



Live Oak School District

Our mission is to empower, inspire and ensure equitable opportunities for every student to thrive. We teach and nurture the whole child in an academically rigorous, collaborative and innovative environment.

*Daisy Morales, Ed.D.
Superintendent*

Enrollment Packet

School year 2022-2023

Dear Families,

We are happy to have your student/s join our schools!

Live Oak School District is a fabulous place to teach and learn. We have an amazing group of dedicated teachers and staff who are here to support and teach your students in a safe and caring environment. We focus on educating the whole child and ensuring that our scholars are given opportunities to thrive.

Please take some time to review and complete the enrollment packet. Incomplete packets can not be accepted and will delay the enrollment process.

Notice about enrollment:

Live Oak School District continues to have increased enrollment in some grade levels at all school sites. This growth issue has been compounded by the State's class-size reduction initiative.

The District determines school assignments to accommodate enrollment patterns, therefore a school of choice cannot be guaranteed for late enrollees, after July 15. Students assigned to a school other than their school of residence will be on a waiting list pending available space.

Please complete the information below to assist the District with appropriate staffing and class assignments. Late enrollees will be placed on a first-come first-served basis. This order will be determined by the time and date the **completed** registration packet is returned to the school office. **School offices will reopen to the public on Wednesday, August 3, 2022.**

Please initial that you have read the above _____

We look forward to a great partnership together, as we collaborate as a team to educate our children.

Working together,

Dr. Daisy Morales
Superintendent



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Enrollment Guidelines of Student Information

During the student enrollment process, school districts in particular must verify certain information, including a student’s age and residency in the district.

The California Education Code requires families to submit information to establish the following two criteria at enrollment: (a) evidence that the child is "of the minimum age fixed by law for admission" to transitional kindergarten or first grade, Ed. Code, § 48002; and (b) "reasonable evidence" from the parent or legal guardian "that the pupil meets the residency requirements for school attendance in the school district," Ed. Code, § 48204.1. Both sections 48002 and 48204.1 of the California Education Code allow families the choice to submit non-government issued documents to enroll their children in school. Further, there is nothing in California law that requires families to submit information to establish their identity in order to enroll their child in school beyond the requirements in California Education Code sections 48002 or 48204.1.

Age Verification-Under Education Code section 48002, the following documents could be used to establish age:

- Birth Certificate
- Statement by the local registrar or county recorder certifying the date of birth
- Baptism certificate
- Passport
- When none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian, or any other appropriate means of proving the child’s age.

Date of Birth	Grade Level
09/02/2017--02/02/2018	TK
09/02/2016--09/01/2017	Kindergarten
09/02/2015--09/01/2016	1 st Grade
09/02/2014--09/01/2015	2 nd Grade
09/02/2013--09/01/2014	3 rd Grade
10/02/2012--09/01/2013	4 th Grade
11/02/2011--10/01/2012	5 th Grade
12/03/2010--11/01/2011	6 th Grade
12/03/2009--12/02/2010	7 th Grade
12/03/2008--12/02/2009	8 th Grade

Proof of Residency- Under Education Code section 48204.1, the following documents could be used to establish proof of residency in an attendance zone:

- Property tax payment receipts
- Rental property contract, lease, or payment receipts
- Utility service contract, statements, or payment receipts
- Pay stubs
- Voter registration
- Correspondence from a government agency
- Declaration of residency executed by the parent or legal guardian of the student.

Proof of Immunizations **Packets will not be accepted without this proof.**

Social Security Numbers

Local educational agencies may not collect or solicit a student’s or parent’s/guardian’s Social Security number or Social Security card during the school enrollment process.

California law bars school districts, county offices of education, and charter schools from collecting or soliciting social security numbers, or the last four digits thereof, from students or their parents or guardians, unless otherwise required to do so by state or federal law. (Cal. Ed. Code, § 49076.7, subd. (b).) There is no California or federal law that requires school districts to collect the social security numbers of students for the purposes of enrollment. Accordingly, you may not request or collect social security numbers or copies of social security cards from students during the enrollment process



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CITIZENSHIP OR IMMIGRATION STATUS INFORMATION

Districts are prohibited from collecting citizenship or immigration status information from students and their families for school enrollment purposes. California Education Code section 234.7, subdivision (a) states that "except as required by state or federal law or as required to administer a state or federally supported educational program, school officials and employees of a local educational agency shall not collect information or documents regarding citizenship or immigration status of pupils or their family members." The citizenship and immigration status of students is irrelevant for the purpose of establishing residency.

National Origin Information

School districts may be required to collect and provide information related to a student's national origin (i.e., information regarding a student's birthplace, entry date into the United States, date of first enrollment in a U.S. school) to satisfy certain federal reporting requirements (e.g. for reporting language instruction programs for English Learners). **This information is not required to enroll student in the district**

Place of Birth Directory Information

Under California and federal law, school districts are required to seek written consent from the parent, guardian, or eligible student prior to release of student information, unless that information is relevant to a legitimate educational interest or includes directory information. (See 20 U.S.C. § 1232g(b); Cal. Ed. Code, §§ 49073, 49076(a).) While federal law and regulations include "place of birth" as information that may be classified as "directory information" (20 U.S.C. § 1232g, sub. (a)(5)(A), 34 C.F.R. § 99.3), California law is narrower and does not permit school districts to identify "place of birth" as directory information that may be released without parental consent. School administrators should follow the narrower state law in identifying the scope of directory information subject to release.

All Children's Right to an Education

All children in California have a constitutional right to an education without regard to their citizenship status, immigration status, or national origin. State and federal law prohibits school districts from utilizing "criteria or methods of administration that... have the purpose or effect of subjecting a person to discrimination on the basis of ethnic group identification," or using citizenship, immigration status, or national origin as a pretext for discrimination.⁶⁶ California law expressly prohibits discrimination on the basis of nationality, race, ethnicity, or immigration status -in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance, or enrolls pupils who receive state financial aid." (Cal. Ed. Code, § 220.)

Families are not required to submit information to establish their identity in order to enroll their child in school beyond the requirements in California Ed Code 48002 or 48204.1

While a district is not precluded from requiring verification of identity that is tied to a residency requirement, if it does so, the District must follow the requirements under California law and the K-12 Model Policies and allow parents, legal guardians, and caregivers to provide all alternatives permitted under California law for establishing residency, including one form of documentation that is not from a government agency. (K-12 Model Policies at 7, 12-13.)



LIVE OAK SCHOOL DISTRICT

984-1 BOSTWICK LANE SANTA CRUZ CA 95062

831-475-6333

SCHOOL OFFICE USE ONLY
 DATE RCVD:
 TIME RCVD:
 STAFF INITIALS:

STUDENT ENROLLMENT FORM

PLEASE CHECK THE SCHOOL YOU ARE ENROLLING IN

DEL MAR ELEMENTARY 1959 MERRILL STREET SANTA CRUZ CA 95062 831-477-2063	GREEN ACRES ELEMENTARY 966 BOSTWICK LANE SANTA CRUZ CA 95062 831-475-0111	LIVE OAK ELEMENTARY 1916 CAPITOLA ROAD SANTA CRUZ CA 95062 831-475-2000	OCEAN ALTERNATIVE EDUCATION 984-6 BOSTWICK LANE SANTA CRUZ CA 95062 831-475-0767
SHORELINE MIDDLE SCHOOL 855 17TH AVENUE SANTA CRUZ CA 95062 831-475-6565	LIVE OAK KID CARE 984-4 BOSTWICK LANE SANTA CRUZ CA 95062 831-462-1116	TIERRA PACIFICA CHARTER 986 BOSTWICK LANE SANTA CRUZ CA 95062 831-462-9404	

STUDENT INFORMATION

LAST NAME Legal	Desired	FIRST NAME Legal	Desired	MIDDLE NAME
GRADE	BIRTH DATE:	Gender Identity FEMALE MALE NON BINARY		

ETHNICITY: Are you Spanish or Latino? YES_ NO_

What is your race: (choose one or more)

American Indian or Alaska Native Chinese Japanese Korean Vietnamese Asian Indian Laotian Hmong Cambodian
 Other Asian Hawaiian Guamanian Samoan Tahitian Other Pacific Islander Filipino Black or African American
 White

HOME LANGUAGE:

ENGLISH FRENCH HMONG KHMER KOREAN LAO PILIPINO/TAGALOG RUSSIAN SPANISH
 VIETNAMESE OTHER

SPECIAL SERVICES:

SPEECH RESOURCE SPECIALIST PROGRAM (RSP) SPECIAL DAY CLASS(SDC) OCCUPATIONAL THERAPY ADAPTIVE PHYSICAL EDUCATION
 GIFTED TALENTED EDUCATION(GATE) MIGRANT EDUCATION ENGLISH LANGUAGE SERVICES (EL)

Street Address

APT/UNIT #

Mailing Address (if different from above)

City State Zipcode Telephone Number

PARENT/GUARDIAN INFORMATION

THE STUDENT LIVES WITH: ___MOTHER ___FATHER ___BOTH PARENTS ___RELATIVE:(_____) ___LEGAL GUARDIAN ___OTHER:(_____)

PARENT/GUARDIAN NAME

Mailing Address (if different from above)

RELATIONSHIP HOME PHONE

WORK PHONE CELL PHONE

EMAIL ADDRESS:

EDUCATION LEVEL: ___HIGH SCHOOL GRAD ___SOME COLLEGE (AA DEGREE)
 ___COLLEGE GRADUATE ___GRADUATE SCHOOL/POST GRAD
 ___DID NOT FINISH HIGH SCHOOL

ADDITIONAL STUDENT INFORMATION

Has your child ever attended the Live Oak School District? ___Yes ___No
 If Yes: Which School _____ Last date of enrollment _____ Grade Completed: _____

Do you have other children enrolled in the Live Oak School District? ___Yes ___NO
 If Yes: Student Name: _____ School Name: _____ Grade: _____

Last School Attended:
 School Name _____ Last Date enrolled _____ Grade enrolled/completed: _____
 Address _____ City _____ State _____ ZipCode _____ Telephone _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Student Full Name / Nombre Completo del Estudiante

**Emergency Contact Information
Information de contact de emergencia**

1 Emergency Contact Name / Nombre de contacto de emergencia

Relationship to the student / relacion al estudiante

Cell phone / numero de celular

2 Emergency Contact Name / Nombre de contacto de emergencia

Relationship to the student / relacion al estudiante

Cell phone / numero de celular

3 Emergency Contact Name / Nombre de contacto de emergencia

Relationship to the student / relacion al estudiante

Cell phone / numero de celular

4 Emergency Contact Name / Nombre de contacto de emergencia

Relationship to the student / relacion al estudiante

Cell phone / numero de celular



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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. Please answer the following. If an error is made while completing this form, you may request correction within 30 days of school starting and before your student's English proficiency is assessed. Thank you for your assistance!

Student Last Name	Student First Name	Middle Initial
Birthdate	Telephone	Grade

	PLEASE, ANSWER WITH ONE LANGUAGE PER LINE
1. What language did your child learn when he or she began to talk?	
2. What language does your child use more frequently?	
3. What language do you use most frequently to speak to your child?	
4. Name the language most often spoken by adults in the house?	

Parent/Guardian's Signature

Date

OFFICE USE ONLY

School	Enter Date	Teacher	Student ID#



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SCHOOL ENTRY HEALTH REQUIREMENTS

Dear Parent or Guardian:

This is a very important year as your child prepares to enter school. It is very important to evaluate your child’s health and wellness. About 10% of children entering school have an undiagnosed health problem. These problems can interfere with a child’s education and future health. For the protection of all children, there are three health requirements that California law mandates for school entry (California Health and Safety Code, Section 124085 and California Education Code, Section 49452.8).

Physical Health Examination Requirement (CHDP):

- A thorough health examination is required for all children entering school. The attached form “Report of Health Examination for School-Entry” must be completed by a physician and returned to the school office. This must be done up to 18 months before, but no later than 90 days after starting first grade. We urge you to have this health check-up completed before the start of Kindergarten and/or Transitional Kindergarten because proof of immunizations is also required.

Immunization Requirements:

- At registration, you will need to submit your child’s immunization record verifying that they have received the required immunizations.

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses + 1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸				2 Varicella¹⁰

Children who lack one or more required vaccine doses that are not currently due may be admitted on the condition that they receive the remaining doses when due (Title 17 CCR Section 6035).

Oral Health Assessment Requirement (kinder only):

- A dental check-up is required for all children entering school. The attached forms, “Oral Health Assessment/Waiver Request” must be taken to your child’s dentist and returned to the school office by May 31st of the first school year. If you wish to waive this requirement, please indicate the reason in Section 3.

The following resources are available to help complete your child’s health requirements:

- Medi-Cal/Denti-Cal’s toll free number and website: 1-800-322-6384 <http://www.denti-cal.ca.gov>.
- CHDP Program for local Medi-Cal/Denti-Cal providers and appointment assistance: 831-763-8100
- East Cliff Family Health Center primary care for all ages: 21507 East Cliff Dr: 831-427-3500

California law requires schools to maintain the privacy of student health information. Your child’s identity will not be associated with any report produced as a result of these requirements.

Vision and hearing screening is done annually for K, 2, 5 and 8th grade students.

Children must be healthy to learn. Live Oak School District is committed to providing a safe, happy and healthy learning environment. Regular dental and health check-ups, exercise, a diet low in sugar and high in fruits, vegetables and whole grains are all part of the recipe of your child’s success!

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	BIRTH DATE—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 (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
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 (e.g., TB Test, if indicated)					
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.

Instructions for the Oral Health Assessment Form

ONLY for Kindergarten

Dear Parent or Guardian:

Healthy teeth are an important part of supporting your child's education. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged. For these reasons there is a requirement for parents to take their child to the dentist before they enter kindergarten or during their year in kindergarten.

Directions for filling out the form:

1. Make an appointment with your dentist. Give the Oral Health Assessment Request form to your dentist to fill out. The form is attached to this page.
2. If you cannot take your child to the dentist, please share the reason for this in Section 3 of the form.
3. Once the form is filled out by the dentist or you signed the waiver, please return the form to the front office no later than May 31 of your child's first year at school.

How to pay for the appointment:

- If your child has Medi-Cal, your child also has dental benefits. The dental check-up will be **FREE**. ALL children are eligible for Medi-Cal insurance. If needed, please call 1-888-421-8080 to sign your child up for Medi-Cal insurance.
- If you have private insurance, please call your insurance carrier to find out if you have dental benefits. Also, ask your dentist if they offer payment plans or sliding scale.

Quick Tips for a Healthy Smile!

- Take your child to the dentist 2 times a year.
- Brush teeth at least 2 times a day for 2 minutes with fluoride toothpaste. Floss once a day.
- Choose healthy foods for the entire family that include fresh fruits and vegetables.
- Limit candy and sweet drinks. Sweet drinks and candy contain a lot of sugar, which causes cavities.

If you have questions about the oral health assessment requirement, please contact your school front office.

“Everyone Deserves a Healthy Smile!”



Oral Health Assessment Form

ONLY for Kindergarten

California law (*Education Code Section 49452.8*) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Licensed Dental Professional Signature CA License Number Date </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement.

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ►

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.

Original to be kept in child's school record.

If your child has Medi-Cal/ Denti-Cal: Call Dientes at 831 464-5409 or Salud Para La Gente at 831-728-0222 for an appointment. Tell the receptionist that your child needs a "dental check-up for school" for a faster appointment date.