

Additional Emergency Contacts (other than above)

****If foster parent, must list Agency and social worker/foster family worker as an emergency contact****

| | | |
|-------------------------------|--------------------|------------------|
| Contact #1: Name _____ | Relationship _____ | |
| Address _____ | Home Phone _____ | |
| Employer _____ | Work Phone _____ | Cell phone _____ |
| Contact #2: Name _____ | Relationship _____ | |
| Address _____ | Home Phone _____ | |
| Employer _____ | Work Phone _____ | Cell phone _____ |

Home Language Survey

Schools are required by law to determine the languages spoken at home by each student. This is important in order to provide meaningful instruction for all students.

When your child first began to speak, did he/she speak a language other than English? Yes No

If "Yes", please answer 1-5:

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently use at home? _____
3. What language do you most frequently use to speak to your child? _____
4. Name the language most often spoken by the adults at home? _____
5. When did your child first begin school in the U. S.? (MM/DD/YY) _____

Ethnicity (for survey purposes only)

Is this student Hispanic or Latino? (Select only one)

No, not Hispanic or Latino (In the list below, write #1 for the primary ethnicity and #2 for secondary ethnicity)

Yes, Hispanic or Latino (if there is a secondary ethnicity, please mark it as #2 below)

- | | | |
|--|------------------------------------|--------------------------|
| _____ (100) American Indian or Alaskan | _____ (201) Chinese | _____ (202) Japanese |
| _____ (203) Korean | _____ (204) Vietnamese | _____ (205) Asian Indian |
| _____ (206) Laotian | _____ (207) Cambodian | _____ (299) Other Asian |
| _____ (301) Hawaiian | _____ (302) Guamanian | _____ (303) Samoan |
| _____ (304) Tahitian | _____ (399) Other Pacific Islander | _____ (400) Filipino |
| _____ (600) Black or African American | _____ (700) White (Not Hispanic) | |

Special Programs

| | | |
|---|------------------------------|-----------------------------|
| 1. Was your child a participant in the GATE (Gifted and Talented) program in a former school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was your child retained in a former school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did your child have a 504 plan in a former school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did your child have an IEP and receive Special Education services in a former school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has your child been expelled or does he/she have a pending expulsion in a former school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does your child have a Probation Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. If "Yes", P.O. Name _____ Phone # _____ | | |

The Smarter Balanced Test requires all students in grades 3-8 and 11 to take assessments in both English Language Arts and Mathematics. In addition, California will administer a test in the content area of Science in grades 5, 8, and 10.

The California School Dashboard provides an overview about overall performance and student group performance on multiple measures of student success, including Smarter Balanced Assessments. This will assist in identifying strengths, weaknesses and areas in need of improvement for local educational agencies and schools.

Please check the box that describes the highest level of education of either or both parents/guardians. Then sign and date this form. Thank you for your assistance with this state requirement.

Parent Education Level

Mother/Guardian Education Level (Check one)

- Not a high school graduate
- High school graduate
- Some college
- College graduate
- Grad school /Post-Graduate Training
(earned a Master's and/or Doctorate Degree)

Father/Guardian Education Level (Check one)

- Not a high school graduate
- High school graduate
- Some college
- College graduate
- Grad school /Post-Graduate Training
(earned a Master's and/or Doctorate Degree)

Armed Forces Family Member

Are any of your immediate family members currently serving in the US Armed Forces? Yes No

Printed name of Mother/Guardian

Printed name of Father/Guardian

Signature of Mother/Guardian

Signature of Father/Guardian



AFFIDAVIT OF RESIDENCY

Center Joint Unified School District
8408 Watt Ave, Antelope, CA 95843
916-338-6400

As parent and/or legal guardian of:

Student Name

Grade

Student Name

Grade

Student Name

Grade

Student Name

Grade

I/We hereby declare under penalty of perjury that I/We reside with my child(ren) within the Center Joint Unified School District; specifically, within the residency boundaries of my home school, at the address listed below:

Street Address City Zip Code

FALSIFYING THE ABOVE INFORMATION MAY RESULT IN IMMEDIATE DIS-ENROLLMENT OF THE STUDENT(S) FROM THIS SCHOOL.
I/We are aware of, and fully understand, the above statement.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

School Use Only

Proof of residency:
Utility Bill (SMUD/PGE) _____

Verified by (Initial) _____

Mortgage/Rent Papers _____
(Attach Residency Letter)

Date _____



HEALTH HISTORY FORM

Center Joint Unified School District
 8408 Watt Ave, Antelope, CA 95843
 916-338-6400

| Office Use Only | |
|-----------------------|-------|
| Verified by (Initial) | _____ |
| Verified by (Initial) | _____ |

Today's Date: _____

School: _____

Name: _____
Last First Middle

Phone: _____

Date of Birth: _____

Male Female Non-binary

Address: Street _____ City _____ State _____ Zip _____

Father's Name: _____ Employer: _____ Phone: _____

Mother's Name: _____ Employer: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

If there are any limitations to physical activity please explain and also attach a doctor's note with diagnosis and specific limitations. This should be updated as necessary.

If your child is on medication at home, please list and explain. Parent's written permission and a doctor's order are required for medication to be given at school. The required form may be obtained from your school office.

Please check and comment on the following:

Asthma: _____ Medication: _____
 Diabetes: _____ Medication: _____
 Hypoglycemia: _____
 Epilepsy: _____ Frequency: _____
 Heart Problems: _____
 Allergies: _____
 Ear Problems: _____ Frequency: _____
 Fainting Attacks: _____ Frequency: _____
 Other: _____

| Medical History of Diseases | Date |
|-----------------------------|-------|
| Chicken Pox | _____ |
| Tuberculosis | _____ |
| Other | _____ |

Please Comment:

Wears glasses _____
 When worn _____
 Date of last exam _____
 Surgery or Hospitalization _____
 Reason _____

Please list any other health information that will be helpful:

I hereby acknowledge that the above information is correct

 Parent/Guardian Signature

 Date



RULES FOR ACCEPTED USE OF COMPUTER AND COMPUTER NETWORKS

Center Joint Unified School District
8408 Watt Ave, Antelope, CA 95843
916-338-6400

This document will be kept on file for the duration of your child's education in Center Joint Unified School District

- When you use the school computers and the school's computer service, you agree to follow:
 - The directions of teachers and school staff
 - Rules of the school and school district
 - Rules of any computer network you access, and
 - You agree to be considerate and respectful of other users
- Use of school computers and access to the Internet is a privilege. If you do not follow the rules you may be disciplined, and you may lose computer privileges.
- Use of school computers and the school's computer network (including student's own devices) for school-related education and research only. Do not use school computers or networks for personal or commercial activities.
- Use of the Internet does not create any expectation of privacy. The District reserves the right to search any information sent, received, or stored in any format.
- Changes may be made only to documents you create.
- Do not produce, distribute, access, post, submit, publish, display, use or store information which is:
 - Unlawful
 - Private or confidential
 - Copyright protected (this includes but is not restricted to pictures, music and videos)
 - Harmful, threatening, disruptive, abusive, or denigrates others
 - Obscene, pornographic, sexually explicit, or contains inappropriate language
 - Harassing or disparaging of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs
 - Encourages the use of drugs, alcohol or tobacco
 - Interferes with or disrupts the work of others
 - Causes congestion or damage to systems or networks.
- The student in whose name an online Google service account is issued is responsible for its proper use at all times. Students shall keep personal account numbers and passwords private and shall only use the account to which they have been assigned. This account will be valid as long as the student attends Center Joint Unified School District.
- Student use of district computers to access social networking sites is prohibited.

E-mail Etiquette

- Give only your address for communication. Never give out personal information such as your home address, telephone number, or other personally identifiable information.
- Protect the privacy of others. Never give out personal information about anyone.
- Check your E-mail frequently, and delete unwanted messages.
- End E-mail messages with your name, school name, Center Joint Unified School District, and your Internet address (no more than 4 lines allowed).

The undersigned understand and will abide by these rules for use of computers and computer networks within Center Joint Unified School District. The undersigned agrees not to hold the district or any district staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. The undersigned agrees to indemnify and hold harmless the district and district personnel for any damages or costs incurred. The undersigned realize that a violation of these rules may result in a loss of computer privileges. If you do not want your student to access the Internet, you must make that request in writing to the principal of the school your student attends. This completed form must be on file within the District before access to school's computers and the network can be granted.

Student _____ Date _____

Parent _____ Date _____



CUMULATIVE RECORDS RELEASE FORM

Center Joint Unified School District
8408 Watt Ave, Antelope, CA 95843
916-338-6400

Student legal name: _____
Last First Middle

Birthdate: _____ Last Grade Enrolled at School: _____

This student has enrolled at our school, in the Center Joint Unified School District. We are requesting the previous school of attendance forward all student records, including discipline and attendance, to the school circled below.

School

Address

| City | State | Zip Code | Phone | Fax |
|---|-------|---|-------|---|
| CENTER HIGH SCHOOL 3111 Center Court Lane Antelope, CA 95843 (916) 338-6420 (916) 338-6370 (fax) | | MCCLELLAN HIGH SCHOOL 8725 Watt Ave. Antelope, CA 95843 (916) 338-6440 (916) 338-7535 (fax) | | WILSON C. RILES MIDDLE SCHOOL 4747 PFE Rd. Roseville, CA 95747 (916) 787-8100 (916) 773-4131 (fax) |
| NORTH COUNTRY ELEMENTARY 3901 Little Rock Dr. Antelope, CA 95843 (916) 338-6480 (916) 338-6488 (fax) | | SPINELLI ELEMENTARY 3401 Scotland Dr. Antelope, CA 95843 (916) 338-6490 (916) 338-6386 (fax) | | DUDLEY ELEMENTARY 8000 Aztec Way Antelope, CA 95843 (916) 338-6470 (916) 338-6472 (fax) |
| OAK HILL ELEMENTARY 3909 North Loop Blvd. Antelope, CA 95843 (916) 338-6460 (916) 338-7538 (fax) | | REX FORTUNE ELEMENTARY 4601 Upland Drive Roseville, CA 95747 | | |

* Please forward this release, if applicable, or contact the circled school site with forwarding information.*

Parent/Guardian Signature

Section 49608 of the California Education Code requires that a pupil's records or a copy of those records, be transferred upon the request of another school in which the student has enrolled.

Mailed/Faxed Date: _____



Student Housing Questionnaire

If applicable, the answers to the following questions can help determine the services a student may be eligible to receive under the McKinney-Vento Act. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. The information you provide is confidential. **To determine if your student is eligible for these services, please complete this Student Housing Questionnaire and return it to your child's school.** (If you have multiple children, please only fill out one questionnaire & add siblings.)

⇒ **If you rent, lease or own your current place of residence, you do not need to complete this form. If your housing situation changes, please notify your child's school.**

⇒ **If you do not rent, lease or own your current place of residence, please check all that apply.**

1. **Temporarily** in another family's/friend's house or apartment **due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)**
2. **In** in a **motel, hotel, car, garage, camping trailer, camping grounds or similar *inadequate accommodations***
3. **In emergency or transitional shelters** (name of shelter): _____
4. **Other** places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain): _____
5. **Not** living with parent/guardian (unaccompanied youth). The student(s) lives with: a **relative** a **friend**
 an **adult** that is **not** the parent or legal guardian **alone** with no adults other: _____

Please list all children between the ages of birth and 22 years old (if still attending school) in the family.

| Child's Name | Birth Date | School (if school aged) | Grade |
|--------------|------------|-------------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Parent/Guardian: _____ Relationship to child(ren): _____
 Residential address (if available): _____
 Best Adult Contact Person: _____ Phone: _____

I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Signature: _____

Thank you for taking the time to complete this form. We look forward to working with you to help your child be successful in school! **If you have any questions regarding this form or are in need of support, please call the Family Resource Center at (916) 338-6387.**

For school sites: Please send via Inter-District Mail to the CJUSD Family Resource Center.



Questionario de Vivienda Estudiantil

Si es aplicable, las respuestas a las siguientes preguntas pueden ayudar a determinar los servicios que un estudiante puede calificar para recibir bajo la Ley de McKinney-Vento. La Ley de McKinney-Vento provee servicios y apoyo para niños y jóvenes que actualmente viven sin techo. La información que usted entregue será confidencial. Para determinar si su estudiante califica para estos servicios, por favor llene este cuestionario de vivienda para estudiantes y devuelvalo a la escuela de su hijo/a. (Si tiene varios niños, por favor solo llene un solo cuestionario y añada a los hermanos/as.)

⇒ Si usted **alquila, arrenda o es dueño de la vivienda donde vive, no tiene que contestar este cuestionario. Si su situación de vivienda cambia, por favor comuníquese a la escuela de su hijo/a.**

⇒ Si usted **no alquila, arrenda o no es dueño de la vivienda donde vive, por favor marque todo lo que le concierne.**

1. **Temporalmente** en la casa de un familiar/ amigo/a o apartamento por pérdida de la vivienda, debido a problemas económicos, (eg pérdida del trabajo, desalojo, o un desastre natural)
2. **En un motel, hotel, carro, garage, trailer de camping, terreno de un camping, o situaciones de viviendas similares y inadecuadas.**
3. En un **refugio de emergencia o de transición** (nombre de refugio) : _____
4. **Otros** lugares no diseñados para, o normalmente usados como un lugar donde un ser humano puede dormir (explique): _____
5. **No viviendo** con padres/ guardianes (jóvenes que viven independientes). El estudiante vive con: un **familiar** un/una **amigo/a** Un **adulto** que no es el padre o guardián legal **sólo** con otros adultos
Otro: _____

Por favor escriba los nombres de todos los niños de la familia entre las edades de nacimiento y los 22 años (si todavía asisten la escuela).

| Nombre del Niño/a | Fecha de Nacimiento | Escuela (si están de edad escolar) | Grado |
|-------------------|---------------------|------------------------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Padre/Guardián: _____ Relación con niño/a(s): _____

Dirección residencial (si está disponible): _____

Mejor Persona de Contacto (Adulto): _____ Teléfono: _____

Yo declaro bajo pena de perjuicio bajo las leyes del estado de California que la información entregada aquí es verdadera y correcta y de mi conocimiento propio y si llamado a testificar, tengo la competencia para hacerlo.

Firma: _____

Gracias por su tiempo al llenar este cuestionario. Estamos ansiosos de colaborar con Usted para ayudar al éxito de su hijo/a en las escuela. Si tiene cualquier pregunta sobre este cuestionario o si necesita apoyo, por favor llame al Family Resource Center at (916) 338-6387

For school sites: Please send via Inter-District Mail to the CJUSD Family Resource Center. Distribution:

School Funding Form

2022-2023 School Year

Center Joint Unified School District

Please help CJUSD capture all of the state and federal funds we are entitled to receive for our schools and students. Take a quick moment to complete our confidential household survey.

To fill out online (**preferred method**) please go to www.centerusd.org, scroll down and click on the "School Funding Form" button.

PART I: Fill in the following information for Household Size

Total number of adults and children in Household:

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

See back of this form for information on household size.

PART II: Fill in total Annual Household Income

Total annual household income: \$ _____

See back of this form for information on what's included in total household income.

PART III: List all students that only attend CENTER JOINT UNIFIED SCHOOL DISTRICT

| Name of Child(ren) attending CJUSD | | | School Attending | Birth Date | Grade Level |
|------------------------------------|--------|-------|------------------|------------|-------------|
| Last | Middle | First | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

PART IV: Signature

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

Phone Number

E-mail Address

Signature of Adult Household Member
Completing this Form

Date

Printed Name of Adult Household Member
Completing this Form

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

This institution is an equal opportunity employer.

Who should I include in “Household Size”?

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

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

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

How do I calculate my households annual income?

For each person in the household earning an income, multiply **gross pay x how often they receive pay**. Next combine the gross income of all household members.

- **Weekly:** Gross pay x 52
- **Biweekly:** Gross pay x 26
- **Twice a Month:** Gross pay x 24
- **Monthly:** Gross pay x 12

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

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