

## Enrollment Instructions

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To enroll your child at **The Keegan Academy** for the 2011-2012 school year, please complete and print the attached enrollment forms. Bring them along with the additional documentation, listed below, to your enrollment appointment.

If you prefer, forms can be completed and printed at our office. For questions or to schedule an enrollment appointment, please call 951.595.9095.

### Enrollment Forms

The enrollment packet for **kindergarten and first grade students** contains the following forms:

- Parent Authorization for Release of School Records
- 2011-2012 Student Registration
- Home Language Survey
- Student Survey Form, Parts 1 and 2
- Student Health History
- Emergency Contact Information
- Media Release
- Report of Health Examination for School Entry\*
- Oral Health Assessment Form\*

\* Please note this form is *not* required for **first grade students** who submitted this form upon entrance to kindergarten.

### Additional Documentation

In addition to the completed packet, the following documentation must be submitted to the school office:

- Proof of age (documented by *one* of the following)
  - Original certified birth certificate (Students entering kindergarten must turn five years old on or before December 2, 2011.)
  - Visa
- Proof of residence (documented by *both* of the following)
  - *Current* original utility bill (gas, water, or electric) showing parent/guardian's name and service address
  - Parent/guardian's California driver's license or identification with current address
- Immunization record indicating all required immunizations have been administered and the dates of administration
- Custody information (if applicable)
- Copy of Individualized Education Plan (IEP) or 504 plan (if applicable)



**The Keegan Academy**  
28780 Single Oak Drive #210  
Temecula, CA 92590  
www.keeganacademy.org

## Parent Authorization for Release of Student Records

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This document serves as formal approval for the release of all official school records.

### Student Information

**Student's Full Name:** \_\_\_\_\_  
First Middle Last

**Student's Date of Birth:** \_\_\_\_\_ **Student's Home Phone:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_  
Street City County State Zip

### Prior School Information

**Name of Prior School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School's Address:** \_\_\_\_\_  
Street City County State Zip

**School's Phone:** \_\_\_\_\_ **School's Fax:** \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to **The Keegan Academy**, all records regarding the psychological, social, educational, and developmental information of the above-mentioned student.

**Name of Parent or Legal Guardian:** \_\_\_\_\_  
First Last

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL USE ONLY:**

Send student records to **The Keegan Academy**  
28780 Single Oak Drive #210  
Temecula, CA 92590

**KEEGAN USE ONLY:**

Date requested: \_\_\_\_\_

Date received: \_\_\_\_\_

## 2011-2012 Student Registration

### Student Information

**Name:** \_\_\_\_\_ **2011-12 Grade Level:** \_\_\_\_\_  
 First Middle Last

**Address:** \_\_\_\_\_ **School District of Residence:** \_\_\_\_\_  
 Street City Zip

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Male  Female

### Parent/Guardian Information

List the names of parent(s)/guardian(s) responsible for child's supervision and to whom we may release child.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Lives with child?**  Yes  No

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Street City Zip

**Phone:** \_\_\_\_\_  
 Home Cell Work

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Lives with child?**  Yes  No

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Street City Zip

**Phone:** \_\_\_\_\_  
 Home Cell Work

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Lives with child?**  Yes  No

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 Street City Zip

**Phone:** \_\_\_\_\_  
 Home Cell Work

### Custody Information

Are there any custody, visitation, or other orders limiting access to this child?  Yes  No

If yes, specify orders: \_\_\_\_\_

## Home Language Survey

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The California *Education Code* requires schools to determine the language(s) spoken in the home of each student. This information is essential for the school to provide appropriate instructional programs and services.

Please respond to each of the questions below as accurately as possible.

**Student's Full Name:** \_\_\_\_\_

First

Middle

Last

What language did your child first learn when he/she began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

What language is most often spoken by adults in the home? \_\_\_\_\_

Please describe the language understood by your child. (Check only one.)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

**Name of Parent or Legal Guardian:** \_\_\_\_\_

First Last

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Student Survey Form, Part 1

The following information is required for federal and state testing reports.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Last

### Race and Ethnicity Survey

**Ethnicity** Is the student Hispanic or Latino? *(Select only one.)*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**Race** What is the student's race? *(Select one or more.)*

- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander**
  - Hawaiian
  - Guamanian
  - Samoan
  - Tahitian
  - Other Pacific Islander

**Asian**

- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Filipino
- Hmong
- Other Asian

### Mobility Survey Parent Education Survey

1. Grade level for which you are enrolling your child: \_\_\_\_\_
2. Grade your child first attended TVUSD: \_\_\_\_\_
3. When did your child first attend a public school in California?  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_

*If your child was **not** born in the United States, please answer questions 4-6.*

4. When did your child first enter the United States?  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_
5. From what country did your child enter the United States?  
 \_\_\_\_\_
6. When did your child first attend school in the United States?  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please mark only one area that indicates the education level of the most educated parent or guardian.

- Not a high school graduate
- High school graduate
- Some college (includes any college or AA degree)
- College graduate (must have bachelor's degree)
- Graduate school/post-graduate training (any units beyond bachelor's degree)
- Decline to state or unknown

## Student Survey Form, Part 2

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Last

### Special Programs

**Special Education** Does the student have an active Individualized Education Plan (IEP)?  
 Yes.  
 No.

**504 Plan** Does the student have an active 504 plan?  
 Yes.  
 No.

**Gifted and Talented** Has the student qualified for Gifted and Talented Education (GATE) services?  
 Yes.  
 No.

### Residence

1. Where is the student/student's family currently living?

**Section A**

In a single-family permanent residence (house, apartment, condominium, mobile home).

**Section B**

- Temporarily with another family because we cannot afford of find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- In an emergency/transitional shelter.
- Other.

*If you checked a box in Section B, please also answer the next question.*

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing?  
 Yes.  
 No.

### Household Income

Number of people in household: \_\_\_\_\_ Number of minor children in household: \_\_\_\_\_

Total annual household income (rounded to the next highest \$1,000): \$ \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information

Please notify the school immediately if any information on this form changes.

### Student Information

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

First Middle Last

Street City State Zip

**Date of Birth:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_  Male  Female

### Primary Emergency/Disaster Release Contacts

1.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer
2.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer
3.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer

### Additional Release Contacts

1.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer
2.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer
3.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer
4.	_____	_____	_____	_____	_____	_____
	Name (First Last)	Relationship	Home Phone	Cell Phone	Work Phone	Employer

### Custody Information

By court decree, \_\_\_\_\_ is restrained from picking up student from school grounds. (A copy of this decree must be on file in the school office for statement to be honored.)

### Medical Release

In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative designated by **The Keegan Academy** to make arrangements as are considered necessary for my child, \_\_\_\_\_, born on \_\_\_\_\_, to receive medical or hospital care, including necessary transportation. Under such circumstances I further authorize any licensed physician or surgeon to undertake such care and treatment of my child as he/she considers necessary. I hereby agree to bear all costs incurred as a result of the foregoing.

\_\_\_\_\_  
**Name of Parent or Guardian                      Signature of Parent or Guardian                      Date**

## Student Health History

Please check the appropriate box to indicate which, if any, of the following conditions apply for the student and give a brief explanation in the space provided below. List all health conditions, including those from previous years. Please notify the school of any changes in your child's health condition or change of medication.

Student's Full Name: \_\_\_\_\_

First

Middle

Last

- |   |   |
|---|---|
| A1 <input type="checkbox"/> Allergy- <b>SEVERE</b> ; requires Epi-Pen/medication                      | H1 <input type="checkbox"/> Heart disease/defect; explain below   |
| A2 <input type="checkbox"/> Allergy-bee sting; list symptoms below                                    | H2 <input type="checkbox"/> Hemophilia; call school director  |
| A3 <input type="checkbox"/> Allergy-food; list symptoms below   | H3 <input type="checkbox"/> Hydroglycemia/physician diagnosed   |
| A4 <input type="checkbox"/> Asthma-mild; <b>requires medication or inhaler</b>                        | K1 <input type="checkbox"/> Kidney disorder/disease; explain below  |
| A5 <input type="checkbox"/> Arthritis (rheumatoid)  | M1 <input type="checkbox"/> Medication taken at home; explain below   |
| A6 <input type="checkbox"/> Asthma-severe; <b>requires inhaler or daily medication</b>                | M2 <input type="checkbox"/> Medication needed at school; <b>requires physician's note</b>   |
| A7 <input type="checkbox"/> Attention deficit disorder; <b>list medication below</b>                  | M3 <input type="checkbox"/> Menstrual problems (severe)   |
| A8 <input type="checkbox"/> Autism  | M4 <input type="checkbox"/> Migraine headaches/physician diagnosed; list medication   |
| B1 <input type="checkbox"/> Birth defect/chromosome disorder; list below                              | M5 <input type="checkbox"/> Muscular dystrophy  |
| B2 <input type="checkbox"/> Blind/visually impaired   | N1 <input type="checkbox"/> Nosebleeds-severe   |
| B3 <input type="checkbox"/> Blood disorder; list below  | O1 <input type="checkbox"/> Osgood-Schlatter disease; physician's note required if activity is restricted   |
| C1 <input type="checkbox"/> Cancer/leukemia   | P1 <input type="checkbox"/> Physical activity limitations; list below; <b>requires physician's note</b>   |
| C2 <input type="checkbox"/> Cerebral palsy  | R1 <input type="checkbox"/> Rheumatic fever history   |
| C3 <input type="checkbox"/> Color deficiency  | S1 <input type="checkbox"/> Scoliosis/physician diagnosed   |
| C4 <input type="checkbox"/> Colitis/Crohn's disease   | S2 <input type="checkbox"/> Sickle cell anemia; explain below   |
| C5 <input type="checkbox"/> Confidential health problem; call school director                         | S3 <input type="checkbox"/> Speech difficulties   |
| C6 <input type="checkbox"/> Cystic fibrosis   | T1 <input type="checkbox"/> Tuberculosis <b>or history of positive skin tests</b> ; chest x-ray required with positive skin test; list medication |
| D1 <input type="checkbox"/> Deaf/profound hearing loss; list hearing aids if needed                   | U1 <input type="checkbox"/> Ulcers; list type and medication  |
| D2 <input type="checkbox"/> Diabetes, insulin dependent; <b>requires meeting with school director</b> | V1 <input type="checkbox"/> Vision-impaired/wears glasses/contacts  |
| D3 <input type="checkbox"/> Diabetes, Type II; call school director                                   | Z1 <input type="checkbox"/> Other health problems not listed (syndromes, etc.)  |
| E1 <input type="checkbox"/> Eating disorders/physician diagnosed                                      | Z2 <input type="checkbox"/> <b>No known health problems</b>   |
| E2 <input type="checkbox"/> Endocrine disorder  |   |
| E3 <input type="checkbox"/> Epilepsy/seizures; list medications below, describe symptoms              |   |
| E4 <input type="checkbox"/> Growth disorder; explain below  |   |

**All medications given at school (prescribed or over-the-counter) require a physician's note. Students carrying inhalers require a physician's note. (Forms are available in the school office.)**

Explanation: \_\_\_\_\_

Do you currently have health insurance?  Yes  No If yes, name of insurance company: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_  
First Last

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Media Release

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Throughout the school year, Keegan Academy may include photographs of individual students or students engaged in group activities in its promotional and informational publications, on the school website, and/or in video presentations.

Keegan Academy may work with area newspapers and/or television stations on news and feature stories of interest. These media outlets may photograph or video/audio tape students involved in school-related activities. These pictures and articles may or may not personally identify individual students.

In an effort to respect parent and guardian wishes regarding the use of their children's images, we ask that you read the consent form below, indicate your preference, and sign and return this document.

- Yes, I consent and agree that my student's name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used by Keegan Academy for school publications, on the school Internet website, in school-related video productions, or for news and other publications.
- No, I do not consent to the use of my student's name, image, or work for school publications, on the school website, in school-related video productions, or for news and other publications.

Keegan Academy agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school promotion, publicity, and instruction.

***Your signature below acknowledges and agrees that Keegan Academy, its employees, volunteers, officers, and directors are not responsible and take no responsibility for pictures and/or your or your child's image and likeness once it is released to the above-mentioned media organizations or into the public domain.***

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Name/s of Student/s

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Name of Parent or Guardian

Signature of Parent or Guardian

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
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)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Licensed Dental Professional Signature</b></span> <span><b>CA License Number</b></span> <span><b>Date</b></span> </div>			

#### 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	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

#### IMMUNIZATION RECORD

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/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					
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.**