

2021-2022 OAK PARK UNIFIED SCHOOL DISTRICT  
ENROLLMENT COVER SHEET  
DISTRICT OF CHOICE

Date: \_\_\_\_\_ Enrolling for Grade: \_\_\_\_\_  
2021-2022

Student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

District of Residence \_\_\_\_\_ School of Residence \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Student lives with: ( ) Both Parents ( ) Mother ( ) Father

Names of brothers, sisters living at home	Relation to Student	School attending (if applicable)	Grade

Services received at previous school (check all that apply): ( ) ELL ( ) GATE ( ) 504  
( ) Special Education: Specify program: \_\_\_\_\_

**FOR OFFICE USE ONLY:** ID# \_\_\_\_\_ Start Date \_\_\_\_\_

\_\_\_\_\_ Proof of Birth [ ] Birth Certificate [ ] Passport [ ] Baptismal Certificate

\_\_\_\_\_ All Immunizations Complete \_\_\_\_\_ Exemption

\_\_\_\_\_ First Grade Health Exam Date Completed: \_\_\_\_\_

\_\_\_\_\_ Kindergarten Dental Exam Date Completed: \_\_\_\_\_

\_\_\_\_\_ Language Survey \_\_\_\_\_ Pre-Enrollment Form

## **Oak Park Unified School District**

### **NOTICE OF POSSIBLE REASSIGNMENT**

The Oak Park Unified School District is committed to providing a quality educational program for all students. An important consideration in achieving this goal is maintaining reasonable class sizes in our schools. Because student enrollment may vary from school to school and from grade level to grade level, we must, on occasion, assign elementary students to schools outside their neighborhood attendance boundaries in order to balance enrollment and class sizes.

- o Reassignments will be based on the date of enrollment. Last (most recent) enrolled will be the first to be moved.
- o Siblings will be kept together at a single school whenever possible. If we are not able to transfer all of the children in the family to a single school, then the child will be passed over to the next child on the list.
- o Students will be invited back to their home school if space becomes available. A wait-list is established for this purpose when students are moved.

I have read and understand the Oak Park Unified School District Reassignment Policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **HOME LANGUAGE SURVEY**

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.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(First, Middle, Last)\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_  
(City, State, Country)

Date Student entered U.S. Public School System: \_\_\_\_\_  
(MM/DD/YY)

Date Student entered CA Public School System: \_\_\_\_\_  
(MM/DD/YY)

1. Language first spoken by Student?

\_\_\_\_\_

2. Language most often spoken by Parents in the home?

\_\_\_\_\_

3. Language the Student speaks most frequently?

\_\_\_\_\_

4. Language most frequently spoken to Student by Adults in the home?

\_\_\_\_\_

\*If your child's primary language is Chinese, please specify what dialect  
ie, Cantonese, Mandarin

**OAK PARK UNIFIED SCHOOL DISTRICT  
GRADES 1<sup>ST</sup> THRU 5<sup>TH</sup>  
CHILD INFORMATION FORM**

**Welcome to Oak Park Unified School District. Please complete the following information to help us make the best possible placement for your child.**

**DATE:** \_\_\_\_\_ **GRADE IN AUGUST:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SCHOOL LAST ATTENDED:** \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY. MY CHILD HAS RECEIVED SERVICES IN:**

\_\_\_\_ **RSP**    \_\_\_\_ **ESL**    \_\_\_\_ **SPEECH/LANGUAGE**    \_\_\_\_ **GATE**    \_\_\_\_ **SDC**

**Your child's last classroom assignment was: (Choose all that apply)**

- ☐ **Structured**
- ☐ **Moderately Structured**
- ☐ **Loosely Structured**
  
- ☐ **Met his/her needs**
- ☐ **Did not meet his/her needs**
- ☐ **Somewhat met his/her needs**
  
- ☐ **A self-contained single grade level class**
- ☐ **A combination class (combination grades: \_\_\_\_\_ / \_\_\_\_\_)**
- ☐ **Other (please describe)**

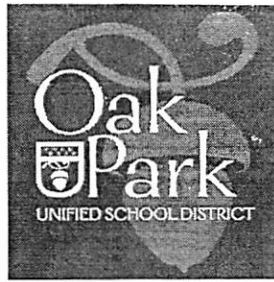
\_\_\_\_\_  
\_\_\_\_\_

**According to your understanding, your child's level of achievement at his/school was:**

<b>Math</b>	<b>Reading</b>	<b>Writing</b>
____ <b>Above</b>	____ <b>Above</b>	____ <b>Above</b>
____ <b>Grade Level</b>	____ <b>Grade Level</b>	____ <b>Grade Level</b>
____ <b>Below</b>	____ <b>Below</b>	____ <b>Below</b>

**Your child succeeds best when:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

SEND TO:

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Registrar's Fax #: \_\_\_\_\_ Registrar's Email: \_\_\_\_\_

Neither Federal nor California law requires districts to obtain parent or guardian permission to release mandatory permanent or mandatory interim records. Parents and guardians have the right to inspect, review and challenge the content of these records and may also, at their expense, receive a copy of such records upon written request.

The Oak Park Unified School District requests the former school/district to release all of the following mandatory records:

- |  |                                    |
|--|------------------------------------|
| 1. Cumulative (educational identifying data) | 7. Gifted Programs                 |
| 2. Transcript                                | 8. Standardized Test Data          |
| 3. Attendance                                | 9. Proficiency Test Data & Samples |
| 4. Health and Medical                        | 10. Discipline                     |
| 5. Special Education                         | 11. Suspension and Expulsion       |
| 6. Remedial Programs                         | 12. Other: _____                   |

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

Records Clerk: \_\_\_\_\_ Date Requested: \_\_\_\_\_

*First Grade Only*  
**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last	First	Middle	BIRTHDATE—Month/Day/Year
ADDRESS—Number/Street	City	ZIP Code	SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**

**NOTE:** All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD)	
Blood Test (for anemia)	
Urine Test	
Blood Lead Test	
Other	

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- ☐ Please check this box if you **do not** want the health examiner to fill out Part III.

➤ \_\_\_\_\_  
Signature of parent or guardian Date

Name, address, and telephone number of health examiner

➤ \_\_\_\_\_  
Signature of health examiner Date

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*