

Independence High School

REGISTRATION PROCEDURES

PLEASE READ ENTIRE PAGE CAREFULLY

All students must go to the school in the attendance area where their parents reside.

If students do not live with parents, we require legal proof of guardianship.

Parent or legal guardian must be present at the time of registration with a photo ID.

The following documentation is needed for ALL entering students:

1. Withdrawal papers from previous school. (for current high school students)
2. Copy of transcript or for entering freshman, the most recent report card.
For freshman entering from outside of Santa Clara County, verification of promotion to 9th grade is required.
3. Birth certificate / *Parent's valid ID*
4. Up-to-date immunization records (shot records), including Tuberculosis (TB) test results.
If entering from outside Santa Clara County: the Santa Clara Public Health Department TB Risk Assessment for School Entry must be completed by a doctor/physician. (*Ask for a form at the school's Registrar Office*)
5. Two different proofs of residence within the Independence attendance area are required along with a completed *Residency Status Verification Form* and **the following documents provided in the name and address of the parent/legal guardian:**

HOME OWNER	RENTER	CO-RESIDER (Owner lives in the home also)	CARE GIVER
*Residency Status Verification form (and) *2 (two) different current official mail communications showing parent/guardian name and address of residency (and) *Escrow papers or other proof of ownership <i>All of the above required</i>	*Residency Status Verification Form (and) *Lease/rental agreement (and) *2 (two) different current official mail communications showing parent/guardian name and address of residency <i>All of the above required</i>	*Residency Status Verification Form with back completed and signed by the property owner. *2 (two) different current official mail communications showing parent/guardian name and address of residency <i>All of the above required</i>	*Caregiver affidavit (qualified relative) <i>Form available in the registrar's office</i> *Birth certificate verification of blood relation to student *Residency Status Verification form *2 (two) different current official mail communications showing caregiver name and address of residency within Piedmont Hills attendance area *Proof of parents residency outside of Santa Clara County <i>All of the above required</i>

THESE ARE THE DOCUMENTS THAT YOU MAY CHOOSE FROM WHEN REGISTERING YOUR STUDENT.

(Two different mail communications are required and must be dated within 30 days of registration):

PGE bill, water bill, garbage bill, bank statement, credit card bill, doctor bill, cable bill, health/car insurance statement, DMV car registration, paycheck stub, Registrar of Voters documentation, Social Service correspondence.

Student Enrollment Form

East Side Union High School District

830 North Capitol Avenue • San Jose, CA 95133 • 408.347.5000 • www.esuhisd.org

ESUHSD Student # _____ Date _____
 Last School Attended _____ City _____ State _____

Does the student receive Special Ed services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the latest IEP or 504 Plan.	Does the student have current siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide names: _____
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STUDENT INFORMATION - PRINT CLEARLY IN CAPITAL LETTERS

Legal Last Name	Legal First Name	Middle Name	Suffix	Nickname
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Birthdate (MM/DD/YYYY): ___/___/_____		

PARENT/GUARDIAN INFORMATION – Below check all who live with this student

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster	<input type="checkbox"/> Group Home	<input type="checkbox"/> Ed Rights Holder	

Household Info (where student lives):	Primary Contact Phone: () -	<input type="checkbox"/> Receive Texts
Address	Apt. #	City
		Zip Code

1st Parent/ Guardian:	Last Name	First Name	Relationship
Address (if different from above)		City	Zip Code

Email Address (used for parent portal account): _____

Cell Phone Number () -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number () -	Home/Other Phone Number () -
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Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education Level of 1 st Parent/Guardian: <input type="checkbox"/> Not high school graduate	High school graduate
<input type="checkbox"/> Some college includes A.A degree	<input type="checkbox"/> College graduate
<input type="checkbox"/> Graduate degree or higher	

2nd Parent/ Guardian:	Last Name	First Name	Relationship
Address (if different from above)		City	Zip Code

Email Address (used for parent portal account): _____

Cell Phone Number () -	Receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number () -	Home/Other Phone Number () -
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Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education Level of 2 nd Parent/Guardian: <input type="checkbox"/> Not high school graduate	High school graduate
<input type="checkbox"/> Some college includes A.A degree	<input type="checkbox"/> College graduate
<input type="checkbox"/> Graduate degree or higher	

RESIDENCE – Where is your child/family currently living?– check appropriate box

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> Doubled-up (Sharing housing with others due to economic hardships or loss) <input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> In a motel/hotel <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> Other (please specify below) _____	Active Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____
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Student Name: _____

ID#: _____

RACE AND ETHNICITY INFORMATION

Is this student Hispanic or Latino Ethnicity? Yes, Hispanic or Latino No, not Hispanic or Latino

Hispanic/Latino is an ethnic group describing people of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

What is this student's race? **Must check at least 1 and up to five racial categories, regardless of your selection above.**

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native - persons having origins in North, Central or South America | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian - from Asia | <input type="checkbox"/> White - persons having origins in Europe, Middle East or N. Africa |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Guamanian | | |

HOME LANGUAGE SURVEY – List multiple languages as appropriate

- Which language did your child learn when they first began to talk? _____
- Which language does your child most frequently speak at home? _____
- Which language do you (the parents /guardians) most frequently use when speaking with your child? _____
- Which language is most often spoken by the adults in the home? (parents, guardians, grandparents or any other adults) _____

Disclaimer: Information above will only be used if this is your student's FIRST enrollment in a California school.

5. Was your child reclassified from English Learner to Fluent English speaker? Yes No
 If yes, provide the reclassification date: Date _____ OR Month _____ Year _____ Grade _____

SCHOOL ATTENDANCE HISTORY

- What month, year and grade did your child first attend public school in USA?
 Month: _____ Year: _____ Grade: _____
- What month, year and grade did your child first attend public school in California?
 Month: _____ Year: _____ Grade: _____
- Has your child attended school in East Side before? Yes No
 Name of last East Side school attended: _____
- What grade did your child FIRST attend this **district**? Grade: 9th 10th 11th 12th
- What grade did your child FIRST attend this **school**? Grade: 9th 10th 11th 12th
- Does your child receive special education or related services through an IEP? Yes No
 Does your child receive accommodations through a 504 plan? Yes No

ATTACH THE CURRENT IEP OR 504 PLAN

I, the parent /legal guardian of this child, certify that all information given on this enrollment form is correct and true.

Signature of Parent/Guardian _____ Date _____

~FOR OFFICE USE ONLY~

Enter Code <input type="checkbox"/> New Student <input type="checkbox"/> Magnet <input type="checkbox"/> Foster <input type="checkbox"/> Returning Student <input type="checkbox"/> Group Home <input type="checkbox"/> Intra District Transfer Intra Home School: <input type="checkbox"/> McKinney- Vento <input type="checkbox"/> Administrative Intra _____ <input type="checkbox"/> Foreign Enrollment (F1) <input type="checkbox"/> Disciplinary Intra <input type="checkbox"/> Inter District Transfer – <input type="checkbox"/> Foreign Enrollment (J1) <input type="checkbox"/> Voluntary transfer District of Residence: _____ <input type="checkbox"/> Other: <input type="checkbox"/> Junior/Senior Privilege _____			Grade <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	Instructional Setting <input type="checkbox"/> Regular <input type="checkbox"/> Continuation <input type="checkbox"/> ISP <input type="checkbox"/> FLC <input type="checkbox"/> Special Education <input type="checkbox"/> Other
Blanks: <input type="checkbox"/> ETH <input type="checkbox"/> RC V2010.01.02				

RESIDENCY STATUS VERIFICATION FORM

HOME OWNER RENTER CO-RESIDER

California Education Code (Section 48200) and District Governing Board Policy 5117 require that a student be enrolled and attend the school that is within the attendance area which the student's parent(s) or legal guardian(s) reside(s).

The form must be completed, signed and submitted with proof of residence. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the student from school.

Student Name: _____ ID Number: _____

Parent/Guardian's Name: _____

Address: _____
(Street Address) (City, State) (Zip Code)

Work Telephone: (_____) _____ Home Telephone: _____

My student resides with me at the address listed above, which is my only residence. I agree to notify the School Registrar should my student, or I, move from this address. I understand that home visitation and/or residency verification is part of a periodic process when residency is established.

Please initial after each of the following statements indicating that you understand and acknowledge the statement.

- The East Side Union High School District will actively investigate all cases where there is reason to believe false information has been provided on this statement, including the use of a School Attendance Office to verify residency status (verification may include home visits). *(parent/guardian, please initial here)* _____
- The District may refer cases in which false information has been intentionally provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information. *(parent/guardian, please initial here)* _____
- Persons who provide false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (Up to 4 years in state prison). [Family Code § 6552; Penal Code § 118 and 126] *(parent/guardian, please initial here)* _____
- Persons providing false information also are civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. [Civil Code § 1709] *(parent/guardian, please initial here)* _____
- Persons who induce, obtain or solicit another person to provide false information are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. [Penal Code §127] *(parent/guardian, please initial here)* _____
- Investigations that reveal students have enrolled on the basis of false information will lead to immediate withdrawal from the District or school. *(parent/guardian, please initial here)* _____

I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. In accordance with State compliance, I have attached the required documentation as proof of residence for enrollment.

Dated: ____ / ____ / ____ Signature of Parent/Guardian _____

HOME OWNER	RENTER	CO-RESIDER	CAREGIVER
<ul style="list-style-type: none"> ○ Residential Status Verification Statement ○ Three (3) current official mail communications showing parent/guardian name and address of residency ○ Escrow papers/property tax payment receipts 	<ul style="list-style-type: none"> ○ Residential Status Verification Statement ○ Lease/rental agreement ○ Three (3) current official mail communications showing parent/guardian name and address of residency 	<ul style="list-style-type: none"> ○ Residential Status Verification Statement ○ Lease/rental agreement ○ Three (3) current official mail communications showing parent / legal guardian name and address of residency 	<ul style="list-style-type: none"> ○ Notarized caregiver affidavit (qualified relative) ○ Residential Status Verification Statement ○ Lease/rental agreement ○ Three (3) current official mail communications showing parent/guardian name and address of residency

THESE ARE THE DOCUMENTS THAT YOU MAY CHOOSE FROM WHEN REGISTERING YOUR STUDENT. (Official mail communications must be dated within 30 days of registration):

- Property tax payment receipts, utility service contract/statement/payment receipts, pay stubs, car insurance, car registration, bank statement, Registrar of Voters documentation, California driver's license/ID, correspondence from a government agency

ALL INFORMATION LISTED BELOW MUST BE COMPLETED BY THE OWNER OF SAID PROPERTY ON BEHALF OF RENTERS AND CO-RESIDERS.



Rental Agreement Information:

List of ALL occupants _____

Date the original lease/rental agreement began (original move-in date) : ____ / ____ / ____

Term of current lease/rental agreement: ____ / ____ / ____ - ____ / ____ / ____

Lease/rental agreement renewed: monthly annually indefinite contract

PROPERTY OWNER VERIFICATION

I, the owner of above described property, am signing to declare, under penalty of perjury under the laws of the State of California, that the information listed above is true and correct. I am also signing to certify that the parent/guardian stated above, along with their student, reside at the above named residence which I own.

Persons who provide false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (Up to 4 years in state prison). [Family Code § 6552; Penal Code § 118 and 126] _____ (property owner's initials)

Property Owner Name (please print) _____

Address _____
(Street Address) (City, State) (Zip Code)

Telephone Number (_____) _____

Property Owner's Signature _____ Date ____ / ____ / ____

**INDEPENDENCE HIGH SCHOOL
EMERGENCY CARD**

Please print clearly with ink:

Last Name	First Name	Date of Birth	GENDER	GRADE	STUDENT ID#

1. PARENT/ GUARDIAN: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

2. PARENT/ GUARDIAN: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he/she may be released ONLY by the following listed persons:

1. First Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

2. Second Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

3. Third Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

4. Fourth Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

Does your son/daughter have any current health problems about which the school should be informed?

Yes ___ No ___ If yes, please explain: _____

Does he/she take daily medication at home?

Yes ___ No ___ If yes, please name of medication and medical reason: _____

Will medication need to be administrated at school?

Yes ___ No ___ If yes, please name of medication and medical reason: _____

**** In order for medication be given to school, please request Medication Consent form from out school health care technician. This form must be completed by parent/guardian and doctor.**

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary.

I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian _____ **Date:** _____

Independence High School

Dear Parent/Guardian,

In compliance with California Education Code Section #49423, if or when a student needs to take medication at school he/she must first have a Medical Release Form signed by the PHYSICIAN and the parent on file at the school he/she is attending. Forms are available at the school health/attendance office.

Please complete the form below as it pertains to your child. If none of these apply to your child, please indicate by checking the space marked "none". After completing this form, please sign it date it and return it with the registration packet.

Thank you
Health Care Tech

Student's Name: _____

Student's date of birth: _____

Transferring in from what: STATE _____ COUNTY _____

Has your child had Chicken Pox (varicella) **yes** **no** if yes, when _____

Does your child have:

Heart Problems**yes** **no**
Treatment _____

Allergies.....**yes** **no**
To What? _____

Diabetes.....**yes** **no**
Treatment _____

Bee Sting Allergy**.....**yes** **no**
Carries an Epi-Pen**yes** **no**

Seizures.....**yes** **no**
Treatment _____

Other Health Problems.....**yes** **no**
Please explain _____

Asthma**.....**yes** **no**
Carries inhaler _____

If you check **yes to any of these questions, the Medication Release Forms **MUST** be on file in our health office.

It is the parent's responsibility to notify the school (ED Code;#12020) if there, is any change in the child's health, which affects his/her ability to take physical education or if he/she needs to be placed on regular medication.

PARENT'S SIGNATURE

DATE

County of Santa Clara

Public Health Department



Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440

Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10 mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review. TB screening can be falsely negative within 8 weeks after exposure, so are best obtained 8 weeks after last exposure.

Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children <5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g., cough for $>2-3$ weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
 - Isoniazid
2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - Rifapentine
10.0-14.0 kg: 300 mg
14.1-25.0 kg: 450 mg
25.1-32.0 kg: 600 mg
32.1-50.0 kg: 750 mg
>50 kg: 900 mg
 - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).
- Isoniazid and Rifampin daily for 3 months: Children: Isoniazid 10-20 mg/kg (300 mg maximum) Rifampin 15-20 mg/kg; (600 mg maximum)

Child's Name: _____ Birthdate: _____ Male/Female School: _____
 Last, First month/day/year

Address _____ Phone: _____ Grade: _____
 Street City Zip

Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a licensed health professional in the U.S. and returned to the child's school.

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB*? Yes No
2. Has your child been in close contact to anyone with TB disease in their lifetime? Yes No
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone \geq 15 mg/day for \geq 2 weeks). Yes No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).

If YES, to any of the above questions, the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST or 2) no new risk factors since last documented negative IGRA (performed at age \geq 2 years in US or TST performed at age \geq 6 months in U.S.)

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

Date of (IGRA)	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD)	Induration _____ mm
Date placed: _____ Date read: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid daily - 9 months <input type="checkbox"/> Isoniazid and Rifampin daily - 3 advice months	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated <input type="checkbox"/> Declined against medical
Please check one of the boxes below and sign: <input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test. <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms. <input type="checkbox"/> Child has no TB symptoms. Appointment for IGRA/TST scheduled on: _____ <input type="checkbox"/>	
_____ Health Care Provider Signature, Title Date	

Name/Title of Health Provider:
Facility/Address:
Phone number: