

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 ID/driver license*
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.esuhdsd.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:
---	--

STUDENT INFORMATION - PRINT CLEARLY IN CAPITAL LETTERS

Legal Last Name Legal First Name Middle Name Suffix Nickname

Sex: Male Female Birthdate (mm/dd/yyyy) Social Security #

Birth Country Birth State Birth City

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

Father Mother Step-Father Step-Mother Aunt Uncle
 Grandfather Grandmother Foster Group Home Ed Rights Holder

Household Info (where student lives): Primary Contact Phone: () - Receive Texts
 Address Apt. # City Zip Code

First/Guardian Last Name First Name Relationship

Address (if different from above) Apt. # City Zip Code

Email Address:

Cell Phone Number Receive text messages? Yes No Work Phone Number Home/Other Phone Number
 () - () - () -

Language preference: English Spanish Vietnamese Resides with Student? Yes No

Second/Guardian Last Name First Name Relationship

Address (if different from above) Apt. # City Zip Code

Email Address:

Cell Phone Number Receive text messages? Yes No Work Phone Number Home/Other Phone Number
 () - () - () -

Language preference: English Spanish Vietnamese Resides with Student? Yes No

PARENT EDUCATION - Check the response that describes of the most educated parent.

Not high school graduate High school graduate
 Some college includes A.A degree College graduate 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"/> 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: _____
<input type="checkbox"/> In a shelter or transitional housing program		

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? You must check 1 or up to five racial categories, no matter what was selected 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 she/he first began to talk? _____
- What language does your child most frequently use at home? _____
- What language do you use most frequently to speak to your child? _____
- Name the language most often spoken by the adults at home? _____
- 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
- Previous Special Needs Placement? SDC RSP DIS 504
Last IEP meeting date: _____ 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

- New Student
- Returning Student
- Intra District Transfer
- Administrative Intra
- Disciplinary Intra
- Voluntary transfer
- Junior/Senior Privilege
- Magnet

Home School: _____

- Foster
- Group Home
- McKinney- Vento
- Foreign Enrollment (F1)
- Foreign Enrollment (J1)
- Inter District Transfer –
District of Residence: _____

Other: _____

Grade

- 9th
- 10th
- 11th
- 12th

Instructional Setting

- Regular
- Continuation
- ISP
- FLC
- Special Education
- Other

Blanks:

- ETH
- RC V2010.01.02

RESIDENCY STATUS VERIFICATION FORM

(Please check one)

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 district which the student's parent(s) or legal guardian(s) reside(s).

The form must be completed, signed and submitted with proofs 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 it has 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	CARE GIVER
<ul style="list-style-type: none"> ○ Residency Status Verification form ○ 2 (two) current official mail communications showing parent/guardian name and address of residency ○ Escrow papers/property tax statement, etc. 	<ul style="list-style-type: none"> ○ Residency Status Verification form ○ Lease/rental agreement ○ 2 (two) current official mail communications showing parent/guardian name and address of residency 	<ul style="list-style-type: none"> ○ Residency Status Verification form with back signed by the property owner. ○ 2 (two) current official mail communications showing parent/guardian name and address of residency 	<ul style="list-style-type: none"> ○ Notarized caregiver affidavit (qualified relative) ○ Birth certificate verification of blood relation to student ○ Residency Status Verification form ○ Lease/rental agreement ○ 2 (two) current official mail communications showing parent/guardian name and address of residency ○ Proof that parent lives out of district

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

(Official mail communications must be dated within 30 days of registration):

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

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



List of ALL occupants

_____	_____
_____	_____
_____	_____
_____	_____

If no separate lease/rental agreement, need original move-in date: ____ / ____ / ____

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

Lease/rental agreement renewed: monthly annually indefinite contract

PROPERTY OWNER VERIFICATION for (Co-residers Only)

(All highlighted areas below must be completed)

I, the owner of the 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 Information

Please print clearly in ink.

Last Name	First Name	Date of Birth	Sex	Grade	Student ID#

First Parent / Guardian: _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Parent / Guardian: _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

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

First Contact Name _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Contact Name _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Third Contact Name _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Fourth Contact Name _____ Relationship _____

Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Physician Name _____ Telephone _____ Hospital Affiliation _____ Medical Insurance Carrier _____

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, name of medication and medical reason: _____

Will medication need to be administered at school? **Yes _____ No _____ If yes, name of medication and medical reason: _____

***In order for medication to be given at school, please request Medication Consent form from our school health care technician to be completed by parent 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 Signature _____ Date _____

Special Education Enrollment Questionnaire

rev. 6/17

Student Name: _____

Student Birthdate: _____ Grade: _____

Please fill out the following questionnaire so the school is aware of all previous special education services and your student's educational history. *(Please read carefully and answer every question.)*

Circle One

- | | | | |
|--|-----|----|----------|
| 1 Does your student have an IEP (Individual Education Plan)? | YES | NO | NOT SURE |
| 2 Has your student ever had an IEP (Individual Education Plan)? | YES | NO | NOT SURE |
| 3 Has your student ever received special education services before? | YES | NO | NOT SURE |
| 4 Does your student have a Behavior Support Plan (BSP)? | YES | NO | NOT SURE |
| 5 Did your student see a speech teacher at the previous school? | YES | NO | NOT SURE |
| 6 Did your student see a Resource Specialist or Special Day Class Teacher (Special education teacher) at the previous school? | YES | NO | NOT SURE |
| 7 Was your student pulled out of the general education classroom to receive services? | YES | NO | NOT SURE |
| 8 Did your student see any other specialist at the previous school?
If yes, please list: _____ | YES | NO | NOT SURE |
| 9 Was your student enrolled in a self-contained classroom for special needs education? | YES | NO | NOT SURE |
| 10 Was your student enrolled in a special day <i>class</i> for special education? | YES | NO | NOT SURE |
| 11 Was your student enrolled in a special day <i>school</i> for special education? | YES | NO | NOT SURE |
| 12 Did your student participate in any before or after school tutoring groups for reading? | YES | NO | NOT SURE |
| 13 Did your student participate in any before or after school tutoring groups for math? | YES | NO | NOT SURE |
| 14 Did your student participate in any before or after school tutoring groups in any other subjects?
If yes, please list: _____ | YES | NO | NOT SURE |
| 15 Did the previous school hold a Student Study Team, Student Success Team or Student Assistance Team meeting on behalf of your student? | YES | NO | NOT SURE |
| 16 When was the <i>last time</i> your student received special services of any kind?
Month _____ Year _____ | YES | NO | NOT SURE |

Parent/Guardian 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.

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 (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) 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).

For additional information: www.sccphd.org/tb or contact the TB Control Program at (408) 885-2440.

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 U.S. licensed primary care provider and returned to the child's school.

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate? Yes No
2. Has your child been exposed to anyone with TB disease? Yes No
3. Has a family member had a positive TB test or received medications for TB? Yes No
4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate? Yes No
5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 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 (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the 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:

Interferon Gamma Release Assay (IGRA) Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date read: _____	Induration _____ mm 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"/> Other: _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated: _____ <input type="checkbox"/> Declined against medical advice
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 no TB symptoms.	
_____ Health Care Provider Signature, Title Date	

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