Welcome to the Fountain Valley School District!

New Student Pre-Enrollment Documentation Checklist

Student Name _____

Parent Name _____

School Year ☐ 2020-21 ☐ 2021-22

Grade _____ Birthdate _____

Please complete and bring the following documents with you to the school office to enroll your child in a Fountain Valley School District school.

- ☐ Permanent Record Card
- ☐ School History
- ☐ Parent Authorization for Release of School Records
- ☐ Aeries Pre-Enrollment Confirmation (Provided in the first part of the enrollment process)
- ☐ Student Health Concern Survey

Please bring the following items with you to complete the enrollment process.

- ☐ Proof of Residence
- ☐ Immunization Records
- ☐ Verification of Age
- ☐ GATE Verification (if applicable)
- ☐ 4th – 8th Grades: most recent CAASPP results
- ☐ 6th – 8th Grades: most recent report card

FOUNTAIN VALLEY SCHOOL DISTRICT

Permanent Record Card

*****PLEASE USE BLACK or BLUE INK ONLY*****

LAST Name of Pupil (Legal)	**FIRST**	**MIDDLE**	Sex: ☐ **M** ☐ **F**
CHILD'S BIRTHDATE Month Day Year	City of Birth		State/Country
HOME ADDRESS Number	Street	City	Zip
HOME PHONE		**PREFERRED CONTACT NUMBER**	
MOTHER'S CELL		**FATHER'S CELL**	

FOR OFFICE USE ONLY

Perm ID # _____

SSID # _____

Person Verifying Age & Residency: _____

Verification of Age:

- ❑ Passport
- ❑ Health/Vital Statistic
- ❑ Birth Certificate
- ❑ Baptismal Certificate
- ❑ Affidavit

School: Level:

Date Entered:

Withdrawal Date:

Moved to (City/State):

Cum Records Sent To:

Date Sent: By:

				Circle Below	
Natural Father's Name	Home Address	Specific Occupation	Business Address & Telephone	Pupil Living With ☐ Yes ☐ No	Living? ☐ Yes ☐ No
Natural Mother's Name				Pupil Living With ☐ Yes ☐ No	Living? ☐ Yes ☐ No
Step-Parent or Guardian's Name				Pupil Living With ☐ Yes ☐ No	Living? ☐ Yes ☐ No
Authorized Caregiver / Foster/Group Home				Pupil Living With ☐ Yes ☐ No	

ARE THERE ANY COURT ORDERS PERTAINING TO THE CUSTODY OF THIS CHILD? ☐ **NO** ☐ **YES – IF YES, YOU MUST ATTACH**

BROTHERS and SISTERS:

Name	M	F	Birthdate
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

This information is accurate to the best of my knowledge.

_____

Signature of Parent or Guardian **Date**

FOUNTAIN VALLEY SCHOOL DISTRICT

School History

STUDENT'S NAME: _____ GRADE: _____

1. Has your child ever attended school before, including preschool?

   YES ☐ Name of School: _____
   NO ☐ Stop, there is no need to continue

2. Has your child ever attended a Fountain Valley School District school, including preschool?

   YES ☐ Name of School: When: _____
   NO ☐

3. Has your child ever received services from a special program?

   YES ☐ When: _____ NO ☐

   If YES, please check the appropriate program(s) below:

SPECIAL EDUCATION SERVICES	REGULAR EDUCATION SERVICES
☐ Resource Specialist Program (RSP)	☐ GATE (Gifted & Talented Education)
☐ Speech & Language Program	☐ Counseling
☐ Adaptive Physical Education	☐ Other (list below)
☐ Special Day Class (Learning Handicapped, Severely Handicapped, or Language Handicapped)	
☐ Individualized Education Program (IEP) (Please provide the most current copy)	

4. Expulsion (per AB 29) NO ☐ YES ☐ (If yes, when? _____)

5. Suspension (per AB 29) NO ☐ YES ☐ (If yes, when? _____)

6. Has your child been retained? NO ☐ YES ☐ (If yes, what grade? _____)

7. Comments :

Parent Signature: _____ Date: _____

FOUNTAIN VALLEY SCHOOL DISTRICT

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

School/Facility where records/confidential information are presently on file:

School/Facility Name _____

Address _____

City_____ State_____ Zip Code _____

The schools commonly maintain two types of permanent records:

1. **Cumulative records** including grades, health information, subjects taken, required test results, and other information relative to the student's educational program. **Suspension and/or Expulsion records** (these must be forwarded as required by AB29).

2. **Confidential records** including reports from specialists such as the school psychologist, counselor or speech therapist.

The school district does not release information nor transfer student records concerning a child without parent consent or due process of law. Please check the appropriate space below indicating consent to release cumulative and/or confidential records. If both types of information are authorized for release, please check both boxes.

Name of Student(s)	Birthdate	Grade	Confidential Records	Cumulative Records
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

I hereby authorize the release of school records as indicated above.

Date _____ _____

Signature of Parent/Legal Guardian

FOR OFFICE USE ONLY

School/Facility where records/confidential information are to be sent:

School/Facility _____

Address _____

City, State & Zip Code _____

Date _____ _____

Principal/Authorized Representative

cc: School Cumulative Record/Confidential File
223-92-12

FOUNTAIN VALLEY SCHOOL DISTRICT

10055 Slater Ave. • Fountain Valley, CA 92708 • 714.843.3200 • www.fvsd.us

STUDENT HEALTH CONCERN SURVEY

Student's name (Last) _____ (First)_____ (MI)____ DOB _____
School _____ Grade _ _

Please indicate if your child has any of the following health conditions and/or other health conditions so that we can keep your child as healthy and safe as possible while at school. Certain health conditions may require further discussion with the district nurse.

If no known health conditions, please indicate the appropriate box below.

- ☐ **NO KNOWN HEALTH CONDITIONS**
- ☐ Allergy: What kind? _____ Epi-pen Yes ☐ No ☐
- ☐ ADD/ADHD: Medication(s)_____ Required at school? Yes ☐ No ☐
- ☐ Autism: Comments_____
- ☐ Asthma: List medication(s) _____Required at school? Yes ☐ No ☐
- ☐ Blood/bleeding disorders: _____
- ☐ Bone/joint disorders: _____ Activity restriction? Yes ☐ No ☐
- ☐ Cancer (current or history of): What kind? _____
- ☐ Cerebral Palsy: Any limitations? _____
- ☐ Cystic Fibrosis: Medication(s)_____ Required at school? Yes ☐ No ☐
- ☐ Diabetes: Type 1 ☐ Type 2 ☐ Medication or blood testing required at school? Yes ☐ No ☐
- ☐ Down's syndrome or other chromosomal disorder:_____
- ☐ Eating disorders: _____
- ☐ Eczema or other skin condition: _____
- ☐ Epilepsy/seizure disorder: Medication(s) _____Required at school? Yes ☐ No ☐
- ☐ Gastrointestinal issue (GERD, Crohn's, feeding tube, etc):_____
- ☐ Hearing loss: Right ear ☐ Left ear ☐ Hearing aids? Right ear ☐ Left ear ☐
- ☐ Heart condition: Type? _____ Activity restriction? Yes ☐ No ☐
- ☐ Kidney or bladder problems: _____ Activity restriction? Yes ☐ No ☐
- ☐ Migraine headaches: Medication_____ Required at school? Yes ☐ No ☐
- ☐ Neurological or brain related issue: _____
- ☐ Psychiatric or emotional disorders: _____
  Medication(s)_____ Required at school? Yes ☐ No ☐
- ☐ Vision impairment: Glasses ☐ Contacts ☐ Other
- ☐ Any hospitalizations or surgeries? _____ Date: _____
- ☐ Other health conditions or medications needed: _____

Additional comments:

Signature of parent/guardian: _____ Date: _____

School Office Use Only: Entered in Aeries _____ (initials)