

**MOORPARK UNIFIED SCHOOL DISTRICT  
KINDERGARTEN/NEW STUDENT  
REGISTRATION INSTRUCTIONS  
2012-2013 SCHOOL YEAR**

In order to enroll your child for Kindergarten, or as a new student, for the 2012-2013 school year, the following documentation requirements must be met: (for grades other than Kindergarten the office manager will assist you with what is required).

- 1) **PROOF OF BIRTH** – Parents must bring proof of birth (birth certificate, baptismal certificate, passport) with them when children are registered. Child must be 5 on or before Nov 1 (born 2007).
- 2) **PROOF OF RESIDENCY** – Please bring a document that offers proof of residency. Options include a utility bill, driver's license, escrow papers or rental agreement.

3) **IMMUNIZATIONS**

The Moorpark Unified School District has a strict policy regarding immunizations. Parents must bring an up to date immunization record with them when children are registered (**record must have doctor's/clinic's stamp affixed**). \*Limited exemptions may apply, please contact your school's health office. Make an appointment now with your doctor or County Health Department's Immunization Clinic if your child still needs additional immunizations. The required immunizations are as follows:

- a. Poliomyelitis (TOPV) "Polio" - 4 doses, but 3 doses meet the requirement if at least one was given on or after the 4th birthday.
- b. Diphtheria, Tetanus, Pertussis (Whooping Cough) "DTP"/"DT" – 5 doses, but 4 doses meet the requirement if the last dose was received after the 4th birthday. \*Students entering 7<sup>th</sup> grade must have received the TDAP booster.
- c. MMR (Measles-Mumps-Rubella) - 2 doses of measles and at least one dose of mumps and rubella; usually both are given as MMR, both must be on or after the first birthday.
- d. Hepatitis B - 3 doses
- e. Varicella (Chickenpox) - one dose, or documentation from your health care provider that your child has had the disease.

**All immunization requirements need to be completed before the first day of school.**

- 4) **HEALTH CHECKUP** – Children must have a health checkup in order to meet the school entry and Child Health and Disability Prevention (CHDP) requirements. Please have this health checkup completed after March 1, 2012 and prior to the first day of school. The *Report of Health Examination for School Entry* form is available at the school sites and at [www.mrpk.org](http://www.mrpk.org) website. You may qualify for no or low cost health insurance, such as Healthy Families or MediCAL. Please contact the health office at your school for further information
- 5) **DENTAL CHECK UP** (by May 31, 2013) (Calif. Ed. Code Section 49452.8) – New legislation requires that students enrolled in kindergarten (or enrolled in first grade for the first time) submit proof of an oral health assessment performed by a licensed dentist or other licensed/registered dental health professional by May 31<sup>st</sup> of their first year in school. Oral Health Assessment/Waiver request forms are available in each school office. Families may qualify for no or low cost dental insurance, such as Healthy Families or DentiCAL. Parents should contact the health office at their child's school for further information.
- 6) **SOCIAL SECURITY NUMBER (Optional)** – This information is useful for student identification and will be kept confidential according to the Family Education Rights and Privileges Act (FERPA). The information is collected on a voluntary basis.

**KINDERGARTEN REGISTRATION BEGINS January 17, 2012, at 9:00 AM and continues through the end of June. Hours for registration are 9 AM to 3 PM ONLY.**

## MOORPARK UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Proof of Birth: Type: _____  Verified by: _____	Proof of Residence: Type: _____  Verified by: _____	Proof of Immunization: Type: _____  Verified by: _____	Enroll Date: _____	Assigned Grade: _____	Permanent ID: _____
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▶ **Has your student ever attended MUSD public schools before?**  Yes Grade \_\_\_\_\_  No

▶ **What grade are you enrolling your student into?** \_\_\_\_\_

**PLEASE PRINT – STUDENT’S LEGAL NAME**

Legal Last Name	Legal First Name	Legal Middle Name	Other Nickname (if applicable)

<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Month	Day	Year	<b>STUDENTS’ BIRTHPLACE:</b> City: _____ State: _____ Country: _____	
Student Home Phone _____						
Student Residence Address			Apt#	City	State	Zip
Student Mailing Address (IF DIFFERENT)			Apt #	City	State	Zip

**Federal law requires the collection of the following information:**

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

**WHAT IS YOUR CHILD’S RACE? (Please check all that apply)**

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

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

<b>PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u>.</b> <input type="checkbox"/> Father or <input type="checkbox"/> Mother <input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; font-weight: bold;">Date student first attended school <u>in the U.S.</u></td> </tr> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center; font-weight: bold;">Date student first attended school in <u>California</u></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Date student first attended school <u>in the U.S.</u>			Month	Day	Year				Date student first attended school in <u>California</u>			Month	Day	Year			
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**MOST RECENT SCHOOL ATTENDED (Student):** For Kindergarten students, please list preschool attended

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child’s former school?  Yes  No

Has your child been suspended?  Yes  No    Has your child ever been expelled?  Yes  No

Has your child been retained?  Yes  No    What grade? \_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM (MUSD REV. 1/12)**



## EMERGENCY AND HEALTH INFORMATION

**Does the student have any of the following:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Eye problems                                      | <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Hearing loss              | <input type="checkbox"/> Wears hearing aids        |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Seizure disorder/epilepsy | <input type="checkbox"/> Serious bee sting allergy |
| <input type="checkbox"/> Peanut allergy                                    |   |  |  |
| <input type="checkbox"/> Other Significant Health Problems: _____          |   |  |  |
| <input type="checkbox"/> Limited Physical Activity (please explain): _____ |   |  |  |

*(Doctor verification Required)*

Does the student take medication regularly? If so, what medication(s)?

*(Documentation must be on file in school office)*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case you are not able to reach me during an illness or emergency, including evacuation, I hereby authorize any employee of Moorpark Unified School District to release my child to only the following \*(In addition to previously listed parent/guardians):**

*\* Person listed must be over 18 years old*

Name (Local if possible)	Relationship to student	Address	Cell	Phone

I also give my consent for emergency medical or dental treatment; including transportation to the nearest emergency aid facility if I or the person(s) listed above cannot be reached.

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

**SIBLING INFORMATION – Please list all brothers and sisters of the student.**

Name	Gender	Grade	School	Birth date