



## ENROLLMENT INFORMATION

Please read the following information carefully. You must sign at the bottom of the application indicating that you understand and agree to all of the following.

### **Open Enrollment Period for Kindergarten 2023-2024: February 21 – March 31, 2023**

*Parents will be notified of their child's enrollment status the week of May 1<sup>st</sup>, 2023.*

#### **Who May Apply?**

- Kindergarten students (*must be entering kindergarten for the first time and must be 5 years old on or before 9-1-2023 – Verification of birthdate, proof of immunizations and proof of residence are required*)
- Grades 1-8: Limited space/wait list – see application for required documentation.

#### **Who Should Apply?**

- Strongly motivated students who can and will embrace a very rigorous dual immersion and science program.

#### **When should my application be submitted?**

- The open enrollment window for kindergarten for 2023-2024 begins February 21 and will remain open until March 31, 2023. In the event of more applicants than available spots, a lottery will be held to determine entrance of applicants and wait lists.
- All applications received after the above enrollment window will be placed on the wait list in the order by date received.

#### **Kindergarten Enrollment and Preference Information**

- Applications for kindergarten will be accepted during a publicly advertised open enrollment period each spring for enrollment in the following school year.
- Kindergarten students must be 5 years old on or before September 1st of the incoming school year and must be entering kindergarten for the first time. (see application for required documentation.)
- Preferences will be given:
  1. Siblings of currently enrolled students of the Jefferson Academy. This includes brother, sister, stepbrother, and stepsister.
  2. Children of Jefferson Academy/Hanford Elementary School District employees on a regular contract (permanent/probationary).
  3. Students identified as English Language Learners within the boundary of the Hanford Elementary School District.
  4. Students from within the boundary of Hanford Elementary School District.
  5. Students from outside the boundary of Hanford Elementary School District.
- In the event of more kindergarten applicants than available slots, a lottery will be held to determine entrance into the program and establish a waiting list.
- After open enrollment period, preferences are not applied to a waiting list. The waiting list will be established based on the drawing results. Applications received after the open enrollment period will be placed on the waiting list by date received.

- **GRADES 1-8:** Applications for grades 1-8 will be accepted throughout the school year. All students will be placed on a wait list if applicable by date received. The wait list is used to fill openings that occur throughout the school year. Preferences do not apply to grade levels with established waiting lists. **NOTE: An application must be received in order to place a student on the waiting list. Verbal requests will not be accepted.**

Any student who gains enrollment status must meet the requirements established by Jefferson Academy in order to maintain their enrollment status. These requirements include:

- Parents complete Hanford Elementary School District enrollment packet and corresponding documents.
- Parents and students discuss and sign School Contract (Code of Conduct).

**Note:** The afterschool program (READY) is a separate district program. Applications for the READY Program will be available in April.

Please call (559) 585-3700 if you have questions.



## Applicant Information Form

SCHOOL YEAR APPLYING FOR: **2023-2024**

GRADE APPLYING FOR: **Kindergarten**

☐ Male ☐ Female

Child's Last Name

Child's First Name

Child's Middle Name

Date of Birth (m/d/year)

Birthplace

Primary Ethnicity

Child's Primary Language  
spoken at home

**\*Verification of birthday required (original birth or baptismal certificate)**

Residence Address:

**\*Proof of residence required for all applicants (i.e. utility bill, rental agreement, mortgage statement)**

City

Zip

Mailing Address (if different from Residence address):

City

Zip

Home Phone

Cell Phone

### CURRENT SCHOOL INFORMATION:

Grade\*

School

District

\*For Kinder applicants, enter N/A, Pre-School or T-K if applicable. Applicant must be entering Kindergarten for the first time.

If applying for Grades 1-8, please submit the following required documentation: Copy of the applicant's attendance record from his/her current school.

### SIBLING INFORMATION

Siblings **currently** attending Jefferson Academy (Please list below. Siblings include brother, sister, step-brother, and step-sister)

Name

Grade

Name

Grade

Name

Grade

Name

Grade

**Additional siblings who do not currently attend Jefferson Academy** (Please list below. Siblings include brother, sister, step-brother, and step-sister. Note: if you are interested in adding these siblings to the waiting list, you will need to complete an application for each individual student.)

Name

Grade

Name

Grade

Name

Grade

Name

Grade

### PARENT/GUARDIAN INFORMATION

#### Parent/Guardian #1

Parent/Guardian Name

Cell Phone

Work Phone

Email:

Does Student reside with you? ☐ Yes ☐ No

Are you currently employed by HESD\*? ☐ Yes ☐ No  
(Employee on a regular contract with HESD – permanent/probationary)

If yes, list position & Site:

#### Parent/Guardian #2

Parent/Guardian Name

Cell Phone

Work Phone

Email:

Does Student reside with you? ☐ Yes ☐ No

Are you currently employed by HESD\*? ☐ Yes ☐ No  
(Employee on a regular contract with HESD – permanent/probationary)

If yes, list position & Site:

**Parental Acknowledgment(s):** I hereby declare, that all the information supplied on this application is true and correct. I have read and understand the expectations and enrollment process outlined in this application and agree to provide the required information to enter the open enrollment process for kindergarten and/or to be placed on a waiting list. I, as parent/guardian of this student, agree to the Code of Conduct outlined in the school family compact. Further, I also acknowledge and understand our student's obligation to conduct himself/herself in full compliance with Jefferson Academy and HESD Code of Conduct.

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



### ADDITIONAL INFORMATION

Dear Parent/Guardian:

Thank you for your interest in submitting an application to Jefferson Academy for the upcoming school year. In order for your application to be considered and included in the lottery, the following documents must be included with your child's application and received in our school office by **Friday, March 31, 2023**.

**Please bring the following required documentation:**

- ☐ Jefferson Academy Application
- ☐ Verification of birthday (Birth certificate, baptismal certificate) – please provide original & we will make a copy.  
Note: child must be 5 years *old on or before September 1, 2023. Must be entering kindergarten for the first time.*
- ☐ Home Language Survey (attached)
- ☐ Proof of address Form (attached) and a copy of a utility bill, rental agreement, etc.
- ☐ Proof of Immunization. The following immunizations are required:
  - ✓ **5 DTP/DTaP/DT**- 4 meet the requirement for ages 4-6 years if one was given on or after the 4<sup>th</sup> birthday
  - ✓ **4 Polio**- 3 does meet the requirement for ages 4-6 years if one was given after the 4<sup>th</sup> birthday
  - ✓ **2 MMR**- both on or after 1<sup>st</sup> birthday
  - ✓ **3 Hepatitis B Shots**
  - ✓ **Chicken Pox (Varicella)**
- ☐ Proof of School Entry Physical (must be within 18 months of entry into 1st grade)
- ☐ Proof of Oral Health Assessment

### Submitting Application:

- **When application is complete with all required documents, please call the school office at (559) 585-3700 to schedule a registration appointment. All appointments must be completed by Friday, March 31, 2023.**
- **Please register your child at their home school of residence to ensure your child's placement at that school in case he/she does not get into Jefferson.** Please refer to the attached information regarding kindergarten registration for Hanford Elementary School District. If outside the HESD area, please contact your school of residence.



HANFORD ELEMENTARY SCHOOL DISTRICT  
Office of Child Welfare and Attendance  
P.O. Box 1067 • Hanford, CA 93232

**STUDENT RESIDENCE VERIFICATION FORM**

Student Name as listed on Birth Certificate: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

State law requires the District to enroll students whose parent(s) or legal guardian(s) reside in our District. This form is to assist you in providing the school with verification of your residence. All verifications are subject to District approval (Education Code 48204.1). Post office addresses are not acceptable for residency verification.

Parent/Legal Guardian must provide one (1) of the following forms of verification (current, within last month) in order to enroll a student:

<input type="checkbox"/>	Gas/Electric Company Bill	<input type="checkbox"/>	Rent Receipt from Property Management/home owner
<input type="checkbox"/>	Water Bill	<input type="checkbox"/>	Employment Pay Stub (within current month)
<input type="checkbox"/>	Telephone Bill (excludes cell phone bills)	<input type="checkbox"/>	Renter's Insurance Policy
<input type="checkbox"/>	Letter from a Government agency	<input type="checkbox"/>	Current documents from Social Services
<input type="checkbox"/>	Mortgage Verification with Name and Address	<input type="checkbox"/>	Declaration of Legal Residency
<input type="checkbox"/>		<input type="checkbox"/>	*Other

\*Other forms of verification of residency not listed above are subject to district approval.

*If the school district reasonably believes that the parent or legal guardian of a pupil has provided false or unreliable evidence of residency, the school district may take reasonable efforts to determine that the pupil actually meets residency requirements.*

**I declare or affirm under penalty of perjury that the above information is true and accurate account of my residential status. I understand that fraudulent and misrepresentation of the above will be grounds for denial of my student's enrollment at said school site as per Board Policy.**

\_\_\_\_\_  
Signature of Parent/Guardian

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

The school Principal or other school official has reviewed and verified the required residency verification documentation.

\_\_\_\_\_  
Signature

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

=====

For District Use Only:

This form to be used for the following students (unless determined to be homeless). Check applicable box.

- ☐ TK/kindergarten student
- ☐ New student to school
- ☒ Place in student's cum

Hanford Elementary School District  
**HOME LANGUAGE SURVEY**

NAME OF STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_  
(Last) (First) (Middle)

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

DATE ENROLLED \_\_\_\_\_ DATE SURVEY COMPLETED \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_  
(School Name) (City) (State)

Has your child attended a school within the Hanford Elementary School District before? ☐ Yes ☐ No

The California Education Code contains legal requirements which direct schools to assess the English Language Proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. 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 these requirements. 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 to do not leave any question unanswered. **If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.**

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) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in your home?  
(parents, guardians, grandparents, or any other adult) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

California Department of Education  
Form HLS, Revised December 2016

Original – CUM Folder  
Fax copy to Child Welfare and Attendance Office

**DO NOT REMOVE FROM CUM FOLDER**

## Oral Health Assessment Form

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)
_____ <b>Licensed Dental Professional Signature</b>		_____ <b>CA License Number</b>	_____ <b>Date</b>

### 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    ☐ Healthy Families    ☐ Healthy Kids    ☐ 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.*

**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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (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.**



# Hanford Elementary School District **JEFFERSON ACADEMY**

## Dual Immersion Educational Program

**2023-2024 School Year  
Kindergarten Open Enrollment  
February 21 - March 31, 2023**

Jefferson Academy offers a rigorous dual language immersion educational program for students in Kindergarten through 8th grade who would like to pursue their interest in the area of science.

- Students will be bilingual and bi-literate in English and Spanish.
- Program develops foundational skills in Science.
- Students will be prepared to enter foreign language and STEM courses in high school.

If you are interested in applying for enrollment at Jefferson Academy and are new to the program, please plan to attend one of the virtual informational meetings listed below.

The Kindergarten open enrollment window for the 2023-24 School Year begins February 21 and will remain open until March 31, 2023.

**Join us on Zoom for a Virtual Informational Meeting**

**Zoom Meeting ID: 850 682 6440**

**Passcode: 909759**

**All Meetings will be held at:**

**3:30—4:00 pm English**

**4:00—4:30 pm Spanish**

**Dates:**

**Monday, March 6, 2023**

**Monday, March 13, 2023**

Applications will be available online at [jefferson.hanfordesd.org](http://jefferson.hanfordesd.org) or from the school office on February 21, 2023. Completed applications must be received by March 31, 2023. Parents will be notified of their child's enrollment status the week of May 1st.

Classroom visits are scheduled from 10-11 am on the following Fridays: March 10 and March 17.

For application information, please call the school office at (559) 585-3700.

If you have more specific questions, please email Mr. Espindola at [jespindola@hanfordesd.org](mailto:jespindola@hanfordesd.org)