

OSO GRANDE ELEMENTARY
“Home of the Grizzlies”
30251 Sienna Parkway, Ladera Ranch, CA 92694
(949) 234-5966
Fax: 949-365-1716

SECOND – FIFTH GRADE REGISTRATION

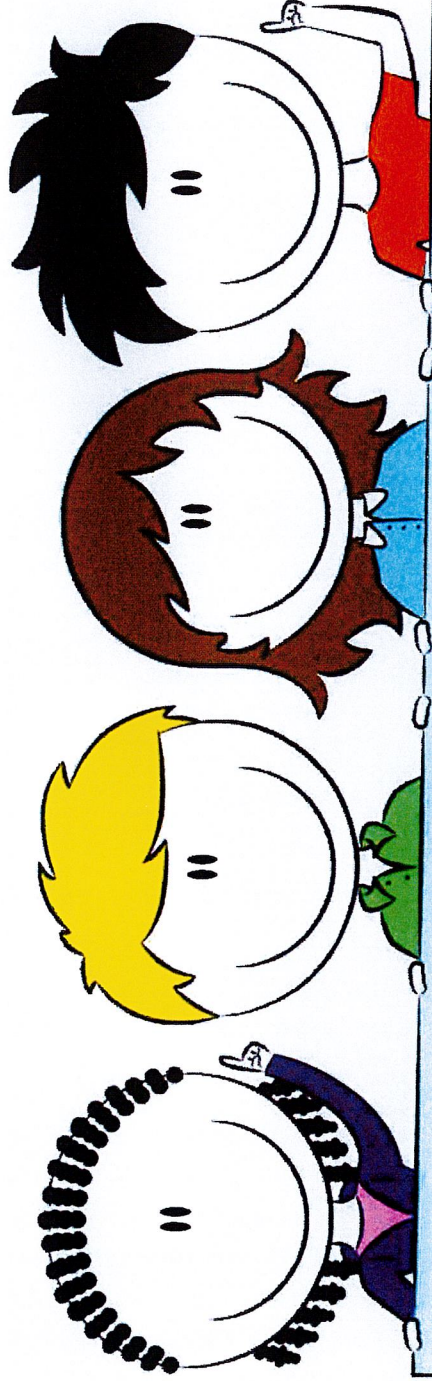
Welcome to Oso Grande Elementary! In order to initiate the registration process for your child, please visit our school’s website at <https://osogrizzlies.capousd.org/> and click on the **“School Info”** and select the **correct school year** to begin the on-line registration process.

Additional forms (see checklist below) which are required along with the online registration are located on our website at <https://osogrizzlies.capousd.org/> (under “Registration Forms”). Once these forms and the online registration are completed, please bring the following items to the school office Monday-Friday **between the hours of 8:30-2:30 p.m.** with the exception of when the office is closed for school holidays/breaks. **If you are enrolling a student(s) for the next school year, we will accept registration packets beginning February 15th- March 29th. All documentation must be complete.**

- ☐ **Online Registration Confirmation** - Please print, sign and bring to the school office. (The last page requires a signature.)
- ☐ **Verification of Age** (official or certified copy of the birth record; statement by the local registrar or county recorder certifying the date of birth; baptismal certificate or official hospital record of birth; passport; or Affidavit for Proof of Age of Minor signed by the student’s parent/legal guardian)
- ☐ **Immunization record** with **ALL** State of California mandatory immunization requirements met.
- ☐ **Two SEPARATE Proofs of Residence** dated within **30 days** (i.e., **current** utility bill [gas, electric or water] **AND** a current mortgage statement or rental agreement. *If you cannot provide these specific documents please contact the school office before coming in to register.*
- ☐ **Enrollment Information Form**
- ☐ **Home Language Survey**
- ☐ **Native American Title VII form** (if applicable)

If you have any questions regarding registration, please contact Nicola Hill at 949-234-5966 or nthill@capousd.org.

No Shots? No Records? No School.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. 🍎 **ShotsforSchool.org**

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.

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

K – 12TH GRADE (including transitional kindergarten)



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

Enrollment Information Form

Child's Full Name: _____ Grade: _____

To better serve you and your child, please check the appropriate boxes if your child is currently participating in any of the following programs. Thank you for your assistance.

- ☐ **Special Education** *(A copy of the Individual Education Plan (IEP) must be provided.)*
- ☐ RSP ☐ Speech ☐ Special Day Class (SDC)
- ☐ Adaptive PE ☐ Occupational Therapy (OT) ☐ Other: _____
- ☐ **Counseling** (Comments: _____)
(Please provide any supporting documentation.)
- ☐ **504 Plan** Comments: _____
(A copy of the 504 Plan must be provided.)
- ☐ **GATE** *(Documentation must be attached.)* ☐ **ELL** (English Language Learner)

Please check all items that apply and add any comments.

- ☐ **Medical/Severe Allergy/Asthma Issues:** _____
(If medications will be kept at school, please request the proper forms from the office.)
- ☐ **Custody Issues** *(A copy of the entire/complete & executed court decree MUST be attached.)*
Comments: _____

Academics: My child is performing ☐ above or ☐ at or ☐ below grade level.

- ☐ Are there any behavioral issues that we should be aware of?
Comments: _____
- ☐ My child was retained in _____ grade. Comments: _____

If your child is a twin would you prefer that they are in the same class? ____ Yes ____ No

Current/Prior School: _____ City: _____

Comments: _____

Parent/Guardian Signature

Date

CAPISTRANO UNIFIED SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Name of Student _____

Last Name

First Name

Middle

Grade

Date of Birth

Age

Today's Date

Entering School (CUSD)

Prior School Name

Prior School District Name

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(s) did your child learn when he/she first began to talk?

2. Which language(s) does your child most frequently speak at home?

3. Which language do you (parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?

Signature of Parent/Guardian _____

Date _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above: _____

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335