrupt or harm district/charter technology or other district/charter operations (such as destroying district/charter equipment, placing a virus on district/charter computers, adding or removing a computer program without permission from a teacher or other district/charter personnel, changing settings on shared computers)

6. Install unauthorized software
7. "Hack" into the system to manipulate data of the district/charter or other users
8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or district/charter practice

Privacy

Since the use of district/charter technology is intended for educational purposes, students shall not have any expectation of privacy in any use of district/charter technology.

The district/charter reserves the right to monitor and record all use of district/charter technology, including, but not limited to, access to the Internet or social media, communications sent or received from district/charter technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district/charter technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any district/charter technology are the sole property of the district/charter. The creation or use of a password by a student on district/charter technology does not create a reasonable expectation of privacy.

Personally Owned Devices

If a student uses a personally owned device to access district/charter technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district/charter technology, he/she shall immediately report such information to the teacher or other district/charter personnel.

Consequences for Violation

Violations of the law, Board policy, or this agreement may result in revocation of a student's access to district/charter technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

Parental Consent for Under 13 Email Account

Roseland School District and Roseland Charter School provides students in select grade levels with unique learning opportunities via our Chromebook Computer Program. In particular, 3rd-12th grade students are afforded access to the global learning community where they learn and practice many 21st Century skills needed for interaction and success. Creativity, critical-thinking, and collaboration are a few of these skills. To engage in these activities, a Google Email account is often very helpful. Due to the Children's Online Privacy Protection Act (COPPA) rules, RPS must get parental consent for a child under 13 to have an email account (see <http://www.coppa.org/comply.htm>). By signing below, you give your consent for Roseland School District/charter or Roseland Charter School to issue your child an email account.

Student Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and district/charter policies and regulations governing the use of district/charter technology. I understand that there is no expectation of privacy when using district/charter technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Student Name: _____ Grade: _____
(Please print)

School: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian Acknowledgment

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use district/charter technology and/or to access the school's computer network and the Internet. I understand that, despite the district/charter's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district/charter, and district/charter personnel against all claims, damages, and costs that may result from my child's use of district/charter technology or the failure of any technology protection measures used by the district/charter. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

If my child is under 13, I have read the terms of the “Parental Consent for Under 13 Email Account” (see above), and I consent to having my child have an email account.

Parent Name: _____ Date: _____
(Please print)

Parent Signature: _____

This space reserved for System Administrator

Assigned User Name: _____

Assigned Temporary Password: _____

Roseland School District
Student Health History

Date: ____/____/____ School: _____
Student's Name: _____
☐ Male ☐ Female ☐ Nonbinary Birthdate: ____/____/____
Parent/ Guardian: _____
Telephone: Home (____) _____ Cell (____) _____
Address: _____
Street Apt. City Zip

Has your child had any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Stinging Insect Allergy |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Convulsion, Seizures |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Recurring Ear Infections | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Movement Limitation | | |
| <input type="checkbox"/> Recent illness, hospitalization, surgery or other physical conditions which limits your child's physical activity at school. | | |

Please provide additional information for any of the above conditions checked:

All medication sent to school must be in the prescription container with the current date.

Does your child require medication while at school? ☐ Yes ☐ No

If Yes, please complete an "Authorization for Administration of Medication" (obtain form from the school office)

Please indicate:

Medication: _____ Dosage: _____ Hour(s) given: _____
Medication: _____ Dosage: _____ Hour(s) given: _____

Date of last physical exam: ____/____/____ Doctor: _____

Date of last dental exam: ____/____/____ Dentist: _____

Does your child wear glasses: ☐ Yes ☐ No

Does your child have any medical conditions which might require care while at school or which restrict his/her physical activity, such as in contact sports? (*Please Describe*)

Information obtained from this health history may be included on a confidential health conditions list, if appropriate. For more information/concerns, please contact the school nurse.

Parent Signature

Date

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ Licensed Dental Professional Signature		_____ CA License Number	_____ Date

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other _____ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ►

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

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	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
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/DTP/DT/Td (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 (e.g., TB Test, if indicated)					
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

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.

Community Immunization Clinics and Clinical Services in Sonoma County ***Clínicas de Inmunización de la Comunidad y Servicios Clínicos en el Condado de Sonoma***

The following family clinics offer medical care and immunizations to established patients. Those with a * offer limited immunization services to the public but encourage establishing care as well.

*Las siguientes clínicas ofrecen cuidado médico e inmunizaciones a pacientes establecidos. Aquellos con una * ofrecen servicios limitados al público, pero también anima a que se establezca cuidado médico.*

Healdsburg:

Alliance Medical Center*

1381 University Ave., Healdsburg

1st Friday (El primer viernes del mes): 8-10am

VFC Eligible children only. Adults call for appointment. (Solamente niños elegibles para VFC.

Adultos llame para una cita)

(707) 433-5494 www.alliancemed.org

Petaluma:

Petaluma Health Center*

1179 N. McDowell Blvd., Petaluma

Call for appointment (Llame para una cita)

(707) 559-7500 www.phealthcenter.org

Rohnert Park:

Concentra Medical Center* (walk in care M-F 8-5)

6174 State Farm Dr., Rohnert Park

TB Testing: Monday-Wednesday/Friday Adult immunizations: Monday-Friday (Pruebas de TB: lunes a miércoles/viernes

Inmunizaciones para adultos lunes a viernes)

(707) 586-4320

Rohnert Park Health Center*

5900 State Farm Dr., 2nd Floor, Rohnert Park Call for appointment (Llame para una cita)

(707) 559-7500 www.phealthcenter.org

Santa Rosa:

Caritas Campus*

301 6th St., Ste. 214, Santa Rosa

TB Testing: Monday-Wednesday/Friday 8:30am-5:30pm (Pruebas de TB: lunes a miércoles/viernes 8:30am-5:30pm)

Walk-ins with check-in at 8:15am & 1:15pm (Sin cita con registro a las 8:15am y 1:15pm)

(707) 583-8700 www.srhealth.org

Concentra Medical Center* (walk in care M-F 8-5)

1221 North Dutton Ave., Santa Rosa TB Testing: Monday-Wednesday/Friday Adult immunizations: Monday-

Friday (Pruebas de TB: lunes a miércoles/viernes. Inmunizaciones para adultos: lunes a viernes.)

(707) 543-8360

Dutton Campus

1300 N. Dutton Ave., Santa Rosa

Call for appointment (Llame para una cita)

(707) 396-5151 www.srhealth.org

Elsie Allen Campus*

599 Bellevue Ave., G-17, Santa Rosa

For teens 12-19 only. Call for appointment.

(Solamente para adolescentes 12 a 19. Llame para una cita.)

(707) 583-8777 www.srhealth.org

Jewish Community Free Clinic*

50 Montgomery Dr., Santa Rosa Appointments available (Citas disponible):

Monday (Lunes) 1-5, Tuesday (Martes) 10-1, Thursday (Jueves) 10-1 & 3-7—call for available vaccines (llame para vacunas disponibles). TB Tests: Monday/Tuesday. Free to anyone without insurance (Pruebas de TB Lunes/Martes. Gratis para cualquier persona sin seguro médico). Also offering Physicals, Mental Health, Acupuncture, and Women's Health by appointment.

(707) 585-7780 www.jewishfreeclinic.org

Lombardi Campus

751 Lombardi Ct., Ste. B, Santa Rosa Call for appointment (Llame para una cita)
(707) 547-2222 www.srhealth.org

Pediatric Campus*

711 Stony Point Rd., Ste. 17, Santa Rosa Children 0-18 only (Solamente niños 0 a 18 años) Call for appointment (Llame para una cita)
(707) 578-2005 www.srhealth.org

Sonoma County Indian Health Project, Inc.

144 Stony Point Rd., Santa Rosa
Established patients only (Solamente pacientes establecidos)
(707) 521-4500 www.scihp.org

Vista Campus*

3569 Round Barn Cir., Santa Rosa
Call for appointment (Llame para una cita)
(707) 303-3600 www.srhealth.org Sonoma:

Sonoma Valley Community Health Center*

19270 Sonoma Highway, Sonoma
Call for appointment (Llame para una cita)
(707) 939-6070 www.svchc.org West County:

Gravenstein Community Health Center

652 Petaluma Ave., Ste. H, Sebastopol Call for appointment (Llame para una cita)
(707) 823-3166 www.wchealth.org

Occidental Area Health Center

3802 Main St., Occidental
Call for appointment (Llame para una cita)
(707) 874-2444 www.wchealth.org

Russian River Health Center

16387 First St., Guerneville
Call for appointment (Llame para una cita)
(707) 869-2849 www.wchealth.org Windsor:

Alliance Medical Center*

8465 Old Redwood Hwy, Ste. 320, Windsor 1st Friday (el primer viernes del mes): 8-10am VFC eligible children only. Adults call for appt. (Solamente niños elegibles para VFC. Adultos llame para una cita)
(707) 433-5494 www.alliancedmed.org Various Locations:

Providence Mobile Health Clinic*

Clinics throughout Sonoma County. Call for day/time. (Ofrecen clínicas en varios lugares. Llame para el horario)
(707) 547-4612 www.providence.org

The following are services available from Sonoma County Public Health:

Los siguientes son servicios disponibles a través de Salud Pública del Condado de Sonoma:

- **Childhood Lead Poisoning Prevention 1-800-427-8982**
- **Laboratory Services (707) 565-4711** 3313 Chanate Rd., Santa Rosa Monday-Friday 8 am – 5 pm
Testing available to the public. Ticks: (707) 565-4715
- **Maternal, Child & Adolescent Health Toll-free Line 1-800-427-8982**
For help finding family planning, prenatal care, and affordable health care in Sonoma County.
- **Tobacco Prevention (707) 565-6680**
- **Travel Immunization Information** <https://sonomacounty.ca.gov/immunizations> www.cdc.gov/travel
- **Tuberculosis (TB) Control Program (707) 565-4567** Examination and treatment for suspect and active TB. By appointment only.
- **TB Skin Testing** available at all community health centers, call clinics for details. TB skin tests are also available at other locations in Sonoma County, visit: <https://sonomacounty.ca.gov/tb>