The attached registration packet contains the following:

1. Superintendent’s Letter to Parents
2. Enrollment Registration Memo
3. **Required Enrollment Information – proof of immunizations required prior to enrollment/registration**
4. Student Registration Form
5. Student Demographic Information
6. Home Language Survey
7. Record of Prior Program Participation
8. Authorization to Release Information
9. McKinney-Vento Assistance Information
10. Health Information

**Registration Process:**

Please complete all forms. If your child is receiving special education services and has an IEP (Individual Education Plan), please make sure you provide a copy for scheduling purposes. Please note all registration MUST be returned with the following:

- Proof of all required immunizations
- Birth Certificate

Ongoing from February 7, 2022, you may deliver completed registration packets to your school of residence. **No child will be registered without proof of all required immunizations.**

For siblings enrolling in elementary schools in our district, please use the registration packet from that school.

The first day of school for 2022 - 2023 will be in August 11, 2022. Please go to our website for specifics on this date at [http://www.buckeyeusd.org](http://www.buckeyeusd.org).
January 2022

Dear Parents and Guardians,

As Superintendent of the Buckeye Union School District, I would like to welcome you. I am sure you are excited to begin your educational experience with us, just as I am pleased to have you as a new member of the Buckeye family. It is the mission of the Buckeye Union School District to provide the highest quality educational program for all students so that they fulfill their innate potential, become lifelong learners, and contribute to society as responsible citizens.

The Buckeye Union School District is renowned for the quality of its schools, which have been recognized with numerous State and National awards. We offer a comprehensive educational experience that includes technology-rich, standards based educational opportunities provided by a highly qualified and dedicated team of teachers and support staff. Additionally, we receive significant support from our generous parents and community.

Our programs are enhanced by a K-8th grade articulated science program, elementary physical education specialists, staffed libraries, elementary and middle school band, school counselors, 1-to-1 computer device access, instructional coaches, and well designed interventions. Many extra-curricular activities exist including elementary and middle school sports as well as STEM clubs and school garden programs.

As a new parent to our school area, it is important for you to understand that each school’s enrollment is changing due to increasing and shifting enrollment patterns within our attendance areas. Consequently, it is extremely difficult to guarantee that your child will be housed in a particular school during the coming school years. I want to assure you that we will make every effort to keep your child in your neighborhood school. It may be necessary, however, for us to transport some children to other schools within the district in order to comply with state laws and district policies on class size.

If you have any questions regarding these issues, please contact your school site principal.

Once again, welcome to Buckeye Union School District. We look forward to working with you and your children.

Sincerely,

David Roth, Ph.D.
Superintendent
2022/2023 Enrollment

Buckeye Union School District announces that beginning **February 7, 2022**, registration for the 2022/2023 school year will be accepted at all schools [Buckeye in Shingle Springs (530-677-2277), Blue Oak in Cameron Park (530-676-0164), Valley View Charter Montessori in El Dorado Hills (916-939-9640), William Brooks in El Dorado Hills (916-933-6618), Silva Valley in El Dorado Hills (916-933-3767), Oak Meadow in El Dorado Hills (916-933-9746), Buckeye Union Mandarin Immersion Charter School in El Dorado Hills (916-933-9746), Camerado Springs in Cameron Park (530-677-1658), and Rolling Hills in El Dorado Hills (916-933-9290)]. School websites can be accessed at [www.buckeyeusd.org](http://www.buckeyeusd.org). If you need any further information regarding registration, please contact the school.

A child who resides in Buckeye Union School District and will be five years of age on or before September 1, 2022, may register for Kindergarten. Children who will turn five years old between **September 2, 2022, and February 2, 2023**, are eligible for and may register for Transitional Kindergarten.

**January 18, 2022:** Early Registration Option - ONLINE Enrollment

- Online enrollment will be available for early registration beginning **January 18, 2022**, via the school website (excluding the Buckeye Union Mandarin Immersion Charter School).

**February 7, 2022:** First Day to Register (Download packet from school website)

- Registration packets will be available at school sites and available for download from school websites beginning **January 31, 2022**, for the registration period beginning on February 7, 2022. Please only pick up a packet from the school site if you are unable to download and print it. Completed packets may also be emailed to the school site registrar beginning on **February 7, 2022**.

Registrations are received at school sites based upon designated district boundaries. If you are uncertain as to your school of attendance, please visit the district website to input your address and access this information. To use this tool, visit [www.buckeyeusd.org](http://www.buckeyeusd.org) and click on “Parent Resources” and then “District Boundaries”.

It is important to understand that your child’s registration packet is not complete if all documents required to be submitted have not been submitted to school officials and, therefore, your child will not be enrolled at the time of submission of the enrollment packet, but rather placed on a waitlist pending completion of the required enrollment information. School staff will contact you if your enrollment packet is deemed incomplete and request the information needed in order to enroll your child upon its submission.

**REQUIRED documentation to register your student:**
1. Birth Certificate
2. Current Immunization Record/Proof of all required immunizations
3. Residence Verification (2 pieces of documentation). The specific information about residence verification documents can be found [here](http://www.buckeyeusd.org) as well as in the enrollment packet. [**Proof of residency is not required for picking up a registration packet for enrollment in Valley View Charter Montessori School, Camerado Middle School, or Buckeye Union Mandarin Immersion School, but is required for registration if the student is registering under one of the following enrollment preferences:** (1) a student who resides within the charter boundary; or (2) a student who resides within the attendance boundaries of the District.]

**Interdistrict Transfers**: Any student attending Buckeye Union School District on a currently approved Interdistrict Transfer Agreement will automatically be registered for the 2022/2023 school year, **unless** 1) the student has a change in school (including elementary to middle school) or 2) the school site is notified of the student’s withdrawal. New Interdistrict Transfer request forms will be accepted between **February 7, 2022, and March 31, 2022**, for consideration for the 2022/2023 school year. **New Interdistrict Transfer requests will not be reviewed until May 13, 2022.** Interdistrict forms are available on the Buckeye Union School District website by clicking on “Parent Resources” and then “District/School Transfers”.

**Intradistrict Transfers**: Intradistrict Transfer forms will be accepted between **January 18, 2022, and February 28, 2022**, for consideration for the 2022/2023 school year. If your student is already attending a school on an Intradistrict Transfer, a move from the student’s assigned school to another school within our district, and they wish to remain at that school, they do not need to renew their intradistrict agreement, and we will assume the student will be returning to the same school for the 2022/2023 school year. Intradistrict forms are available on the Buckeye Union School District website by clicking on “Parent Resources” and then “District/School Transfers”.

4105 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(916) 985-2183 - Fax (916) 934-0920
www.buckeyeusd.org
REQUIRED ENROLLMENT INFORMATION

A child will not be registered or admitted unless proof of residence, required immunizations, and a birth certificate (or other legal evidences of age – AR 5111 of the Board Policies, Ed. Code § 48002) are presented to school officials at the time of registration.

RESIDENCE VERIFICATION

Education Code Section 48200 states, in part, that, “Each person subject to compulsory full-time education…shall attend the public full-time school…in which the residency of either the parent or legal guardian is located and each parent, guardian, or person having control or charge of such pupil shall send the pupil to the public full-time school…in which the residence of either the parent or legal guardian is located.”

Residency documentation must show the name and address of the parent or legal guardian residing within the school district. Parent(s) or legal guardian(s) must provide valid proof of residency which may be established by documentation including, but not limited to, a combination of two or more of the following documents:

- Utility Bills (water/electric/gas)  
  (utility service contract, statement or payment receipts)
- Property Tax Payment Receipt
- Rental agreement or notarized copy of escrow papers, lease agreement or payment receipts.  
  (Must be verified by a utility receipt within 30 days of enrollment)
- Voter Registration
- Pay Stubs
- Correspondence from a government agency
- Declaration of residency executed by parent or legal guardian (available in school offices)

IMMUNIZATION: In accordance with state law (SB277), you must provide PROOF OF IMMUNIZATION at time of registration. PLEASE NOTE: All immunizations must be completed and provided to be registered for school. Students with incomplete immunizations will be placed on a waitlist until immunizations are complete. Once registration packets are processed, if you do not have required immunizations, you will receive a notification of the immunizations required to complete your registration.

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NUMBER OF DOSES OF EACH IMMUNIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12 Admission</td>
<td>4 Polio</td>
</tr>
<tr>
<td></td>
<td>5 DTaP</td>
</tr>
<tr>
<td></td>
<td>3 Polio*</td>
</tr>
<tr>
<td></td>
<td>4 DTaP*</td>
</tr>
<tr>
<td></td>
<td>3 HEP B</td>
</tr>
<tr>
<td></td>
<td>2 MMR</td>
</tr>
<tr>
<td></td>
<td>2 Varicella</td>
</tr>
<tr>
<td>7th – 12th</td>
<td>K-12 doses</td>
</tr>
<tr>
<td></td>
<td>+ 1 Tdap</td>
</tr>
<tr>
<td>7th Grade Advancement</td>
<td>1 Tdap</td>
</tr>
<tr>
<td></td>
<td>2 Varicella</td>
</tr>
</tbody>
</table>

Note: Requirements may be found here online: [http://eziz.org/assets/docs/IMM-231.pdf](http://eziz.org/assets/docs/IMM-231.pdf). Exemptions may only be made for medical concerns with a letter from a physician as required. For more on new vaccine laws and exemptions: [http://www.shotsforschool.org/laws/exemptions/](http://www.shotsforschool.org/laws/exemptions/)

BIRTH CERTIFICATE

Please provide us with a copy of your child’s birth certificate or bring the certificate for us to copy (other legal evidences of age as stated in AR 5111 of the Board Policies, Ed. Code § 48002 may be accepted in the absence of a Birth Certificate). Children entering kindergarten must be 5 years old on or before September 1st of that school year. Children who will turn 5 between September 2nd and February 2nd are eligible for Transitional Kindergarten.

HEALTH EXAM

A health examination is required before entry into first grade. This examination may be given up to 18 months prior to first grade entry. You may turn in proof of this exam anytime during your child’s kindergarten year. This report must be filled out by a medical doctor.

ORAL HEALTH ASSESSMENT

An oral health examination is required by May 31, 2022 in Transitional Kindergarten, Kindergarten or first grade, whichever is your child’s first year of public school. An examination that happened within the 12 months before your child enters school also meets this requirement. This report must be filled out by a licensed dental professional.
STUDENT REGISTRATION FORM

Registering for Grade: ________/School Year: 20___ - 20___

Has your child ever attended school in this district? ☐ Yes ☐ No

If yes, school name __________________________________________________________

Last School Attended _________________________________________________________

Date Last Attended ___________ Address _____________________________________

LEGAL NAME OF CHILD
(As shown on birth certificate) Last First Middle

HOME ADDRESS

Mailing Address

DATE OF BIRTH ___________ AGE ___________ HOME PHONE

Mo / Day / Year ☐ Listed ☐ Unlisted ☐ Blocked

GENDER ☐ M ☐ F ☐ Non-Binary

Please circle relationship below:

<table>
<thead>
<tr>
<th>Mother/Father</th>
<th>Step Mother/Step Father</th>
<th>Guardian/Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Living with Student</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home ( )</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Work ( )</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By providing my e-mail, I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above.

By COURT ORDER, this student CANNOT be released to:

(Copy of Court Order MUST be on file at school office)

If there is any legal information, i.e., court orders, guardianship, please attach

Siblings: (If more space is needed, please check this box ☐ and continue on to the back page.)

<table>
<thead>
<tr>
<th>Name</th>
<th>M/F</th>
<th>Birthdate:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has your child been expelled from a school, or is he/she in the process of being reviewed for expulsion? ☐ Yes ☐ No

Has your child ever been retained? ☐ Yes ☐ No If Yes, Grade: ___________

I have received the Superintendent’s Letter to Parents: Initial Here _________

My signature certifies under penalty of perjury that the information on this form is true and accurate. The home address listed above is my true legal residence as parent/guardian of the above-named student. I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student. It is the parents’ responsibility to notify the school of any changes in the information reported on this form.

Parent/Guardian Signature _________________________________ Date ___________
Student Demographic Information

The Buckeye Union School District is required by the State of California to provide the information below for every student. The district makes every effort to maintain this information as confidentially as possible. Thank you for your accurate provision of this information.

Student Name:

School: District: Buckeye Union School District

Gender: Grade: Date of Birth:

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories):

☐ American Indian or Alaskan Native (100) ☐ Laotian (206) ☐ Samoan (303)
☐ Chinese (201) ☐ Cambodian (207) ☐ Tahitian (304)
☐ Japanese (202) ☐ Hmong (208) ☐ Other Pacific Islander (399)
☐ Korean (203) ☐ Other Asian (299) ☐ Filipino/Filipino American (400)
☐ Vietnamese (204) ☐ Hawaiian (301) ☐ African American or Black (600)
☐ Asian Indian (205) ☐ Guamanian (302) ☐ White (700)

WHAT IS YOUR CHILD’S ETHNICITY? (please check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

PARENT EDUCATION:
• Some college means attending or graduating from a junior college OR attending a four-year college or university but not graduating. College graduate means you have graduated from a four-year college or university.

☐ Graduate Degree or Higher (10) ☐ Some College or Associate’s Degree (12)
☐ College Graduate (11) ☐ High School Graduate (13)
☐ Not a High School Graduate (14)
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.

If a language other than English is noted on questions 1-3, your child will be tested for English Proficiency as required by California state law.

Name of Student: ______________________________________________________

Last (Legal)         First   Middle
_____________________________________________________________________

Grade                                  Age                                         Date of Birth
_____________________________________________________________________

1. Which language did your son or daughter learn when he or she first began to talk?
_____________________________________________________________________

2. What 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
Record of Prior Program Participation

Name of Student _____________________________________________

Birthdate ________________________            Grade ___________

To provide continuity in your child’s educational program, it is important that we be made aware of any services he/she has received. Please provide the following information to help us expedite your child’s proper placement.

My Child: (please initial)

____________ is not participating in any special programs

____________ has had testing for Special Education at ___________________

School in ________________________________ School District

____________ is currently in a Gifted and Talented Education program (GATE)

____________ is currently in an English Language Development class (ELD)

____________ is currently in Special Day class (SDC)

____________ is currently in a Resource Specialist Program (RSP) or receiving Specialized Academic Instruction (SAI)

____________ is currently receiving Speech/Language Therapy

____________ is currently receiving Adaptive Physical Education

____________ is currently receiving Vision Services

____________ is currently receiving Hearing Services

____________ is currently receiving accommodations from a 504 Plan

If your child is currently in any Special Education programs, you must provide a copy of the current IEP with your completed registration packet. Upon failure to disclose special education services, the District may disenroll or divert your student if special programs are impacted at the school site.

______________________________________________________________________

Parent/Guardian Signature     Date
Authorization to Release Information

To: ____________________________
   (Name of School Previously Attended)  (Phone Number)  (Fax Number)

   ____________________________
   (Mailing Address)  (City)  (State)  (Zip Code)

The following student(s) have enrolled in our school. Please forward the cumulative records, confidential records, and any health information to the school listed above.

   ____________________________  ____________________________
   Student's First and Last Name  Birth Date  Grade

   ____________________________  ____________________________
   Student's First and Last Name  Birth Date  Grade

   ____________________________  ____________________________
   Student's First and Last Name  Birth Date  Grade

Thank you,

Paul Stewart
Principal

AUTHORIZATION TO RELEASE INFORMATION

I hereby give ____________________________School my consent to obtain any confidential information in my child’s cumulative record, and request you to forward the same to the school at the address listed above.

I understand that I have the right to review a copy of the record if desired and have an opportunity to challenge the content of the record.

_________________________________________  ____________________________
Parent/Guardian Signature  Date
BUCKEYE UNION SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

<table>
<thead>
<tr>
<th>Student Name – Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender (circle one)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

Date of Birth:  
Grade:

School:  
Teacher:

1. Is your current address a temporary living arrangement?  ☐ Yes ☐ No

2. Is this temporary living arrangement due to a loss of housing?  ☐ Yes ☐ No  
Economic Hardship?  ☐ Yes ☐ No

3. Are you enrolling a foster child?  ☐ Yes ☐ No

If you answered “NO” to all of the above questions, STOP NOW.
If you answered “YES” to any of the above questions, please complete the remainder of the form.

4. Do you and/or the student live in:
   ☐ a shelter  
   ☐ motel/hotel  
   ☐ temporarily with another family in a house, mobile home, or apartment  
   ☐ in a car or RV  
   ☐ at a campsite  
   ☐ transitional housing (Hope House, Women’s Center, Progress House, Mentor House, Grace Place)  
   ☐ other location _________________________________________________________

5. The student lives with:
   ☐ one parent  ☐ friend(s)  
   ☐ two parents  ☐ an adult that is not the legal guardian  
   ☐ a qualified relative  ☐ alone with no adult(s)

6. I am:
   ☐ the parent/legal guardian of the above-named student  
   ☐ a qualified adult relative of the above-named student (relationship:_____________________________)  

7. Has anyone in the household served in the Military; Active or Reserve/Guard?  ☐ Yes ☐ No

Name of Parent(s)/Legal Guardian/Caregiver

I can be reached for emergencies at the following address:

Phone:  
Cell Phone:  
I receive mail at:

* See next page regarding possible rights and protections of students in transition.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age/Grade</th>
<th>School</th>
</tr>
</thead>
</table>

Siblings (include children from 0-21 years)
Distrito Escolar
Cuestionario de Domicilio del Estudiante
Este Documento se enfoca en el Acta de Asistencia del Programa de McKinney-Vento.
Sus respuestas nos ayudarán a determinar cuales documentos son necesarios para registrar al estudiante más pronto.

Nombre del Estudiante – Apellido    Primer Nombre    Segundo Nombre
Género (Marque uno) M F    Fecha de Nacimiento:    Grado:

1. ¿La dirección donde está viviendo es un arreglo provisional?  □ Sí □ No
2. ¿Este arreglo provisional es a causa de la pérdida de su vivienda?  Sí  □ No  ¿O por razones económicas?  Sí □ No
3. ¿Esta usted registrando un niño de crianza o adoptado?  □ Sí □ No

*Si su respuesta es “NO” a todos las preguntas arriba, PARE AHORA,
Si su respuesta es “SÍ” a cualquiera de las preguntas arriba, por favor complete el resto de la forma.

4. Está usted y/o el alumno viviendo en:
□ Un Refugio
□ Hotel/Motel
□ En la casa de otra familia en forma provisional, en casa móvil, o apartamento.
□ En el carro o casa remolque
□ En un parque para acampar.
□ Vivienda de Transición (Hope House, Women’s Center, Progress House, Mentor House)
□ Otro Lugar __________________________________________

5. El alumno vive con:
□ Solo uno de los padres    □ Amistad (es)
□ Ambos Padres    □ Un adulto que no es el guardián legalmente.
□ Un familiar con derecho    □ Solo sin ningún adulto (s)

6. Yo soy:
□ El padre/madre/guardián legal del antes mencionado alumno.
□ Un familiar adulto que tiene el derecho sobre el antes mencionado alumno (relación: ________________)

7. ¿Alguien en el hogar ha servido en el Ejército? Activo o Reserva / Guardia?  □ Sí □ No

Nombre de Padre(s)/Guardián Legal/Encargado

Puedo ser localizado por caso de emergencia en la siguiente dirección:

Numero de Teléfono:    Numero de Celular:

Recibo mi correo en:

*Vea la siguiente página sobre posibles derechos y protección de alumnos en transición.
Hermanos (Incluya a niños de la edad de 0 – 21 años)

Nombre:    Edad/Grado:    Escuela:


R 3/21/2018
Even if you have:
- Uncertain housing
- A temporary address
- No permanent physical address

You are guaranteed enrollment in school by the federal McKinney-Vento Act and California state law if you live:
- In a house or apartment with more than one family due to loss of housing or economic hardship
- With friends or family because you are a runaway or an unaccompanied youth
- In substandard housing (without electricity, water, or heat)
- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In an abandoned building, in a car, at a campground, or on the streets

You can enroll in school immediately even without the documents normally required for enrollment, such as:
- Proof of residency
- Immunization records or other required health records
- School records
- Legal guardianship papers

Your child may:
- Participate fully in all school activities and programs for which he/she is eligible
- Receive transportation to and from the school of origin if you request it
- Continue to attend the school in which he/she was last enrolled even if you have moved away from that school's attendance area
- Qualify automatically for school nutrition programs.

Your responsibilities are to:
- Make sure your child gets to school on time and ready to learn
- Stay informed of school rules, regulations, and activities.
- Contact the homeless liaison for assistance in removing barriers to your child's education.
- Attend parent/teacher conferences, Back-to-School Nights, and other school-related activities.

For questions about enrolling in school or for assistance with school enrollment, contact:

- Your local school district homeless liaison:
  Nicole Schraeder
  5049 Robert J Mathews Pkwy
  El Dorado Hills, CA 95762
  (530) 677-2261

- Your county homeless liaison:
  Margaret Lewis
  Homeless Youth Coordinator
  El Dorado County Office of Education
  6787 Green Valley Road
  Placerville, CA 95667
  Phone: 530-295-4539
  email:mlewis@edcoe.org

- Your homeless state coordinator:
  Leanne Wheeler
  State Coordinator
  California Department of Education
  1430 N Street, Suite 5408
  Sacramento, CA 95814
  Phone: 1-866-856-8214
¡Tú puedes INSCRIBIRTE en la escuela!

Elige si:
- Tu situación de vivienda es incierta
- Tienes una dirección temporal
- No tienes una dirección fija permanentemente

La ley federal McKinney-Vento y las leyes del estado de California te garantizan la inscripción en la escuela si vives:
- En una casa o departamento con más de una familia debido a la pérdida de tu vivienda o a dificultades económicas
- Con amigos o familiares porque huiste de tu hogar o eres un menor no acompañado
- En una vivienda precaria (sin electricidad, agua o calefacción)
- En un refugio (para familias, víctimas de violencia doméstica o jóvenes sin un programa de vivienda temporal)
- En un motel, hotel o vivienda que se paga semana/mente
- En un edificio abandonado, automóvil, campamento o en la calle

Puedes inscribirte en la escuela de inmediato incluso sin los documentos que normalmente se piden para la inscripción, como:
- Prueba de residencia
- Registros de vacunación y otros registros médicos
- Registros escolares
- Papeles de nacimiento

Tu hijo puede:
- Participar plenamente en todas las actividades y programas escolares para los que reúna los requisitos.
- Recibir transporte de ida y vuelta a su escuela de origen si lo solicita.
- Seguir asistiendo a la escuela en la que estuvo inscrito por última vez, incluso si se mudó fuera de la zona de asistencia de esa escuela.
- Reunir los requisitos automáticamente para participar en los programas de nutrición escolar.

Es tu responsabilidad:
- Asistir de que el niño asista a la escuela a tiempo y listo para aprender.
- Mantenerse informado de las reglas, normas y actividades de la escuela.
- Contactar al enlace designado para los niños sin hogar para obtener ayuda para eliminar las barreras a la educación de tu hijo.
- Asistir a reuniones entre padres y maestros, las noches de regreso a la escuela y otras actividades relacionadas con la escuela.

Si tienes preguntas acerca de la inscripción en la escuela o para obtener ayuda con la inscripción, contacta a:

**Niña Schraeder**
5049 Robert J Mathews Pkwy
El Dorado Hills, CA 95762
(530) 677-2261

**Margaret Lewis**
Homeless Youth Coordinator
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95667
Phone: 530-295-4539
email: mllewis@edcoe.org

**Lauren Wheeler**
Coordinadora Estatal
Departamento de Educación de California
1430 N Street, Suite 6408
Sacramento, CA 95814
Teléfono: 1-888-955-8214
**Student’s Name:** [Name]  
**Birth date:** [Date]  
**Teacher:** [Teacher's Name]  
**Grade:** [Grade]

- Blue Oak, 530-676-0164 x1830, Fax: 530-676-0758  
- Buckeye, 530-677-2277 x1230, Fax: 530-672-1483  
- Camerado, 530-677-1658 x1530, Fax: 530-677-9537  
- Oak Meadow, 916-933-9746 x2130, Fax: 916-933-9784  
- Silva Valley, 916-933-3767 x2730, Fax: 916-933-6389  
- William Brooks, 916-933-6618 x2430, Fax: 916-933-3910  
- Rolling Hills, 916-933-9290 x3030, Fax: 916-939-7454  
- Valley View Charter Montessori 916-939-9640, Fax 916-939-5015

**Parent/Guardian:** To best plan for your child’s health and wellbeing, please complete front (and back if applicable) of form. Medications required during the school year require a separate medication form that should be updated yearly.

**MEDICAL HISTORY – If YES to any *, please complete the REVERSE side of form (**Complete section below).**

<table>
<thead>
<tr>
<th>Has your child experienced?</th>
<th>No</th>
<th>Yes-within 12 months</th>
<th>Has your child experienced?</th>
<th>No</th>
<th>Yes-within 12 months</th>
<th>Has your child experienced?</th>
<th>No</th>
<th>Yes-within 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergies</strong></td>
<td></td>
<td></td>
<td><strong>Diabetes</strong> ask for packet</td>
<td></td>
<td></td>
<td><strong>Headaches</strong></td>
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<tr>
<td><em>Asthma</em></td>
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<td></td>
<td><strong>Dizziness</strong></td>
<td></td>
<td></td>
<td><strong>Heart Disease</strong></td>
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<tr>
<td>*Blood Disorder or Hepatitis</td>
<td></td>
<td></td>
<td>*Epilepsy or Seizures</td>
<td></td>
<td></td>
<td><strong>Nosebleeds</strong></td>
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<tr>
<td>*Cardiac/Heart Condition</td>
<td></td>
<td></td>
<td>Ear/Eye or Hearing or Vision Problem</td>
<td></td>
<td></td>
<td><strong>Treatment required (i.e. catheter, etc)</strong></td>
<td></td>
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</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td><strong>Fainting Spells</strong></td>
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</tr>
</tbody>
</table>

**MEDICAL HISTORY – If YES to any *, please complete the REVERSE side of form (**Complete section below).**

**OTHER MEDICAL CONDITION:**

**Allergy Information**

ALLERGIES (please list and complete SEVERE section if applicable): ____________________________________________

MILD/MODERATE ALLERGIES- Action for MINOR reaction, if symptoms is/are: ____________________________________________________________________________

Provide the following action: ____________________________________________________________________________

If severe allergies: What specific reaction does your child have? Include concerns for airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), skin (hives, itch, rash, swelling – include location), gastrointestinal (nausea, abdomen pain, cramps, vomiting, diarrhea) or other reaction. Include DATE of last reaction

SEVERE ALLERGIES- Action for SEVERE reaction, if symptom(s) is/are: ____________________________________________________________________________

Provide the following action: ____________________________________________________________________________

Any previous history of hospitalization, serious illness, accident or surgery: ____________________________________________________________________________

Does your child require any medication(s) while at school (IF YES please obtain medication form): YES  NO

Does your child require any vision or hearing equipment? ____________________________________________________________________________

Birth History: My child was born ___ Full-Term ___ Premature (if so, at how many weeks? _________ ) Birth weight: ___

Delivery: Were there any problems? ____________________________________________________________________________

Did baby go home with parent(s)? YES  NO  Was baby hospitalized after birth? ____________________________________________________________________________

Developmental: Indicate child was (E)arly, (L)ate or (A)verage for milestones: _____Sitting _____Walking _____Talking _____Toileting

Parent/Guardian Name: __________________________ Phone #: __________________________

Alternate Emergency Contact: __________________________ Phone #: __________________________

Physician’s Name and Contact information: __________________________

Parent Signature: __________________________ Date: __________________________
Buckeye Union School District – Individualized Student Health Plan
Asthma, Blood Disorder, Cardiac/Heart Condition, Epilepsy/Seizure Disorder, Treatments Required at School

For students with Diabetic concerns, please obtain and complete the Diabetic Packet at the Health Office prior to school.

Medical condition above or treatment(s) to be addressed in health plan: 

For any health concerns not listed that you feel may require a health plan, please complete the OTHER section.

IF ADDITIONAL ROOM IS REQUIRED, PLEASE USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM FOR REVIEW.

**FOR SEVERE ALLERGIES** Please complete front of form section marked ALLERGIES...

Asthma: Student has □ mild, □ moderate, □ SEVERE asthma. □ Inhaler at school, □ Inhaler at home, □ Inhaler both locations. □ Student wears a medical bracelet.

Triggers to asthma include: __________________________________________________________________________

Any restrictions or special care required, including medications: ________________________________________________________________________________

Blood Disorder: Type of condition: __________________________________________________________________________________

Any restrictions, special care required, or medications: ___________________________________________________________________________________

Cardiac/Heart Condition: Type of condition: __________________________________________________________________________________

Any restrictions, special care required, or medications: ___________________________________________________________________________________

Epilepsy/Seizure Disorder: Type of condition: __________________________________________________________________________________

Any restrictions, special care required, or medications: ___________________________________________________________________________________

Treatments Required at School (include details of medical condition): _________________________________________________________________________

OTHER: Type of condition: __________________________________________________________________________________

Any restrictions, special care required or medications: ___________________________________________________________________________________

EMERGENCY PLAN: Please indicate approval of emergency care for any signs of severe distress: Airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), Cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), gastrointestinal (vomiting blood, bloody diarrhea).

Other condition warranting 911 call: ______________________________________________________________________________________________

Plan of Action: 1) Contact 911 – do not hesitate to ask for advanced life support
2) Provide basic first aid & CPR as required
3) Call Parent/Guardian and/or emergency contacts listed on previous page & District Nurse
4) Other: ____________________________________________________________________________________________

Other: ______________________________________________________________________________________________

Parent Signature: ___________________________ Date: ___________________________