



SIERRA UNIFIED SCHOOL DISTRICT

Superintendent
Jordan Reeves

Board of Trustees
Cortney Burke
Ben Kimbler
James Hoak
Carolyn Capps
Ginger Cardoza
Connie Schlaefer
Wes Qualls

May 2024

Dear Parents/ Guardians of Kindergarten Students:

Welcome to the Sierra Unified School District! We are looking forward to getting to know you and your child(ren). Kindergarten is a big change for children and their parents, and we want to assist you in making the transition into school a little easier. To that end, please note the following information and checklist.

- ✓ Children entering Kindergarten must be five (5) years old, on or before September 1st.
- ✓ Children who reach the age of five (5) years old between September 2nd and June 2nd, 2025 are invited to enroll in Transitional Kindergarten.
- ✓ Children who reach the age of five (5) after June 2nd, 2025 are eligible to enroll in Transitional Kindergarten upon their 5th birthday.

The following items must be presented to your school of attendance upon registration:

- ✓ The child's birth certificate or other proof of age (such as a passport or hospital record of birth).
- ✓ The child's social security number or card.
- ✓ The child's immunization records, including current Polio, DPT (diphtheria, pertussis, tetanus), **MMR** (measles, mumps and rubella), Hepatitis B series, Varicella (chicken pox), and a Tuberculosis skin test, with recorded results.
- ✓ The usual immunization requirement for children in California schools is as follows: Polio - 4 doses, DPT - 5 doses, **MMR** - 2 doses, Hepatitis B - 3 doses, and Varicella - 2 dose.

Also recommended at registration:

✓ The State of California requires that a dental check-up be completed by May 31st of the first school year. The evaluation must be completed by a licensed dental professional. Oral health evaluations that have occurred within the 12 months prior to school entry also meet this requirement.

✓ Proof of a physical examination for entrance into Kindergarten must be dated on or after March 1st for the year the student is entering Kindergarten. This will fulfill the State requirement for a first grade physical, which must be obtained within 18 months prior to entering first grade.

If you have any questions or concerns, please contact Foothill Elementary at 559.855.3551. The staff at the school is ready to assist you.

Sincerely,

Jordan Reeves

Superintendent



You Can Enroll in School

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 shelter (family, domestic violence, youth shelter or transitional living program)
- In a motel, hotel or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground, bus/train station, public spaces or on the street
- In temporary foster care or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water, or heat)
- With friends or family because you are a runaway or an unaccompanied youth

You may:

- Participate fully in all school activities and programs for which you are eligible.
- Continue to attend the school in which you were last enrolled even if you have moved away from that school's attendance zone or district.
- Receive transportation from your current residence back to your school of origin
- Qualify automatically for child nutrition programs (free and reduced-price lunches and other district food programs).
- Contact the district liaison to resolve any disputes that arise during the enrollment process.

To enroll in or attend school if you live under any of these conditions, you do NOT need to provide:

- Proof of residency
- Immunization records or tuberculosis skin-test results
- School records
- Legal guardianship papers

Parents' responsibilities are to:

- Enroll your child in school
- Make sure your child attends school regularly and completes homework and projects on time
- Request transportation if needed
- Attend parent-teacher conferences, Back-to-School Nights and other school-related activities
- Stay informed of school rules, regulations and activities
- Participate in school advisory/decision-making activities
- Notify the school if moving

Questions:

- Contact your local school district homeless liaison: Anthony Abrams at **559.855.3020**
- Contact Fresno County homeless liaison at **559.265.4003**



Kindergarten

Early Admittance

This does not apply to you if your child will not be five on or before September 1st, 2024.

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Dear Parents/Guardians,

California Education Code has passed a new law regarding kindergarten registration stating the following:

A child who will reach the age of five on or before September 1 of the school year shall be eligible for enrollment in kindergarten at the beginning of that school year or at any later time in the same year. A child who will reach the age of five between September 2 and June 2, 2025 will be eligible for Transitional Kindergarten (TK), a two-year kindergarten program. TK is the first year of a two-year kindergarten program that uses a modified kindergarten curriculum that is age and developmentally appropriate (Education Code 48000). Pursuant to EC 48000(c), a child is eligible for TK if the child will have his or her fifth birthday between September 2 and June 2, 2025. However, pursuant to AB 104, EC 48000(c)(3)(B)(i) a school district or charter school may, at any time during a school year (including at the beginning of the school year) admit a child to a kindergarten or TK program who will have his or her fifth birthday after June 2, 2025 but during that same school year, with the approval of the parent or guardian, if the governing board of the school district determines that the admittance is in the best interests of the child as determined by the Superintendent or designee following a case-by-case basis and the parent or guardian is given information regarding the advantages and disadvantages and any other explanatory information about the effect of-this early admittance.

In response to the above changes to California Education Code, Sierra Unified School District has developed an assessment protocol to determine a student's readiness for kindergarten if their birthdate falls after the September 1st cut-off or readiness for TK if their birthdate falls after the June 2nd cut-off. This assessment includes administration of an intellectual assessment performed by the district school psychologist as well as reviewing the child's pre-academic skills during the kindergarten screening or previous school experience. The child's social and emotional maturity will also be assessed by gathering observational and anecdotal information from the child's current preschool setting, teacher, and parent. This information will then be compiled and provided to the parent and governing school board members as a recommendation for admittance into kindergarten or transitional kindergarten and final determination made during the June 2024 Sierra Unified school board meeting. The student's participation in this assessment process is voluntary and only subject for those parents interested in having their child attend kindergarten if their birth date falls after the September 1st cut-off. The assessment will take place at Foothill Elementary. Parents will be contacted by the school psychologist when their child's assessment date has been set. Results of the assessment will be provided to the parent in a written report and the school psychologist's recommendations will be sent to the Sierra Unified governing board council members to review over a closed council session.

If you are interested in having your child assessed and allowing the Sierra Unified School District governing school board council members determine your child's grade placement for the 2024-2025 school year, please complete the following page and return it to the front office staff at Foothill Elementary School.



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Parent Request for Assessment for Early Admittance into Kindergarten 2024-25 School Year

Student Name: _____ Date of Birth: _____

I, _____, am requesting that my child, _____ be assessed by the district school psychologist in the area of intellectual/cognitive functioning and observed within his/her current classroom setting to determine his/her developmental maturity and appropriate grade placement for the 2024-25 school year on the Foothill Elementary School campus. I am aware that the results from the assessment will be provided to the parent and governing board members as a means to assist them in determining correct placement for my child during the June 2024 Sierra Unified school board meeting.

Parent Signature

Date

Address

Phone Number

Please sign and return this form to the following designee and address:

Danielle Amundsen
Sierra Unified School District
29147 Auberry Road
Prather, CA 93651

Office Use Only:

- Consent for assessment form signed
 Grade Acceleration assessment complete
 Governing Board Approval for grade acceleration Not Approved for grade acceleration



FOOTHILL ELEMENTARY

Transitional Kindergarten



Transitional Kindergarten (TK) is a two year kindergarten program that gives parents an option and bridges the gap between preschool and traditional kindergarten.

TK is designed for, but not restricted to, students who turn 5 years old between September 2nd and June 2nd, 2025.

Transitional Kindergarten provides children with the gift of time to build age appropriate social, developmental, and academic skills that will follow them throughout their school career. This program allows students to develop foundational skills at their own pace.

TK is a full day program designed to mimic the traditional kindergarten schedule.

After Kindergarten Registration, those students whose birthdays fall within the given cutoff above, will be placed in a transitional kindergarten classroom.

If teachers or parents discover that the initial placement is not in the student's best interest, students may move between Kindergarten and TK or from TK to Kindergarten. A team, including the parent, will get together to decide which placement is best. It is our hope that this extra year to develop academically, socially, and emotionally will benefit students and reduce the number of retentions in kindergarten and provide a foundation for school success for the student's entire school year.



Student Information Form

Pink Form

Notice of Nondiscrimination: The Sierra Unified School District does not discriminate on the basis of race, color, gender, disability, or national origin in admission or access to and treatment of employment in its programs and activities, as required by Title VI, Title IX, and Section 504.

For Office Use Only

SID: _____ Entry Date: _____
Teacher (Last Name): _____

Please print clearly when completing form.

Today's Date: _____ School: _____
Student's Legal Last Name: _____ Student's Legal First Name: _____
Full Middle Name: _____ Nickname: _____ Gender: F M
Birthdate: ____/____/____ SSN: _____
mm dd yy
Grade: _____ Home Phone: _____ (Unlisted) Cell Phone: _____ (Unlisted)
Residence Address: _____
Street/Apt. Suite City State Zip
Mailing Address: _____
(if different from Residence) Street/Apt. Suite City State Zip

Parent/Guardian Education Level Please check the highest level of education for Parent/Guardian. <i>This information is required by the California Department of Education.</i>	Father	Mother
	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College (Include AA) <input type="checkbox"/> College Graduate (BA/BS) <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> Decline to State	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College (Include AA) <input type="checkbox"/> College Graduate (BA/BS) <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> Decline to State

Primary language spoken at home? English Spanish Other: _____

Student's primary language? English Spanish Other: _____

Parent/Guardian Contact Information (with whom the child does live with)

Guardian #1

Name: _____ Relationship: _____
Work Phone: _____ Home: _____ Cell: _____ E-Mail Address: _____

Guardian #2

Name: _____ Relationship: _____
Work Phone: _____ Home: _____ Cell: _____ E-Mail Address: _____

Parent/Guardian Contact Information (with whom the child does not live with)

Other Parent's/Guardian's Name: _____ Relationship: _____
Work Phone: _____ Home: _____ Cell: _____ E-Mail Address: _____
Residence Address: _____
Street/Apt. Suite City State Zip
Mailing Address: _____
(if different from Residence) Street/Apt. Suite City State Zip
Comments: _____ Send Mail? Yes No



Ethnicity (Required for State/Federal Reporting)

Are you Hispanic or Latino? Yes No

Please check (✓) up to 5 below:

- Checkboxes for various ethnicities: American Indian or Alaska Native, Asian Indian, Black/African American, not Hispanic, Cambodian, Chinese, Filipino, Guamanian, Hawaiian, Hmong, Japanese, Korean, Laotian, Other Asian, Other Pacific Islander, Samoan, Tahitian, Vietnamese, White, Decline to State

Additional Student Information

Check any of the following services your child currently receives:

- Checkboxes for services: RSP (Resource), Special Day Class, Speech/Language, GATE Program, Math, Science, 504, Title I - Math, Title I - Reading, Indian Education Services, Academic Core (H.S.), English Learner, Foreign Exchange Program, Other

Child's Birth Place and First Time School Enrollment

Birth City: _____ Birth State: _____ Birth Country: _____

What date did this child first enter a California Public School? Month: _____ Year: _____

What date did this child first enter a U.S. School? Month: _____ Year: _____

If this child was born outside of the U.S., was parent a diplomat, a military employee, or a U.S. citizen?

Yes (please explain): _____ No

Medical Information

This student has the following health condition(s): (Check ✓ all that apply to this student)

- Checkboxes for health conditions: Vision Difficulty, Wears Glasses, Hearing Difficulty, Tuberculosis, Diabetes, Bleeder, Heart Condition, Epilepsy, Convulsions/Seizures, Serious Illness/Accident, Takes Meds Regularly, Other, Allergies: Medication, Food, Hay Fever, Asthma, None of these, Medical Excuse for Physical Education

Last School Information

School Last Attended: _____

Address: _____

Street City

State Zip

Phone: _____ Fax: _____

Has your child ever attended a Sierra Unified School? Yes No

If yes, what school? _____ When? _____

If your child has been retained, what was the grade level? _____

Has student ever had a serious health problem? Yes No

If yes, please explain: _____

Sibling Information

Name: _____ Year Born: _____

School: _____

Name: _____ Year Born: _____

School: _____

Name: _____ Year Born: _____

School: _____

Name: _____ Year Born: _____

School: _____

Parent/Guardian Signature



Student Information

Name Birthdate Date Mother's Name Father's Name

Medical History

Child's general health is Excellent Good Fair Poor

If health is poor please explain

Date of last physical by Dr.

Vision

- No known problem Problem with Had eye check-up from Dr. Needs glasses All the time For reading only Had eye surgery Date

Hearing problems

- No Sometimes Yes Right ear Left ear Frequent ear infections As a baby Currently #Times/year Has ear tubes Has had tubes times Has hard wax Chronic wax build-up Has a hearing aid, sees Dr.

Does your child have any of the problems listed below

- Allergies / Have an EpiPen Yes No Medications Asthma / Uses Inhaler Yes No Seizures Head injury Anemia Bowel or Bladder problems Diabetes Hyperactivity Hospitalizations Emotional problems Serious illness

Developmental History

Length of pregnancy Birth weight Did you have prenatal care? Yes No

Were there any complications during your pregnancy? Yes No

If so, please explain

When your baby was born did the baby cry right away? Yes No

Did your baby need resuscitation? Yes No

Oxygen? Yes No Incubation? Yes No If so, how long?

Were there any problems after the baby was born such as jaundice, feeding problems or weight gain? Yes No



Developmental History (Cont.)

At what age did your child Sit ____ Crawl ____ Walk ____ Use words ____ Use sentences ____
Become toilet trained ____ [] I can't remember, but it was not a concern.
Compared to their siblings, my child developed [] Faster [] Slower [] The same
Can your child dress themselves? [] Yes [] No Do buttons? [] Yes [] No
Ride a tricycle? [] Yes [] No Ride a bicycle? [] Yes [] No
Is your child's coordination [] Above Average [] Average [] Below Average
Is your child [] Right-handed [] Left-handed [] Ambidextrous [] Hasn't decided

School History

Has your child attended preschool? [] Yes [] No If yes, where/when _____

Social and Behavioral History

Check (✓) any that usually applies to your child

- [] Gets along well with others [] Strangers can easily understand his/her speech [] Quick to anger
[] Takes turns [] Doesn't listen [] Daydreams/tunes out
[] Acts shy [] Clumsy [] Doesn't remember
[] Prefers quiet activities [] Destructive [] Accident prone
[] Is able to sit still and listen to a story for 10 minutes [] Is always moving [] Throws tantrums
[] Listens without interrupting while someone else talks [] Acts without thinking

Do you feel your child is socially [] Mature [] Average [] Immature Are there other children nearby to play with? Yes [] No []

How many hours of TV does your child watch a day? _____

What programs does he/she like? _____

What are some of your child's favorite activities? _____

Describe your child's personality _____

Does your child [] Nail bite [] Suck thumb [] Stutter

Are there any behaviors that your child exhibits that are concerning to you?_ _____

Conclusion

Do you have any concerns about your child's health? _____

Has there been any changes in the family structure that may affect your child's learning? _____



Student Information

First Name _____ Middle _____ Last _____
 Grade _____ Birth Date _____ Gender _____
 Home Address _____
Street/Apt. Suite City State Zip
 Mailing Address _____
Street/Apt. Suite City State Zip

Parent/Guardian Contact Information

#1 Parent/Guardian Contact

First Name _____ Last _____ I would like Emergency Electronic updates to go to:
 Email _____ Home Phone _____ Home Cell Work
 Cell Phone _____ Work Phone _____ I would like General Electronic updates to go to:
 Relationship _____ Home Cell Work

#2 Parent/Guardian Contact

First Name _____ Last _____ I would like Emergency Electronic updates to go to:
 Email _____ Home Phone _____ Home Cell Work
 Cell Phone _____ Work Phone _____ I would like General Electronic updates to go to:
 Relationship _____ Home Cell Work

Other Emergency Contacts

#3 Contact

Name _____ Home Phone _____ Cell Phone _____
 Relationship _____

#4 Contact

Name _____ Home Phone _____ Cell Phone _____
 Relationship _____

#5 Contact

Name _____ Home Phone _____ Cell Phone _____
 Relationship _____

Primary Care Physician Insurance Information

Physician Name _____ Insurance Carrier _____
 Phone _____ Subscriber Name _____
 Group Number _____



Medications

Name(s) _____

Diagnosis/es _____

Dosage and Time Instructions _____

Health/Medical Conditions

Please check (✓) all boxes that apply to your child

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Serious Illnesses |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Cardiac Health | <input type="checkbox"/> Injuries | <input type="checkbox"/> Protective or Corrective Equip. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Medical Conditions | <input type="checkbox"/> Seizure Disorder | _____ |

Concerns and Comments _____

Agreements

I hereby authorize the Principal or designee to seek and consent to any emergency medical treatment. Yes No

Parent/Guardian Signature



Name of Student _____
Last First Middle
Age of Student _____ Grade _____ Name of Teacher _____

Directions to Parents and Guardians:

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

- 1. Which language did your child learn when he/she first began to talk? _____
- 2. Which language does your child most frequently speak at home? _____
- 3. Which language do you (the parents or guardians) use most frequently when speaking with your child? _____
- 4. Which language is most often spoken by adults in the home?
(Parents, guardians, grandparents, or any other adults) _____
- 5. What date did the child first enter a U.S. public school? (Month/Year) _____

Please sign and date this form in the spaces provided below, then return this form to the school office.

Parent/Guardian Signature **Date**



Student Residency Questionnaire

Green Form

Name of School _____

Name of Student _____ Male Female
Last First Middle

Date of Birth _____ Age _____ Social Security# _____
(or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered **Yes** to the above questions, please complete the remainder of this form. If you answered **No**, you may stop here.

Where is the student presently living? Check (✓) one box.

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (re: car, park, campsite)

Name(s) of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Parent/Guardian Signature

Date

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date