

**Camptonville Union Elementary School**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

1-8 Registration Paperwork Checklist

Student Registration

(With Parent's Guide to Immunization)

Birth Certificate

Immunization Record

(7<sup>th</sup> graders must have updated immunizations)

Student Emergency Information

Bus Behavior Code

Technology Agreement

Media Release

Inter-District Transfer Agreement

(If you reside outside of the Camptonville School District)

Emergency Procedure forms, lunch program information and menu, parent handbook, information on parent's rights and responsibilities and the bush schedule will be sent home on the first day of school.

For Office Use Only:

- Application Complete
  - Thinkwave
  - CALPADS
  - Sent for Records

**CAMPTONVILLE UNION ELEMENTARY SCHOOL DISTRICT**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**STUDENT REGISTRATION - 2020-2021**

**LEGAL NAME OF STUDENT:** \_\_\_\_\_ **Sex:** M F **Grade:** \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Proof of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (This information is optional.)

**Ethnic Code:** (check one)  White (not of Hispanic origin)  Hispanic/Latino  Asian/Asian American  
 Black/African American  Pacific Islander  Native American Other \_\_\_\_\_

Please check all services/programs student is currently enrolled in:

Special Day Class (SDC)  Resource Program (RSP)  Speech Program  Title I  Gifted & Talented (GATE)

**STUDENT LIVES WITH:**

**NOTE:** If student lives with a non-legal guardian, then a caregiver’s affidavit must be filled out by the relative with whom the student lives. If the guardian is not a relative, a notarized letter from the legal guardian must be on file with the school office:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If special circumstances exist, please fill in information below.

\* Legal restrictions are: \_\_\_\_\_

\_\_\_\_\_

***\*A current signed court order must be provided.***

**IN CASE OF AN EMERGENCY, we will first attempt to notify parents/guardians.** If you cannot be reached, please give the names of persons who will assume temporary responsibility for your student: (Someone in the area. Student will be only released to persons indicated below.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, and in the event none of the above can be reached, do you give permission for school authorities to obtain medical aid or ambulance service at your expense? Yes  No

If not, what do you want school authorities to do? \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. \_\_\_\_\_

**OTHER CHILDREN IN FAMILY:**

Given Name	Sex	Birth Date	Living at Home?	Adults other than parents living in home and relationship to student.

**LAST SCHOOL ATTENDED:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Has student ever been expelled?** [ ] Yes [ ] No

**Has student ever been suspended?** [ ] Yes [ ] No

**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 instruction for all students. Please answer the questions below:

Which language did your student learn when he/she first began to talk? \_\_\_\_\_

Which language does your student use most frequently at home? \_\_\_\_\_

Which language do you (the parents or guardians) most frequently speak to your student? \_\_\_\_\_

Which language is spoken most often by the adults at home? \_\_\_\_\_

If a language other than English is indicated on any line above, does your child:

Understand this language? [ ] Yes [ ] No

Speak this language? [ ] Yes [ ] No

Read this language? [ ] Yes [ ] No

Write this language? [ ] Yes [ ] No

How many years of instruction has your child had in a language other than English? \_\_\_\_\_

**HOMELESS STATUS: (If applicable):**

(The term "homeless student" means students who lack a fixed, regular, and adequate nighttime residence.) Completion of this information is optional. If you have any questions, or are not comfortable completing this section but would like information about services available, contact the school at 288-3277.)

[ ] Student is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.

[ ] Student is living in motel, hotel, trailer park, shelter, or awaiting foster care placement.

[ ] Student has primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

[ ] Student is living in car, park, public space, abandoned building, substandard housing, or similar settings.

**Parent/Guardian Education Level:** (education level of most educated parent):

Graduate School/Post Graduate Training  
 High School Graduate

College Graduate  
 Not High School Graduate

Some College  
 Declined to State

**COMPUTER USAGE AGREEMENT:** Access to the Internet is available to students at Camptonville School. Parents and students are required to read, understand, and sign the Computer Usage Agreement before students may use any computer on campus. Violation of the terms/conditions of this agreement will result in termination of the privilege.

**RESIDENCY VERIFICATION:** I declare under the penalty of perjury under the laws of the State of California that the residency address is the correct residence for my student.

I give permission for my child to take walking tours locally with his/her teacher. Yes  No

Is there any other pertinent information you feel the school should be made aware of?  No  Yes (If yes, please explain:)

---

---

---

Military Status: Parent or legal guardian is an active duty member of the Armed Forces. Yes  No

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

CAMPTONVILLE UNION ELEMENTARY SCHOOL DISTRICT

• STUDENT EMERGENCY INFORMATION • 2020-2021

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Residency Verification:**

*I declare under penalty of perjury, under the laws of the State of California, that the above street address is the correct residence for my student.*

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**With whom does student live?**

Mother or  Step Mother

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

Employer: \_\_\_\_\_

Phone: Work \_\_\_\_\_/Cell \_\_\_\_\_

Father or  Step Father

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

Employer: \_\_\_\_\_

Phone: Work \_\_\_\_\_/Cell \_\_\_\_\_

Guardian

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

Employer: \_\_\_\_\_

Phone: Work \_\_\_\_\_/Cell \_\_\_\_\_

Non-Resident Guardian: Other legal guardian's address if student not living with him/her.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

If you cannot be reached in case of illness/injury, please give the names of persons who will assume temporary responsibility for your student: *(Someone in the area. Student only released to persons indicated below.)*

Name

Relationship to Student

Home Phone

Work Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan/Insurance: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

**(Please complete other side.)**

**Please check the following items that pertain to your student:**

**STUDENT HAS NO KNOWN HEALTH PROBLEMS** [ ]

**EYES:** [ ] Wears glasses/contacts [ ] Need to be worn at all times

**EARS:** [ ] Has hearing problem [ ] Tubes in ears [ ] Hearing aid [ ] Requires preferential seating

**GENERAL HEALTH:** Has the following condition(s):

[ ] Seizures [ ] Fainting Spells [ ] Diabetes [ ] Heart Condition [ ] ADHD/ADD [ ] Migraines

[ ] Asthma [ ] Other health problems. *Describe:* \_\_\_\_\_

[ ] Allergic Reaction to Bee Stings *Describe:* \_\_\_\_\_

[ ] Food Allergies *Describe:* \_\_\_\_\_

[ ] Medication Allergies *Describe:* \_\_\_\_\_

**LIST MEDICATION PRESCRIBED:**

Name and dosage: \_\_\_\_\_

For (diagnosis): \_\_\_\_\_

Does the drug need to be taken during school hours? [ ] \*Yes [ ] No

Prescribed by Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Note:** Student **MUST** have a medication authorization form, signed by doctor and parent/guardian, on file in the school office in order to take any prescription at school or on field trips. (**Forms must be renewed annually.**) Over-the-counter medication must have authorization form on file signed by parent/guardian. **All medication must be in original container.**

*In the event of an emergency, if a parent or guardian cannot be reached, I hereby give my permission for the school authorities to render first aid and, when deemed necessary, secure medical help or ambulance service at my expense.*

*As a legal custodian of \_\_\_\_\_, a minor, I hereby authorize the superintendent or his/her designees, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.*

*I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.*

*This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Camptonville Union Elementary School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.*

*I understand that the Camptonville Union Elementary School District does provide "school-time accident" insurance to help with the cost of medical treatment not covered by other insurance I may have. This "school-time accident" insurance is designed to cover some, but not all, of the possible costs.*

*I understand the information given on this card will be used as a permanent guide for emergency care for my student and it is my responsibility to notify the school of any change.*

[ ] I have read the above statements and agree.

[ ] I do not choose the above statement and desire the following action in the event of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camptonville Union Elementary School**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA. 95922  
Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

## **20/21 Student Responsible Use of Technology Agreement**

### **Overview:**

The Camptonville Union Elementary School District makes a variety of communication and information technologies available to students through computer and internet access. These technologies, when properly used, promote educational excellence in the District by facilitating resource sharing, innovation, diversifying perspective, collaboration, and communication. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, however, the District firmly believes that digital resources, information and interaction available online far outweigh the disadvantages.

This Responsible Use Agreement is intended to minimize the likelihood of harm to students and staff by educating and setting standards which will serve to protect both the District and its students.

### **Mandatory Review by Parent/Guardian and Student**

To educate students on proper digital technology use and conduct, students are required to review the following guidelines each school year. The parent or legal guardian of a student is required to acknowledge receipt and understanding of the District's Student Responsible Use of Technology Agreement (hereinafter referred to as the Responsible Use Agreement) as part of the annual registration process, which includes signing and submitting a Summary Signature Form at the beginning of each school year.

### **Student Use Expectations:**

These regulations must be adhered to in order to maintain technology privileges.

- ❖ The school's information technology resources are provided for educational and instructional purposes; if you have any doubt about whether a contemplated activity is acceptable, consult with your teacher, supervisor, or administrator.
- ❖ Respect and protect your privacy and security and the privacy and security of others by:
  - Using only accounts assigned to you.
  - Only viewing or using passwords, data, drives, or networks to which you are authorized access.
  - Never distributing private information about yourself or others.
- ❖ Respect and protect the integrity, availability, and security of all electronic resources.
  - Report computer or network malfunctions to a teacher or authority.
  - Report security risks or violations to a teacher or network administrator.
  - Do not destroy, damage or delete data, equipment, networks, or other resources that do not belong to you without clear permission of the owner.
  - Do not engage in malicious network activity, including, but not limited to, hacking, creating/uploading/downloading viruses, sending mass emails or spam, or causing a disruption to electronic services.
  - Do not cause network congestion or Mass Electronic Storage
- ❖ Respect and protect the intellectual property of others.

- Following copyright laws (not making illegal copies of music, pictures, images, videos, games, software, apps, files or movies).
  - Citing sources when using others' work (not plagiarizing).
- ❖ Respect your digital community.
- Communicate respectfully and with consideration.
  - Report threatening or discomfoting materials to a teacher or administrator.
  - Not intentionally accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages/content that are pornographic, obscene, threatening, discriminatory, harassing, intimidating or bullying).
  - Not intentionally accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, impersonating another person for harmful purposes, or illegal copies of copyrighted works).
  - Not using the resources to further other acts that are criminal or violate the school's standards for student behavior, such as cheating.

### **Consequences for Violation**

Violations may result in the loss of technology privileges. Violations may also result in disciplinary action, imposed in accordance with the District's Standards for Student Behavior, up to and including; suspension, expulsion or legal action, depending on the severity of the violation.

### **Student Access to Computer/Network/Internet**

Computer/Network/Internet access will be provided to all students for educational and instructional purposes. Each District computer with internet access has filtering software that blocks access to visual depictions that are obscene, pornographic, inappropriate for students, or harmful to minors, as defined by the Federal Children's Internet Protection Act (CIPA). The District makes every effort to limit access to objectionable material; however, controlling all such materials on the computer/network/Internet is impossible, even with filtering in place. With global access to computers and people, a risk exists that students may access material that may not be of educational value in the school setting.

### **Supervision and Monitoring**

The use of District owned information technology resources is not private.

Authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with District policies. Administrators reserve the right to examine, use, and disclose any data found on the school's networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property.

Students must understand that computer files and electronic communications are not private and may be accessed by the District for the purpose of ensuring proper use. Administrators may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement. The District reserves the right to determine which uses constitute acceptable use and to limit access to such uses. The District also reserves the right to limit the time of access and priorities among competing acceptable uses.



## Consent Form

### Parent

I, the parent/guardian, have received, read, understood, and shared with my student this Responsible Use of Technology Agreement.

Parent/Guardian Signature:

Date:

---

### Student

I acknowledge that I have read, understood, and agreed to all terms and conditions in the Responsible Use of Technology Agreement.

I further understand that, as a user on the Camptonville Union Elementary School District network, I am responsible for appropriate behavior when using any Camptonville Union Elementary School District Technology resource,

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

- Loss of access to any technology resources such as, but not limited to, computers, ipads, printers, the internet, and/or video equipment.
- Additional disciplinary action determined as appropriate by school staff.
- Legal action, if applicable.

(Parent signature will suffice if a student can neither read nor write.)

---

Student Name  
(please print)

Student Signature

**Camptonville Union Elementary School**

P.O. Box 278, ♦ 16585 School Street ♦ Camptonville, CA 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**Authorization and Consent for Photographs and/or Interviews for Publication**

We frequently have school events which may be photographed or videotaped. Please indicate whether Camptonville Elementary School may use the content listed below here in the following areas. If the school uses media outside of the following classifications, we will obtain individual consent.

Your signature gives permission for your child's name or picture to be used in this manner until such time as you deny permission by notifying the school:

---

Student Name

Content:

(Check all that apply)

- Photograph of Student       Anonymous Student Work       Student Work with Name

Areas to be Published:

(Check all that apply)

- Camptonville Courier       Camptonville School Website ( www.cville.k 1 2.ca.us)

- Individual Class Sites       Student Blogs       Camptonville Union Yearbook

- Nevada Union or other Print or Online Newspapers

If you have further restrictions or comments, please indicate below.

---

Parent or Guardian Signature

Date