

Kindergarten Registration for 2015-2016 School Year

It is the time of year when you begin to think about the upcoming Kindergarten school year. **Our District begins Kindergarten registration Tuesday, March 10, 2015.** You can call your home school in the Central Unified School District with any questions you have about the process. Additional information is on the district website at www.centralunified.org.

Age Requirement: A child shall be admitted to kindergarten at the beginning of a school year, or at any later time in the same year if the child will have his or her fifth birthday on or before September 1st of 2015. Registering students with birthdays from Sept. 2nd to Dec. 2nd in 2015 will be enrolled in transitional kindergarten using the same process below.

You will need the following items to register your child for kindergarten in the Central Unified School District:

- Birth Certificate or Baptismal Certificate
- Child's Social Security Card
- Proof of Residence (including property tax payment receipts, rental property contracts/receipts, utility service bills/contracts, pay stubs, voter registration and declarations of residency)
- **Completed Immunization Record (See Below)**

If you have questions concerning immunizations, please contact your home school. If you are unsure of your home school location you may insert your address on our website www.centralunified.org or call the CUSD Transportation Department at 275-9734. They will verify your child's school of attendance based on your home address. If you plan to exempt immunizations, you will need to complete this before kindergarten registration.

IMMUNIZATIONS MUST BE UP-TO-DATE TO REGISTER

Reference: Health and Safety Code, Sections 120325-120375 (Formerly Sections 3380-3590)
California Code of Regulations, Title 17, Sections 6000-60075

The California School Immunization Law requires children be up-to-date on their immunizations (shots) to attend school or childcare. To register for Kindergarten, a student will need proof of the following immunizations:

Polio	4 doses, but 3 doses meet the requirement if one was given on or after the 4 th birthday
DPT	5 doses, but 4 doses meet the requirement if one was given on or after the 4 th birthday
MMR	2 doses, both given on or after the 1 st birthday
Hepatitis B	3 doses
Varicella	1 dose is required on or after the 1 st birthday or documentation of the disease (chickenpox) signed by the Health Provider

Your child may have an exemption from some or all immunizations by a doctor, because of a medical condition. This must be stated in writing from the Health Care Provider. You may also exempt your child because of a personal or religious belief.

For personal belief exemptions, a new California law mandates you will need to make an appointment with your personal physician or a school nurse in order to receive important information. **The law does not allow parents/guardians to elect an exemption simply because of inconvenience.** Students with exemptions will be excluded from school if a disease outbreak occurs.

To obtain immunizations, contact your Authorized Health Care Provider, Local Health Clinics or The Fresno County Department of Community Health Immunization Clinic. There are no local immunization clinics scheduled for Registration Day in the district. If your child's immunizations are not up-to-date, parents will need to make an appointment prior to the Registration.

<p>If you do not have private insurance, you may contact:</p> <p>Fresno County Department of Health 1221 Fulton Mall - First Floor Phone: 600-3550</p> <ul style="list-style-type: none">• Parent or legal guardian must be present• Bring your child's immunization card or shot record• Bring Medi-Cal Card• Immunizations will be given on a first-come, first served basis• Walk Ins - Monday and Wednesday from 8:00 am to 11:00 am and 1:00 pm to 3:00 pm (Closed 12:00 to 1:00 for lunch)	<p>For those with private insurance, you may contact:</p> <p>Clinica Sierra Vista - Fresno locations: 457-5800 (Appointment Needed) United Health Clinics - Kerman: 846-6330 Valley Health Team - Kerman: 846-9359</p> <ul style="list-style-type: none">• Parent or legal guardian must be present• Bring your child's immunization card or shot record• Bring Proof of Health Insurance• Clinics provide Medical and Dental Care options
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Matrícula de Kínder para el Año Escolar 2015-2016

Es el tiempo de año cuando usted comienza a pensar acerca del año próximo de Kínder. **Nuestro Distrito comienza la matrícula para el Jardín de Niños el 10 de marzo 2015.** Usted puede llamar a su escuela de asistencia en el Distrito Unificado de Central con cualquier pregunta usted tiene acerca del proceso. Información adicional se encuentra en el sitio web de distrito www.centralunified.org.

Requisito de Edad: Un niño será admitido a Jardín de Niños a principios de un año de escuela o en cualquiera posterior tiempo en el mismo año si el niño tendrá su quinto cumpleaños en o antes del 1 de septiembre de 2015. El registro de estudiantes con cumpleaños del 2 de septiembre al 2 de diciembre en 2015 se matriculará en Kínder de Transición usando el mismo proceso a continuación.

Usted necesitará los artículos siguientes para registrar a su niño para Kínder en el Distrito Unificado de Central:

- Certificado de Nacimiento o Certificado Bautismal
- Tarjeta de Seguro Social
- Prueba de la dirección (incluyendo recibos de pago de impuestos sobre la propiedad, contratos/recibos de alquiler propiedad, cuentas/contratos de servicio de utilidad, talones de pago, registro de votantes y las declaraciones de residencia)
- **Registro de la Inmunización Completado (véase abajo)**

Si usted tiene preguntas con respecto a vacunas, llame por favor a su escuela de asistencia. Si usted es inseguro del lugar de su escuela de asistencia, puede insertar su dirección en nuestro sitio web www.centralunified.org o llame el Departamento de Transporte del Distrito por favor a 275-9734. Ellos verificarán la escuela de asistencia de su niño basada en su dirección de casa. Si planea eximir inmunizaciones tendrá que completar esto antes del registro del Kínder.

LAS INMUNIZACIONES DEBEN SER ACTUALIZADAS PARA REGISTRAR

Referencia: Código de Salud y Seguridad, Secciones 120325-120375 (anteriormente secciones 3380-3590)
Código de California de Regulaciones, Título 17, Secciones 6000-60075

La ley de la Inmunización de Escolar de California requiere que niños son recientes en sus vacunas para asistir a la escuela o cuidado de niños. Para registrarse para Kínder, un estudiante necesitará la prueba de las siguientes vacunas:

Polio	4 dosis, pero 3 dosis reúnen el requisito si uno se dio después de los cuarto cumpleaños.
DPT	5 dosis, pero 4 dosis reúnen el requisito si uno se dio después de los cuarto cumpleaños.
MMR	2 dosis, ambos dado después del primero cumpleaños.
Hepatitis B	3 dosis
Varicella	1 dosis sea requerido en o después del primero cumpleaños o documentación de la enfermedad (viruelas) firmado por el proveedor de salud.

Su niño puede tener una exención de algunas o todas las vacunas por un doctor, debido a una condición médica. Esto debe ser expresado en escrito del proveedor del cuidado de salud. Usted también puede exentar a su niño a causa de creencia personal o religiosa.

Exenciones de creencia personal para una nueva ley de California exige que usted necesitará hacer una cita con su médico personal o una enfermera de la escuela para recibir información importante. **La ley no permite a padres/tutores para elegir una exención simplemente a causa de incomodidad.** Estudiantes con exenciones serán excluidos de escuela si un comienzo de enfermedad ocurre.

Para obtener las vacunas, avise a su proveedor de cuidado de la salud autorizado, clínicas de salud locales o el Departamento de Inmunización Clínica Comunitaria del Condado de Fresno. No hay una clínica local de vacunas horario para el día de matrícula en el distrito. Si las inmunizaciones de su hijo no son actualizadas, los padres tendrán que hacer una cita antes de la inscripción.

<p>Si usted no tiene seguro médico privado, puede ponerse en contacto con:</p> <p>Departamento de Salud del Condado de Fresno 1221 Fulton Mall - Primero Piso Número de Teléfono: 600-3550</p> <ul style="list-style-type: none">• El padre o guardián legal deben ser presente• Traiga la tarjeta de vacunación o registro de vacunas• Traiga la tarjeta de Medi-Cal• Las vacunas se dará en un primer llegado, primer servido base• Caminar En - Lunes y Miércoles de 8:00 a 11:00 y 1:00 a 3:00 (Cerrado 12:00 a 1:00 para almuerzo)	<p>Si usted tiene seguro médico privado, puede ponerse en contacto con:</p> <p>Clínica Sierra Vista - Fresno: 457-5800 (Necesita Cita) United Health Clinics - Kerman: 846-6330 Valley Health Team - Kerman: 846-9359</p> <ul style="list-style-type: none">• El padre o guardián legal deben ser presente• Traiga la tarjeta de vacunación o registro de vacunas• Traiga la prueba de seguro médico• Clínicas ofrecen opciones de Cuidado Médicas y Dentales
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CENTRAL UNIFIED SCHOOL DISTRICT – STUDENT REGISTRATION

Stu # _____ Date Enrolled _____ For School Year _____ Grade _____

Legal Student Name (Last)	(First)	(Middle)	M/F
Address (Street)		(City & Zip)	
Mailing Address (if different than above)			
Birthdate (MM/DD/YYYY)	Birthplace (City, State & Country)	Social Security #	

Head(s) of Household:

Name: (Last) (First)	Name: (Last) (First)
Relationship to Student (circle one) Father Mother Guardian Other	Relationship to Student (circle one) Father Mother Guardian Other
Home Telephone _____	Home Telephone _____
Work Telephone _____	Work Telephone _____
Cell Telephone _____	Cell Telephone _____
Email Address: _____	Email Address: _____

Residency:

Child Lives With (please specify)	Unusual Domestic Conditions (custody agreements, etc.)
Is This a Foster/Group Home?	<input type="radio"/> Custody Papers on file in school office

Other School Age Children In The Home:

Last Name	First Name	M/F	Date of Birth	School	Grade
1.					
2.					
3.					

Mobility:

What is the date the student was <u>First Enrolled</u> in a <i>United States</i> school?	What is the date the student was <u>First Enrolled</u> in a <i>California</i> school?
Has this student ever attended a Central Unified School? Yes / No Which One? Year?	Name of last school attended, including <u>Preschool</u> School: District:
Has your student attended preschool? Yes / No If yes, how long? Unknown 0-6 months 7-12 months 1+ year(s)	If yes, what type? Unknown State Preschool Head Start Private

Special Programs and Testing & Reporting:

This student has received these services (please circle) Special Ed Speech English Learner GATE	What language is spoken by the adults in the home when speaking to the students?
Has your student ever been suspended from school? Yes/No	Has your student ever been expelled or currently under expulsion from school? Yes/No If yes, when and which district:

(continued on reverse side)

STUDENT INFORMATION FOR STATE AND FEDERAL REPORTING

The US Department of Education (USDE) requires state and local education institutions to collect data on ethnicity and race for all students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

- US Federal Register (71 FR 44866) <http://www.gpo.gov/fdsys/pkg/FR-2006-08-07/pdf/06-6695.pdf>

ETHNICITY– Mark the ***ethnicity*** with which the student most closely identifies:

- Hispanic/Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Not Hispanic/Latino**

RACE – Select ***one or more race*** with which the student identifies:

- American Indian or Alaskan Native** (100) – a person having origins in any of the original peoples of North or South America (including Central American), and who maintains tribal affiliation or community attachment.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Laotian (206) |
| <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Vietnamese (204) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) |

Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- | | | |
|---|--|--|
| <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> Tahitian (304) | |

- Filipino** (400) – a person having origins in any of the original peoples of the Philippine Islands
- Black or African American** (600) – a person having origins in any of the black racial groups of Africa
- White** (700) – a person having origins in any of the original people of Europe, Middle East or North America

PARENT EDUCATION LEVEL

Check the response that describes the education level of the **most educated parent**.

- | | |
|--|---|
| <input type="checkbox"/> Not a high school graduate (1) | <input type="checkbox"/> College graduate (4) |
| <input type="checkbox"/> High school graduate (2) | <input type="checkbox"/> Graduate school/post graduate training (5) |
| <input type="checkbox"/> Some college (includes AA degree) (3) | <input type="checkbox"/> Declined to state or unknown (6) |

I certify that I am a resident of the State of California

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

If observer identification is used, please indicate selections below:

Ethnicity: Hispanic Not Hispanic

Race: RaceCode1____ RaceCode2____ RaceCode3____ RaceCode4____

DISTRITO ESCOLAR UNIFICADO DE CENTRAL – INSCRIPCIÓN DE ESTUDIANTES

Stu # _____ Date Enrolled _____ For School Year _____ Grade _____

Nombre del Estudiante Legal (Apellido)	(Primer Nombre)	(Segundo Nombre)	M/F
Dirección (Calle)		(Ciudad y Código Postal)	
Dirección de Correo (si es diferente de la dirección de arriba)			
Fecha de Nacimiento (00/00/0000)		Lugar de Nacimiento (ciudad, estado y el país de nacimiento)	Número de Seguro Social

Jefe(a) De Hogar:

Nombre: (Apellido) (Primer Nombre)	Nombre: (Apellido) (Primer Nombre)
Relación con el Estudiante (círculo uno) Padre Madre Guardián Otro	Relación con el Estudiante (círculo uno) Padre Madre Guardián Otro
Teléfono de Hogar _____	Teléfono de Hogar _____
Teléfono de Trabajo _____	Teléfono de Trabajo _____
Teléfono Celular _____	Teléfono Celular _____
Dirección de Correo Electrónico: _____	Dirección de Correo Electrónico: _____

Residencia:

El Niño(a) Vive Con (favor de indicar)	Condiciones domésticas excepcionales (acuerdo de custodia, etc.)
¿Es esta una casa cuidado de niños?	○ Los documentos de custodia deben ser archivados en la oficina

Otros Niños En Edad Escolar En El Hogar:

Apellido	Primer Nombre	Varón/Hembra	Fecha de Nacimiento	Escuela	Grado
1.					
2.					
3.					

Movilidad:

¿Cuál es la fecha en que este estudiante fue <u>registrado por primera vez</u> en una escuela en los EE. UU?	¿Cuál es la fecha en que este estudiante fue registrado por <u>primera vez</u> en una escuela en <i>California</i>?
¿Ha asistido este estudiante a otra escuela en el Distrito Escolar Unificado de Central? Sí No ¿Cuál? _____ ¿Año? _____	Nombre de última escuela que asistió, incluyendo <u>Preescolar</u> Escuela: _____ Distrito: _____
¿Ha asistido su estudiante preescolar? Sí No ¿Si sí, cuánto? Desconocido 0-6 meses 7-12 meses 1+ año(s)	En caso afirmativo, ¿qué tipo? Desconocido Preescolar Estatal Head Start Privado

Programas Especiales y Pruebas y Reportaje:

Este estudiante ha recibido estos servicios. (círculo uno) Educación especial de habla aprendizaje del inglés Programa de Educación de Dotados y Talentosos	¿Cuál idioma hablan los adultos en el hogar cuando hablan con el estudiante?
¿Ha sido, su estudiante en alguna vez, suspendido de la escuela?	¿Ha sido, su estudiante en alguna vez, expulsado o bajo expulsión de una escuela actualmente?
	<i>(continúa al reverso)</i>

INFORMACIÓN ESTUDANTIL PARA REPORTAJE ESTATAL Y FEDERAL

El Departamento de Educación de los Estados Unidos (USDE) requiere que el estado y las instituciones educativas locales para recopilar datos sobre el origen étnico y la raza para todos los estudiantes y el personal. Esta información es utilizada para el reportaje de responsabilidad estatal y federal así como informes en cuanto a la presentación de informes a la oficina de derechos civiles (OCR) y la Comisión igualdad de Oportunidades en el Empleo (EEOC).

Personal del distrito escolar y los padres o tutores de los estudiantes que se matriculan en la escuela se les pide proporcionar esta información. Si decide rechazar a proporcionar esta información, por favor tenga en cuenta que el USDE requiere que los distritos escolares para utilizar observador identificación como último recurso para la recogida de datos para informes.

- Registro Federal de los EE.UU. (71 FR 44866) <http://www.gpo.gov/fdsys/pkg/FR-2006-08-07/pdf/06-6695.pdf>

ETNICIDAD – Marque *el grupo étnico con cual el estudiante más se identifica:*

- Hispano/Latino** – una persona de origen o cultura cubana, mexicana, puertorriqueña, Sur o Centro de América, u otra cultura u origen Español, a pesar de raza.
- No Hispano/Latino**

RAZA PRIMARIA/GROUPO ETNICO – Marque *el grupo con cual el estudiante se identifica más*

- Indio American o Nativo de Alaska** (100) – Una persona de descendencia de cualquier persona originaria del Norte o Sur de América (incluyendo América Central), y la cual mantiene una afiliación o vínculo de tribu o comunidad.

Asiático(a) – Una persona de descendencia de cualquier persona originaria del Lejano Oriente, Sureste de Asia, o el lugar de la India.

- | | | |
|--|---|---|
| <input type="checkbox"/> Indio Asiático (205) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Laosiano (206) |
| <input type="checkbox"/> Camboyano (207) | <input type="checkbox"/> Japonés (202) | <input type="checkbox"/> Vietnamés (204) |
| <input type="checkbox"/> Chino (201) | <input type="checkbox"/> Coreano (203) | <input type="checkbox"/> Otro Asiático (299) |

Isleño del Pacífico – Una persona de descendencia de cualquier persona originaria de Hawaii, Guam, Samoa, u otras Islas del Pacífico

- | | | |
|--|---|--|
| <input type="checkbox"/> Guamo (302) | <input type="checkbox"/> Samoano (303) | <input type="checkbox"/> Otro Isleño del Pacífico (399) |
| <input type="checkbox"/> Hawaiano (301) | <input type="checkbox"/> Tahitiano (304) | |

Filipino (400) – Una persona de descendencia u originaria de las Islas Filipinas.

- Negro o Afro Americano** (600) – Una persona de descendencia de cualquier grupo racial negro do África.
- Blanco** (700) – Una persona de descendencia de cualquier persona originaria de Europa, Medio Este, o África del Norte.

NIVEL DE EDUCACIÓN DE LOS PADRES

Indique la respuesta que describa al padre con el nivel más alto de educación.

- | | |
|--|---|
| <input type="checkbox"/> No se graduó de la preparatoria (1) | <input type="checkbox"/> Graduado de la universidad (4) |
| <input type="checkbox"/> Graduado de preparatoria (2) | <input type="checkbox"/> Escuela universitaria de graduados/
Instrucción de postgraduado (5) |
| <input type="checkbox"/> Asistió a la universidad (3) | <input type="checkbox"/> Rehúso Declarar (6) |

Certifico que soy residente del estado de California

Firma del Padre/Guardián

Fecha

FOR OFFICE USE ONLY

If observer identification is used, please indicate selections below:

Ethnicity: Hispanic Not Hispanic

Race: RaceCode1____ RaceCode2____ RaceCode3____ RaceCode4____



CENTRAL UNIFIED SCHOOL DISTRICT
4605 North Polk Avenue · Fresno, CA 93722
Phone: (559) 274-4700 · Fax: (559) 271-8200

BOARD OF TRUSTEES

Richard Atkins
Cynthia Berube
Rubén Coronado
Terry Cox
Rama Dawar
Cesar Granda
Leonard G. Ramirez

SUPERINTENDENT
Michael A. Berg

March 2015

Dear Parents/Guardians,

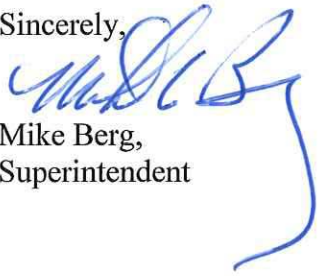
Welcome to the beginning of an exciting adventure – the start of your child’s elementary school education. We look forward to working with you to best support your child’s learning and development. Children turning 5 years old between September 2nd, and December 2nd will be enrolled in Transitional Kindergarten. The Transitional Kindergarten program is a bridge between preschool and kindergarten that will give children whose birthdays fall late in the year an opportunity to learn important academic and social skills in a hands-on way approach to support their development.

California’s Kindergarten Common Core State Standards are designed to ensure all students are ready for success in school. Transitional Kindergarten blends preschool and kindergarten standards with high expectations of the Common Core Standards by providing students with a strong educational foundation giving children the extra time to develop social, emotional, physical, and intellectual skills for school success.

Using specialized curriculum and instruction based on the kindergarten standards, Transitional Kindergarten teachers will help children develop social skills through activities that build confidence and communication. Programs provide an emphasis on early literacy skills and pre-math skills needed to meet the high rigor of the kindergarten curriculum. The social, emotional and academic skills children learn in Transitional Kindergarten will help them to succeed in kindergarten, to become leaders in the classroom and confidently navigate the school day routine.

For your signature, the Kindergarten Continuance Form is attached to this letter to admit your child into a Transitional Kindergarten class with the intention of being enrolled in Traditional Kindergarten the following year.

Sincerely,


Mike Berg,
Superintendent



Laurel Ashlock, Ed. D.
Assistant Superintendent, CAO

District Administration

*Laurel Ashlock, Ed.D, Assistant Superintendent, Chief Academic Officer, Educational Services · Ketti Davis, Assistant Superintendent, Professional Development
Kelly Porterfield, Assistant Superintendent, Chief Business Officer · Kevin Wagner, Interim Assistant Superintendent, Human Resources
Jamie Russell, Administrator, Special Education and Support Services · Paul Birrell, Director, 7-12 and Adult Education · Karen Garlick, Director, K-8 Education*



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SUPERINTENDENT

Michael A. Berg

March 2015

Estimados Padres/Tutores,

Bienvenidos al comienzo de una aventura emocionante – el inicio de la educación escolar primaria de su hijo/a. Esperamos trabajar con usted para apoyar mejor el aprendizaje y el desarrollo de su hijo/a. Los niños que cumplan 5 años entre el 2 de septiembre al 2 de diciembre serán inscritos en el Kínder de Transición. El programa de Kínder de Transición es un puente entre el preescolar y el kínder, cual les dará a los niños cuyos cumpleaños caen a finales de año una oportunidad para aprender importantes habilidades académicas y sociales de formas prácticas para apoyar su desarrollo.


Los Estándares Estatales Comunes de California del Kínder están diseñados para asegurar que todos los estudiantes estén preparados para el éxito en la escuela. El Kínder de Transición combina estándares de preescolar y kínder con altas expectativas de los Estándares Comunes proporcionando a los estudiantes una sólida base educativa dando a los niños tiempo extra para desarrollar habilidades sociales, emocionales, físicas e intelectuales para el éxito escolar.

Utilizando el currículo especializado e instrucción basada en los estándares del kínder, los maestros de Kínder de Transición ayudarán a los niños a desarrollar habilidades sociales a través de actividades que fomentan la confianza y la comunicación. Los programas proporcionan un énfasis en las habilidades de alfabetización temprana y pre-matemáticas necesarias para cumplir con el alto rigor del currículo de kínder. Las habilidades sociales, emocionales y académicas que los niños aprenden en el Kínder de Transición les ayudarán a tener éxito en el kínder, para convertirse en líderes en el salón y navegar con confianza la rutina escolar diaria.

Para su firma, se adjunta a la presente carta el Formulario de Continuación de Kínder para admitir a su hijo/a en una clase de Kínder de Transición con la intención de estar inscrito en kínder tradicional el año siguiente.

Atentamente,


Mike Berg,
Superintendent


Laurel Ashlock, Ed. D.
Assistant Superintendent, CAO

District Administration

Laurel Ashlock, Ed.D, Assistant Superintendent, Chief Academic Officer, Educational Services · Ketti Davis, Assistant Superintendent, Professional Development
Kelly Porterfield, Assistant Superintendent, Chief Business Officer · Kevin Wagner, Interim Assistant Superintendent, Human Resources
Jamie Russell, Administrator, Special Education and Support Services · Paul Birrell, Director, 7-12 and Adult Education · Karen Garlick, Director, K-8 Education

California Department of Education

Kindergarten Continuance Form Parental Agreement for Pupil to Continue in Kindergarten

Reflects amendments to California *Education Code* sections 46300 and 48011, effective Jan. 1, 1992

Name of Pupil _____

Kindergarten Attendance Anniversary Date _____

Name of School Official Approving for District _____

Information for parent or guardian

California law provides that after a child has been lawfully admitted to a kindergarten and has attended for a year, the child shall be promoted to the first grade unless the school district and the child's parent/guardian agree to having the child continue to attend kindergarten for not longer than one additional year. This rule applies whether a child begins kindergarten at the beginning of a school year or at some later date, so that a child who begins kindergarten in January, for example, shall be promoted the following January unless there is formal agreement to have him or her continue in kindergarten. Because kindergarten-age children often do not develop at steady or predictable rates, the California Department of Education recommends that approval for a child to continue not be given until near the anniversary of a child's admittance to kindergarten.

I agree to having my child (named above) continue in kindergarten until _____
(date)

(may not be more than one year beyond anniversary)

Signature of Parent/Guardian _____ Date: _____

Printed/typed name of Parent/ Guardian _____

Address: _____

Telephone Number _____

Departamento de Educación de California

Formulario de Continuación en el Jardín Infantil Acuerdo de Padres para que el Alumno continúe en el Jardín Infantil

Refleja las enmiendas realizadas a las secciones 46300 y 48011
del *Código de Educación*, vigentes desde el 1 de enero de 1992

Nombre del estudiante _____

Fecha del aniversario de asistencia al jardín infantil _____

**Nombre de la Persona Oficial de la Escuela Quien Realiza la Aprobación en
Nombre del Distrito** _____

Información para los padres o el tutor

La ley de California establece que después de que un niño o niña ha ingresado a un jardín infantil y ha asistido durante un año, debe ser promovido a primer grado a menos que el distrito escolar y los padres o el tutor acuerden que el niño continúe asistiendo al jardín infantil por un año más como máximo. Esta regla se aplica ya sea que el niño comience el jardín infantil al comienzo del año escolar o en una fecha posterior. De esta manera, un niño que comienza el jardín infantil en enero, por ejemplo, debe ser promovido en enero del año siguiente a menos que exista un acuerdo formal para que continúe asistiendo al jardín infantil. Debido a que los niños en edad de asistir al jardín infantil generalmente no se desarrollan a un ritmo constante o predecible, el Departamento de Educación de California recomienda que la aprobación para que un niño continúe no debe proporcionarse hasta que no se aproxime la fecha del aniversario de admisión del niño al jardín infantil.

Acepto que mi hijo/a (nombrado anteriormente) continúe asistiendo al jardín infantil hasta _____ (por no más de un año después de la fecha de aniversario)
(fecha)

Firma del padre/madre o tutor _____ Fecha: _____

Nombre del padre/madre o tutor escrito a máquina/en letra de imprenta

Dirección: _____

Número de teléfono _____

Date: _____

School: _____

Teacher: _____



Central Unified School District
4605 N. Polk Ave, Fresno, CA 93722

HOME LANGUAGE SURVEY

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

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

Name of Student: _____ Grade _____ Age _____
 Last First Middle

Birth Date _____ Birth Country _____ If born outside of the U.S., age when entered the U.S. _____

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. Which language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home. _____

 Signature of Parent or Guardian

For School Use Only

ENGLISH LISTENING	Grade K-12	C.E.L.D.T. Listening Proficiency Level	_____
ENGLISH SPEAKING	Grade K-12	C.E.L.D.T. Speaking Proficiency Level	_____
ENGLISH READING	Grade K-12	C.E.L.D.T. Reading Proficiency Level:	_____
ENGLISH WRITING	Grade K-12	C.E.L.D.T. Writing Proficiency Level:	_____
CLASSIFICATION	Grades K-12	C.E.L.D.T. Overall Proficiency Level:	_____ EL _____ FEP _____ Examiner: _____ Date: _____
PRIMARY LANGUAGE	Grades K-12	Spanish IPT	Oral: _____ Reading: _____ Writing: _____ Other: _____ Oral: _____ Reading: _____ Writing: _____ Date: _____
RECLASSIFICATION	Grade: _____	Examiner: _____	Date _____

Central Unified School District

MEDICATION AT SCHOOL FORM

Student Name: _____ D.O.B.: _____ Teacher: _____

Parent/Guardian Name: _____ Phone: _____ Grade: _____

The Education Code defines certain requirements for the administration of medication in the school setting, including field trips and after school programs. A student can be allowed medication in the school setting if a Medication at School form has been completed and signed by parent and physician. **It is recommended at the beginning of each school year, or upon school entry, a Medication at School form must be completely renewed. If there is a change in the student's health status or medication regime the parent must notify the school immediately and a new form will be required.** Medication must be sent to school in the original pharmacy container and clearly labeled with student's name. No medications (including over the counter medications) will be given at school without a current Doctor prescription.

PARENT'S REQUEST

We the undersigned, who are parents/guardian of the above named student, request that the school nurse or designated school personnel assist the pupil, when necessary, in the matter set forth by the physician's orders. We hereby consent to self-administration, if authorized by the physician. Furthermore, we consent to appropriate school personnel consulting with the student's physician regarding the medication, if necessary. In the event of an untoward or subsequent reaction or any other damages or injuries suffered or incurred as a result of the student's self-administration of medication, our/my signature below constitutes a full waiver, release and hold harmless of the district and school personnel from any and all civil liability related to such claims. This parent authorization is good for one year from signature date.

Date: _____ Signature of Parent/Guardian: _____

PHYSICIAN'S ORDERS

Medication and Dose Prescribed	How Much to take.	Time per day... or as needed	How to Give It Oral/Inhaler/Other	Condition/Diagnosis or symptoms to look for.

This authorization is good for one year of signature date unless indicated: _____

This authorization has a stop date of (including summer school to July 31.): _____

If Prescribing Asthma Inhalers/Auto-Injectable Epinephrine such as Epi-Pen/Glucagon:
Does the student need to carry an asthma inhaler, Glucagon or Epi-pen on campus? Yes ___ No ___

I have instructed the student in the proper way to use his/her inhaler or epi-pen, including proper administration technique. It is my professional opinion that the student is able to self-administer the medication and should be allowed to carry and use the inhaler or epi-pen on campus.

Physician's Name (printed): _____ Date: _____

Physician's Signature: _____ Phone: _____ Fax: _____

School Nurse: _____ Date: _____

School Name: _____ Address: _____

Phone: _____ Fax: _____

Distrito Escolar Unificado Central (Central Unified School District)

FORMA DE MEDICACIÓN EN LA ESCUELA

Nombre del Estudiante: _____ Fecha de Nacimiento.: _____ Maestro/a: _____

Nombre del Padre/Tutor: _____ Teléfono: _____ Grado: _____

El Código de Educación define algunas requisitos para la administración de medicamentos en el lugar escolar, incluyendo excursiones y programas después de escuela (clases). El estudiante se puede permitir medicación en el lugar escolar, si la forma de Medicación en la Escuela se ha completado y firmado por el padre y el doctor. **Se recomienda el principio de cada año escolar, o al entrar a la escuela, una forma de Medicamento en la Escuela debe ser completamente renovada. Si hay un cambio en el estado de salud del estudiante o régimen de medicamentos el padre debe notificar inmediatamente a la escuela y una nueva forma será necesaria.** Los medicamentos deben ser enviados a la escuela en su contenedor original de la farmacia y claramente etiquetados con el nombre del estudiante. No hay medicamentos (incluyendo medicamentos se despacha sin receta médica) se puede administrar en la escuela sin una prescripción médica de fecha.

SOLICITUD DE LOS PADRES

Los abajo firmantes, que son padres o tutor del estudiante arriba mencionado, podrá solicitar que la enfermera de la escuela o el personal escolar designado ayude al alumno, cuando sea necesario, en el asunto planteado por órdenes del doctor. Por la presente, damos el consentimiento a la libre administración, si está autorizado por el doctor. Además, estamos autorizando al personal escolar apropiado a consultar con el doctor del estudiante sobre la medicación, si es necesario. En el caso de una reacción desfavorable o posterior o cualquier otro daño o injurias sufridos o incurridos como resultado o de la libre del estudiante administración de medicamentos, nuestro/mi firma a continuación constituye una renuncia completa, liberar de responsabilidad del distrito y personal de la escuela de toda y cualquier responsabilidad civil en relación con dichos créditos. Esta autorización de los padres es buena para un año desde la fecha de la firma.

Fecha: _____ Firma de Padre/Madre o Tutor: _____

PHYSICIAN'S ORDERS

Medication and Dose Prescribed	How Much to take.	Time per day... or as needed	How to Give It Oral/Inhaler/Other	Condition/Diagnosis or symptoms to look for.

This authorization is good for one year of signature date unless indicated: _____

This authorization has a stop date of (including summer school to July 31.): _____

If Prescribing Asthma Inhalers/Auto-Injectable Epinephrine such as Epi-Pen/Glucagon:

Does the student need to carry an asthma inhaler, Glucagon or Epi-pen on campus? Yes ___ No ___

I have instructed the student in the proper way to use his/her inhaler or epi-pen, including proper administration technique. It is my professional opinion that the student is able to self-administer the medication and should be allowed to carry and use the inhaler or epi-pen on campus.

Physician's Name (printed): _____ Date: _____

Physician's Signature: _____ **Phone:** _____ **Fax:** _____

School Nurse: _____ Date: _____

School Name: _____ Address: _____

Phone: _____ Fax: _____

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name	2. Site Name	3. Site Telephone Number											
4. Name of Participant		5. Age or Date of Birth											
6. Name of Parent or Guardian		7. Telephone Number											
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.</p>													
9. Disability or medical condition requiring a special meal or accommodation:													
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:													
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>													
<p>12. Indicate texture:</p> <p style="text-align: center;"> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed </p>													
<p>13. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">A. Foods To Be Omitted</td> <td style="width: 50%; text-align: center; border: none;">B. Suggested Substitutions</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>				A. Foods To Be Omitted	B. Suggested Substitutions	_____	_____	_____	_____	_____	_____	_____	_____
A. Foods To Be Omitted	B. Suggested Substitutions												
_____	_____												
_____	_____												
_____	_____												
_____	_____												
14. Adaptive Equipment:													
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date										
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date										

* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk."
B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

DEFINITIONS*:

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

"Has a record of such an impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)

**CENTRAL UNIFIED SCHOOL DISTRICT
PRESCHOOL INFORMATION
FOR THE 2015-2016 SCHOOL YEAR**
Applications for eligibility will become available on March 25, 2015

QUALIFICATIONS – A CHILD MUST:

- Turn four (4) years of age between December 3, 2014 and December 2, 2015 of the school year (July 1, 2015 to June 30, 2016)
- Be toilet trained and be able to use the restroom independently
- Have a TB test & reading given after August 1, 2014 and be current with all immunizations
- Have a physical examination given after August 1, 2014

AND THE FAMILY MUST:

- Live in Central Unified School District
- The applicant must be the adult who is responsible in providing the care & welfare for the preschooler
- Provide own transportation to and from school (No bus is available)

STATE PRESCHOOL

To qualify, the family income is at or below the State guideline as listed below (if over income – you will be denied)
➤ Proof of income must be provided with the application

STATE INCOME GUIDELINES FOR PRESCHOOL

Effective 1-1-09-CDE – Management Bulletin 08-17 (*Subject to Change*)

Your family income must be at or below the state guideline listed below to qualify

<u>No. of Persons in Family</u>	<u>Gross Monthly Income</u>	<u>Family Yearly Income</u>
1-2	\$3,283.00	\$39,396.00
3	\$3,518.00	\$42,216.00
4	\$3,908.00	\$46,896.00
5	\$4,534.00	\$54,408.00
6	\$5,159.00	\$61,908.00
7	\$5,276.00	\$63,312.00

Morning & Afternoon Classes are available at the following Preschool Sites:

Biola-Pershing
Central Demonstration
Herndon Barstow
Madison
Teague (*Afternoon Class Only*)

FEE BASED PRESCHOOL

Located at Teague Elementary School

Morning Classes are available at \$22 per day:
5 days per week (*Monday-Friday*)
3 days per week (*Monday/Wednesday/Friday*)
2 days per week (*Tuesday/Thursday*)

Placement into a class is based on a First Come, First Served Basis and availability of your class choice preferences

**For more information, please contact:
The Central Unified Preschool Office
5652 W. Gettysburg Ave
Phone: (559) 274-4700 ext 63199**

DISTRITO ESCOLAR UNIFICADO DE CENTRAL
INFORMACIÓN DE PREESCOLAR
PARA EL AÑO ESCOLAR 2015-2016
Las aplicaciones estarán disponibles el 25 de marzo de 2015

CALIFICACIONES – UN NIÑO DEBE:

- Tener cuatro (4) años entre 3 de diciembre 2014 y 2 de diciembre 2015 para el año escolar (1 de julio 2015 hasta 30 de junio 2016)
- Tener la capacitación para el uso del baño independientemente
- Hacerse la prueba de la tuberculosis y obtener el resultado después de 1 de agosto 2014 y estar al corriente con todas las vacunas
- Tener un examen físico determinado después de 1 de agosto, 2014

Y LA FAMILIA DEBE:

- Vivir dentro del área de asistencia del Distrito Escolar Unificado de Central
- Solicitante debe ser el adulto responsable en proporcionar el cuidado y el bienestar del niño
- Calificar si los ingresos de familias son iguales o menos de las pautas de ingresos como puesto en la lista abajo
- Proporcionar transporte a la escuela (No hay un autobús disponible)

PREESCOLAR ESTATAL

Para calificar, los ingresos familiares deben ser en o por debajo de la pauta estatal que figuran a continuación
(Si sobre los ingresos, se le negará)

- Prueba de ingresos debe ser proporcionada con la aplicación

PAUTAS DE INGRESOS ESTATALES PARA PREESCOLAR

Efectivo 1-1-09-CDE – Boletín de Gestión 08-17 (Sujeto a Cambios)

Su ingreso familiar debe ser igual o inferior a calificar

<u>Número de personas en la familia</u>	<u>Ingresos Mensuales Gruesos</u>	<u>Ingreso anual familiar</u>
1-2	\$3,283.00	\$39,396.00
3	\$3,518.00	\$42,216.00
4	\$3,908.00	\$46,896.00
5	\$4,534.00	\$54,408.00
6	\$5,159.00	\$61,908.00
7	\$5,276.00	\$63,312.00

Clases en la mañana y la tarde están disponibles en los siguientes sitios de preescolar:

Biola-Pershing
Central Demonstration
Herndon Barstow
Madison
Teague (*Sólo en la clase por la tarde*)

PREESCOLAR EN TARIFA

Localizado en la escuela primaria Teague

Clases por la mañana están disponibles a \$22 por día:

5 días por semana (Lunes-Viernes)

3 días por semana (Lunes/Miércoles/Viernes)

2 días por semana (Martes/Jueves)

Colocación en una clase está basada en un Primer Venido, Base Primero Servida y disponibilidad de sus preferencias selectas de la clase

Para más información, por favor póngase en contacto con:

La Oficina Preescolar Unificada de Central
5652 W. Gettysburg Ave
Teléfono: (559) 274-4700 ext 63197

CAMPUS CONNECTION PROGRAM

“Campus Connection is an On-Site Enrichment Before & After School Program”



Campus Connection Manager

Linda Smith (559) 271-0860



Billing Department

(559) 276-5223

Available 8:00am ~ 12:00pm

Campus Connection School Sites

Hours of Operation: Monday, Tuesday, Thursday, Friday 6:30am-9:30am ~ 2:30pm-6:00pm

Hours of Operation: Wednesday Early Release Day 6:30am-9:30am ~ 12:30pm-6:00pm

For enrollment assistance, please call your Site-Supervisor at your School Site listed below:

SCHOOL SITES	SITE SUPERVISOR
River Bluff & Herndon-Barstow	Pam Luchesi (559) 276-5415
Steinbeck, Harvest, Houghton-Kearney, Madison, McKinley, Polk, Roosevelt, Biola and Teague	Diane Franco (559) 276-3159
Saroyan	Karen Carroll (559) 276-3163
Liddell	Terri Gonzales (559) 276-3164

Purpose

Campus Connection's purpose is to offer an on-site enrichment program providing childcare before and after school. Programs are also available with Campus Connection during the Winter, Spring, and Summer breaks. The program is a positive "connection" between school and home providing:

1. Academic assistance
2. Enrichment activities
3. Recreational and sports activities
4. A nutritious snack
5. Opportunities for children to develop friendships
6. Positive role models