

Student Name: _____ Grade: _____ Date of Birth: ____/____/____

DIXON UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

INSTRUCTIONS: Please complete the information on both sides of this form. Please print clearly.

1. Student Information

Legal Name: Last		First		Middle		Nickname	
Home Address: Number	Street			Apt./Unit	City		Zip Code
Mailing Address: Number	Street			Apt./Unit	City		Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth: City	State/Province	Country		Student Social Security # (Optional)	

2. Primary Parent/Legal Guardian Information With Whom the Student Lives

Legal Name: Last		First		Middle	
Home Telephone Number (Used For Notification)		Cell Number		Work Telephone Number	
Email			Employer		
Please Select Preferred Home Correspondence Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish					
Highest Education Level Completed: <input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Decline to State					
Parent/Guardianship Relationship – check all that apply					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____					
Is there a legal agreement regarding this student? Please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian					
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what kind _____					
Residence - Where is your child/family currently living? – Please check one:					
<input type="checkbox"/> Permanent Residence (Your name/spouse's name is on lease or mortgage agreement.) <input type="checkbox"/> Doubled-up (Friend/relative's name is on the lease or mortgage agreement but you reside at the address.) <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Foster Family Home or Kinship Placement <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Temporarily Unsheltered (car/campsite) <input type="checkbox"/> Migrant Center <input type="checkbox"/> Other (please specify) _____					

3. Additional Parent/Legal Guardian Information

Legal Name: Last		First		Middle		
Home Address: Number	Street			Apt./Unit	City	Zip Code
Home Telephone Number		Cell Number		Work Telephone Number		
Email			Employer			
Highest Education Level Completed: <input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Decline to State						
Parent/Guardianship Relationship – check all that apply						
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____						
Does the Student Live with This Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						

4. Other Children Living at Home

Name	Relationship	Birthdate	School They Attend

PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM

Student Name: _____ Grade: _____ Date of Birth: ____/____/____

5. Active Military Survey

Is either parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, which branch:	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> National Guard

6. Home Language Survey (Only complete if first time in a California school)

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. **Please do not leave any question unanswered, and choose only 1 language.**

- Which language did your child learn when he/she first began to talk? _____
- Which language does your child **most frequently** speak at home? _____
- Which language do you (the parents or guardians) **most frequently** use when speaking with your child? _____
- Which language is **most often** spoken by adults in the home? (parents, guardians, grandparents, other adults) _____
- How many years has your child been in public education in the United States? _____

Note: If a language other than English is indicated in questions 1, 2, or 3, your child must be tested for English proficiency (California Education Code, Section 62001.) You will be notified of the results of the test.

Date of Entry to California School:	Last School Enrolled Name/City: _____/_____
Date of Entry to United States School:	Has your child ever attended a Dixon USD School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level(s)? _____

7. Ethnicity Information

A. Do you consider your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regardless of your response to section "A", please continue with section "B".		
B. Which of the following groups identifies with your child? (select one or more)			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Korean	<input type="checkbox"/> Tahitian
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	

8. Student Educational Information

Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when/why _____
Has your child ever qualified for or received Special Education services or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Verification of Information

The information on this form is true and accurate as of this date.

I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment of assignment to a school in the Dixon Unified School District.

Legal Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Student _____

Official Use Only		Verified By:
Student Number:	Birthdate Verified By: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	Immunization Verified: _____
School:	Parent/Guardian ID Verified: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport	
Submitted Date:	Residence Verified By: <input type="checkbox"/> Phone Bill <input type="checkbox"/> Rental Agr. <input type="checkbox"/> PG&E Bill <input type="checkbox"/> Other _____	

New Address or Phone

Dixon Unified School District
STUDENT EMERGENCY / MEDICAL INFORMATION CARD

Date _____

Name: Last		First		Middle		Perm ID#
Grade:	Home Room/Room:		Birthdate:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: Number		Street		Apt./Unit	City	Zip Code
Home Phone:			Language Spoken at Home:			

Parent/Guardian/Caregiver Name			Parent/Guardian/Caregiver Name			
Home Address		Apt./Unit	Home Address		Apt./Unit	
City		Zip Code	City		Zip Code	
Email			Email			
Home Phone		Work Phone	Home Phone		Work Phone	
Cell Phone		Employer	Cell Phone		Employer	
CHILD LIVES WITH:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver/Guardian	<input type="checkbox"/> Other (specify) _____		

EMERGENCY CONTACTS (Not a Parent): In case child listed above becomes ill or is injured at school and a parent cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following (**ID must be verified before child is released**):

Name	Relationship	Home Phone	Cell Phone

My child has health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider	Medical #	Phone

My child receives regular care for the following medical condition(s):

<input type="checkbox"/> NO MEDICAL CONDITION	OR	Medical Condition(s) Is/Are: <input type="checkbox"/> Mild <input type="checkbox"/> Life Threatening	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	Is Insulin Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allergies/Allergic to: _____		Date of last reaction: _____	Requires Epinephrine: <input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child have any other major health issue(s). Please list:	Is your child taking any medication(s)? Please list medication(s) and times taken:	
	Medication: _____	Times Taken: _____
	Medication: _____	Times Taken: _____
	Medication: _____	Times Taken: _____

Other children attending DUSD schools:

Name	School	Grade

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGES OF INFORMATION ON THIS CARD.

**DIXON UNIFIED SCHOOL DISTRICT
HEALTH INFORMATION**

Grade: _____

ID# _____

Teacher: _____

Student's Name: _____ Birthdate: _____ / _____ / _____
 (Last) (First) (Middle Initial) (Month) (Day) (Year)

Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS	
Company Name: _____		Group ID #: _____	
Local Doctor: _____		Physician Phone Number: _____	

Date of last physical exam: _____ Date of last dental exam: _____

Health information that may affect your child's safety and/or education will be given to staff responsible for his/her care.

No	Yes	Does your child currently have any of the following?
		Alergies: <input type="checkbox"/> Pollen <input type="checkbox"/> Insects <input type="checkbox"/> Medications _____ <input type="checkbox"/> Food _____ Epi-Pen prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Asthma Inhaler prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Back problems: Describe _____
		Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
		Hearing Loss Hearing Aids <input type="checkbox"/> Yes <input type="checkbox"/> No
		Heart problems: Describe _____
		Joint Problems: Describe _____
		Migraine Headaches
		Seizures: Describe _____
		Skin Problems: Describe _____
		Vision Problems <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Color vision deficit
		Other: _____
		Operations or Accidents (Indicate type and dates): _____
		MEDICATIONS: According to the Education Code, parents are required to inform the school if their child is taking medication regularly. Name of Medications: _____ Supervising doctor: _____

Parent/Guardian: _____

Date: _____

DIXON UNIFIED SCHOOL DISTRICT

Anderson Elementary
415 East C Street
Dixon CA 95620
Phone: 707-693-6360
FAX 707-678-2073

Tremont Elementary
355 Pheasant Run
Dixon CA 95620
Phone: 707-693-6320
FAX 707-678-0298

CA Jacobs Intermediate
200 North Lincoln
Dixon CA 95620
Phone: 707-693-6350
FAX 707-678-1245

Dixon High School
555 College Way
Dixon CA 95620
Phone: 707-693-6330
FAX 707-678-9318

Maine Prairie
305 East C Street
Dixon CA 95620
Phone: 707-678-4560
FAX 707-678-4890

Gretchen Higgins
1525 Pembroke
Dixon CA 95620
Phone: 707-678-6271
FAX: 707-693-1960

HEALTH REQUIREMENTS FOR SCHOOL

IMMUNIZATIONS: Students must present written verification of the following immunizations. The verification must include at least the month and year and be signed by the doctor or clinic:

1. Polio - 4 doses, but 3 doses are enough if at least one was given on or after the 4th birthday.
2. Diphtheria, Pertussis, Tetanus (DTP/DTaP/DT) - 5 doses, except that 4 doses are enough if at least one was given on or after the 4th birthday.
3. Measles, Mumps, Rubella (MMR) - 2 doses given on or after the age of 1 year.
4. Hepatitis B - at least 3 doses
5. Varicella (Chicken Pox) - 2 doses given on or after the age of 1 year

NOTE: Your child will not be able to attend school, if he/she is due for any of the required immunizations.

PHYSICAL EXAMINATION

The Report of Health Check-up for School Entry must be completed by your physician or clinic before your child enters 1st grade. The school nurse recommends that you schedule your child for a health check at the same time he/she receives the immunizations required for school, thus fulfilling both requirements at the same time.

The required physical examinations are free for children on Medi-Cal and for children from low or moderate income families. You can get a free health check-up from the Solano County Health Department (707-435-2010); Dixon Family Practice (707-635-1600).

If you have any questions about the above requirements, feel free to contact the district nurse at: (693-6330 Ext. 7104).

Student Name: _____ Birthdate: _____

Parent Signature: _____ Phone #: _____

To be completed by school staff only

Before the first day of school your child will need to receive the immunizations circled below:

Polio	#1	#2	#3	#4	DTP/DTaP/DT	#1	#2	#3	#4	#5
MMR	#1	#2			Hepatitis B	#1	#2	#3		
Varicella	#1	#2								

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)					
DIAP/DTP/DITd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/pre-school 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.

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 their 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 starts 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:	<u>Caries Experience</u> (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

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.

ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (STUDENTS)

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

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

Each student uses district technology is deemed to have consented to the terms of this Acceptable Use Agreement and that they have read and understand the agreement.

Teachers will instruct students in the proper use of the Internet and the district network and will guide them toward appropriate materials.

The Dixon Unified School District will comply with the California Student Privacy Alliance software pledge, along with all other state and federal regulations pertaining to Internet access by students during the regular school day. This will include access to district approved software, applications, and or new digital curriculum adoptions.

Definitions

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

Student Obligations and Responsibilities

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

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

1. Access, post, display, or otherwise use material that IS discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyber bullying")
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
5. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from a teacher or other district personnel, changing settings on shared computers)
6. Install unauthorized software
7. "Hack" into the system to manipulate data of the district or other users
8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or district practice

Privacy

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

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

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

Personally Owned Devices

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

Reporting

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

Consequences for Violation

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

PARENT/GUARDIAN: If you **DO NOT** want your student to have access to district provided Internet when using electronic devices at school, please contact your student's school via email or physical letter to **OPT OUT** of full Internet access. This opt out process must take place by September 1 to be in effect for the school year. **Warning:** opting your student out of full Internet access will make it more difficult for the school to properly assess your student's needs and provide a dynamic learning experience.

Dixon Unified School District

BRIAN DOLAN, Superintendent

GOVERNING BOARD

LUKE FOSTER

President

CAITLIN O'HALLORAN

Vice President

JEWEL FINK

Clerk

JOHN GABBY

Member

MELISSA MASEDA



CABINET

NICK GIRIMONTE

Assistant Superintendent

MONIQUE STOVALL

Chief Business Official

CINDY NGUYEN

Executive Director HR

KIM PARROTT

Special Ed Director

MARC MONACHELLO

ITS Director

PHOTO/VIDEO/WEBSITE RELEASE FORM

Dear Parent/Guardian,

On occasion, representatives from and/or employees of Dixon Unified School District wish to photograph, videotape, and/or interview students in connection with school programs, projects, or events.

In order to release photographs, video footage, and/or comments, and/or to post on district or school websites, we need written permission. To give your consent, please complete the form below.

I, _____, parent/guardian of _____ give permission for my child to be photographed, videotaped, and/or interviewed by representatives from and/or employees of the Dixon Unified School District for educational or public relations purposes. I authorize the use and reproduction by the District or anyone authorized by the District of any and all photographs or videotapes taken of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property, solely and completely, of the Dixon Unified School District. I waive any right to inspect or approve the finished photographs/videotapes, and sound track, script or printed matter that may be used in conjunction with them.

Signature of Parent/Guardian _____ Date _____

FORMA DE AUTORIZACION PARA PUBLICAR FOTOS/VIDEOS EN EL SITIO WEB

Estimado Padre/Guardián,

En ocasiones habrán representantes o empleados del Distrito Escolar de Dixon que querrán tomar fotos, videos y/o entrevistar los alumnos sobre programas, proyectos, o eventos escolares.

Para dispensar las fotos, los comentarios o poner en los sitios web de las escuelas, necesitamos permiso escrito, Para dar su consentimiento, favor de llenar la forma de abajo.

Yo, _____, padre/guardián de _____

doy permiso que mi hijo(a) sea fotografiado(a), que le tomen video, o ser entrevistado(a) por los representantes del/o empleados del Distrito Escolar de Dixon para motivos de relaciones públicas. Yo autorizo que usen y reproduzcan las fotos o videos que se han tomado de mi hijo(a). Todas las fotos/videos serán propiedades totalmente del Distrito Escolar de Dixon. Yo renuncio mis derechos para revisar o aprobar las fotos o videos, cinematográfica, escritura, o materia imprimida.

Firma del Padre/Guardian _____ Fecha _____



Dixon Unified School District

AFFIDAVIT OF TEMPORARY RESIDENCE

I, _____, declare as follows:

I am the ___ parent ___ legal guardian ___ custodial adult (*check one*) of:

First Name Middle Last Date of Birth

Who is a minor of school age seeking admission to _____ of the Dixon
School
Unified School District.

Since _____, our family has not had a permanent home;
Month/Day/Year

However, we currently reside within the boundaries of the Dixon Unified School District and intend to remain herein.

For school purposes, I received mail at and maintain regular contact with:

Name: _____ Telephone: _____

Address: _____
Street City and State Zip Code

I declare under penalty of perjury under the laws of California that the above is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify thereto.

Signature of Parent/Legal Guardian/Custodial Adult Date

Witnessed by: _____
Signature of School Administrator or Designee

DUSD Date and Time Stamp

DIXON UNIFIED SCHOOL DISTRICT

180 S. First Street #6
Dixon, CA 95621
(707) 693-6300

INTRADISTRICT OPEN ENROLLMENT TRANSFER REQUEST

(Transfer *within* Dixon Unified School District)

For 2020 to 2021 School Year

Return to District Office by Friday, April 27, 2020

Student's Name (Last, First, Middle Initial) _____ Date of Birth _____ Male Female

Parent/Legal Guardian Name _____ Relationship to Student (e.g., parent, stepparent, foster parent, or guardian) _____

Home Address (Number, Street Address, City, State, Zip) _____ Area code + Primary Phone # _____

Present School of Attendance _____ Present Grade _____ Primary Language _____

2020-2021 school year grade _____ School of Residence for 2020-2021 _____

School requested for 2020-2021 school year: _____

Does your child receive Special Education Services (on an IEP)? No Yes RSP SDC Speech

**The special education department will be consulted for availability of services at requested school*

Why are you requesting a school other than your school of residence (home school)? _____

Siblings: Are there brothers or sisters currently enrolled at the requested school who will continue in attendance?

No Yes Name: _____ Grade: _____

Name: _____ Grade: _____

TERMS & CONDITIONS (B.P. 5116.1, A.R. 5116.1)

1. Permit is valid for the remainder of the time the child is enrolled in the school provided space is available
2. Approval is subject to space availability.
3. If more requests for transfer than spaces are available at a site/grade level/program, a random unbiased lottery will take effect.
4. Transportation is not provided.
5. Parent/Guardian must return this form to the school of residence.

I have read this Intradistrict Open Enrollment Transfer Request and understand the Terms and Conditions.

Signature of Parent/Guardian _____ Date _____

**No Additional documentation required. * District Office to make final decision*

12/19