

**MIDDLETOWN MIDDLE SCHOOL  
MIDDLETOWN UNIFIED SCHOOL DISTRICT  
20932 BIG CANYON RD. \* MIDDLETOWN, CA 95461  
TELEPHONE: (707) 987-4160 FAX: (707) 987-4136**

**Mitchell Tucker, Principal  
Catherine Stone, Superintendent**

DATE: \_\_\_\_\_

Last School attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Please send all scholastic and health records for the student listed above who has now enrolled at Middletown Middle School. Please include any information regarding Special Education Placement, if applicable.

**Please fax current report, immunizations, birth certificate, last year's state testing (CAASPP), and CSIS # \_\_\_\_\_ need information to enroll student.**

Thank you.

\_\_\_\_\_  
Attendance/Registrar

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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

**MIDDLETOWN UNIFIED SCHOOL DISTRICT  
NEW ENROLLMENT FORM K-12**

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Middletown High School       Middletown Middle School       Cobb Elementary   
Coyote Valley Elementary       Minnie Cannon Elementary

Grade Level: \_\_\_\_\_

STUDENT'S LEGAL NAME			SEX	BIRTHDATE
			M F	
Last Name	First Name	Middle Name	Circle	Month/Day/Year
<b>Mailing Address</b>				
	Street Address /PO Box	City	Zip Code	
<b>Home Address (If Different from Home)</b>				
	Street Address	City	Zip Code	

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES	
Check one: Father   Step-Father   Guardian Check one: Mr.   Dr.   Other: _____  Name: _____ First                      Last <hr/> Primary Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Cell Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Work Phone: _____ * <input type="checkbox"/> Area Code & Number, Extension, if applicable	Check one: Mother   Step-Mother   Guardian Check one: Mrs.   Ms.   Dr.   Other: _____  Name: _____ First                      Last <hr/> Primary Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Cell Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Work Phone: _____ * <input type="checkbox"/> Area Code & Number, Extension, if applicable
*Please indicate, by check the box above, which phone would be best to receive automated messages from school.	
Email: _____	Email: _____

HOME LANGUAGE SURVEY
Which language did your son/daughter learn when he/she first began to talk? _____ What language does your son/daughter most frequently use at home? _____ What language do you use most frequently to speak to your son/daughter? _____ Name the language most often spoken by the adults at home. _____

<b>IS YOUR CHILD'S ETHNICITY? (Please check one):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>WHAT IS YOUR CHILD'S RACE?</b> (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please to continue to answer the following by marking one or more boxes to indicate what you consider your race to be.
<input type="checkbox"/> 100 American Indian or Alaskan Native <input type="checkbox"/> 205 Asian Indian <input type="checkbox"/> 301 Hawaiian <input type="checkbox"/> 400 Filipino <input type="checkbox"/> 201 Chinese <input type="checkbox"/> 206 Laotian <input type="checkbox"/> 302 Guamanian <input type="checkbox"/> 600 African American <input type="checkbox"/> 202 Japanese <input type="checkbox"/> 207 Cambodian <input type="checkbox"/> 303 Samoan    Or Black <input type="checkbox"/> 203 Korean <input type="checkbox"/> 208 Hmong <input type="checkbox"/> 304 Tahitian <input type="checkbox"/> 700 White <input type="checkbox"/> 204 Vietnamese <input type="checkbox"/> 299 Other Asian <input type="checkbox"/> 399 Other Pacific Islander
<b>FOR SCHOOL USE ONLY</b> EO <input type="checkbox"/> LEP <input type="checkbox"/> FEP <input type="checkbox"/> RFEP <input type="checkbox"/> Redes. Date: _____ GRADE LEVEL: _____    CSIS#: _____ STUDENT ID# _____    PERMANENT ID #: _____

<b>PARENT EDUCATION LEVEL:</b> Select the education level of the student's <i>most highly educated</i> parent or guardian. Check <i>one</i> .					
1 Not a high school graduate	<input type="checkbox"/>	3 Some college	<input type="checkbox"/>	5 Grad school/post grad training	<input type="checkbox"/>
2 High school graduate	<input type="checkbox"/>	4 College graduate	<input type="checkbox"/>	6 Decline to state/ unknown	<input type="checkbox"/>

<b>DISTRICT MOBILITY</b>		
Has your child ever attended any school in Middletown Unified School District Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the date of Your last attendance? _____ Month/Year	At which school? _____	At what grade level? _____

<b>OTHER STUDENT INFORMATION</b>			
Student's Birthplace	City _____	State _____	Country _____
If child was <i>not</i> born in the United States: When did the student first attend school <i>in the US</i> ?		Month and Year _____	
At what grade level? Check one. K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			

<b>If child attended school <i>outside</i> California:</b> When did the student first begin attending school in CA?	Month and Year _____
At what grade level? Check one. K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	

<b>ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION</b>			
My son/daughter has participated in the following special program(s): Please mark all that apply.			
Special Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gifted & Talented Education Program (GATE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Day Class (SDC)	Yes <input type="checkbox"/> No <input type="checkbox"/>	English Language Development (ELD)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resource Specialist Program (RSP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	504 Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Speech & Language Program	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other: Please Specify - _____	

<b>OTHER PARENT OR LEGAL GUARDIAN INFORMATION</b> not listed on page 1, if applicable. Check if duplicate mailing is authorized to non-custodial parent/legal guardian.	
Check one: Father Step-Father Guardian Check one: Mr. Dr. Other: _____  Name: _____ First                          Last <hr/> Mailing _____ Address Street or PO Box, City, State, Zip <hr/> Primary Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Cell Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Work Phone: _____ * <input type="checkbox"/> Area Code & Number, Extension, if applicable	Check one: Mother Step-Mother Guardian Check one: Mrs. Ms. Dr. Other: _____  Name: _____ First                          Last <hr/> Mailing _____ Address Street or PO Box, City, State, Zip <hr/> Primary Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Cell Phone: _____ * <input type="checkbox"/> Area Code & Number <hr/> Work Phone: _____ * <input type="checkbox"/> Area Code & Number, Extension, if applicable
*Please indicate, by check the box above, which phone would be best to receive automated messages from school.	
Email: _____	Email: _____

<b>OTHER CHILDREN IN THE FAMILY</b>		
First and Last Name	School Attending (if graduated, N/A)	Grade

Student's Legal Name				Date of Birth	
	Last Name	First Name	Middle Name		Month/Day/Year

HEALTH INVENTORY				
Student's Physician	_____	_____	_____	_____
	Doctor's Name	Street Address	City	Area Code & Phone#
Student's Dentist	_____	_____	_____	_____
	Dentist's Name	Street Address	City	Area Code & Phone#

**PERMISSION FOR MEDICAL RECORDS**

I/We GIVE consent to the Middletown Unified School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.) Yes  No

HEALTH PROBLEMS: Check all that apply.				
Asthma	<input type="checkbox"/>		Physical Limitations	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>		Seizure Disorder	<input type="checkbox"/>
Ear Problem (History of)	<input type="checkbox"/>		Vision Loss Right Left	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>
Hearing Loss Right Left	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>
Heart Problem	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>		For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>	
Wears Hearing Aide	<input type="checkbox"/>		Right ear <input type="checkbox"/> Left ear <input type="checkbox"/>	
Description and date of serious injuries, operations, or physical handicap:				

ALLERGIES: Check all that apply.				
None	<input type="checkbox"/>	Animals	<input type="checkbox"/>	List specific item(s) student is allergic to:
Food	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Describe allergic reaction treatment:
Drugs	<input type="checkbox"/>	Bee Sting	<input type="checkbox"/>	
Plants	<input type="checkbox"/>	Other	<input type="checkbox"/>	

CURRENT MEDICATION(S) Yes <input type="checkbox"/> No <input type="checkbox"/> Will the student need to take medication while at school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, Name of Medication(s)	Dosage	Time Taken	Purpose

EMERGENCY MEDICAL AUTHORIZATION			
I am the parent/guardian of the above name student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital, or surgical care to the above named student.			
On	_____	at	_____, California
Date:	_____	City	_____
Parent/Guardian Signature(s):		_____	

Student's Legal Name				Date of Birth	
	Last Name	First Name	Middle Name		Month/Day/Year

Every attempt will be made to reach the parent/guardian with whom the student resides, at home or at work. Please provide up to 4 additional contacts if the parent/guardian cannot be reached in case of an emergency.

EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	
Name		Name	
Phone		Phone	
	Best number between 7am and 5pm, Monday-Friday		Best number between 7am and 5pm, Monday-Friday
Cell Phone		Cell Phone	
Relationship		Relationship	

EMERGENCY CONTACT #3		EMERGENCY CONTACT #4	
Name		Name	
Phone		Phone	
	Best number between 7am and 5pm, Monday-Friday		Best number between 7am and 5pm, Monday-Friday
Cell Phone		Cell Phone	
Relationship		Relationship	

#### MEDIA PERMISSION

- I GIVE permission for my student to be observed, interview, photographed, and/or filmed when a representative of the media has been permitted by the principal or designee to be on campus. Yes  No
- I GIVE permission for my student to be observed, interviewed, photographed, and/or filed by the school staff to be used for teacher/parent education and growth. Yes  No

I have reviewed this four-page document and to the best of my/our knowledge the information contained herein is true and complete.

The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

Please check the appropriate box, if applicable.

Co-parent is deceased.

Parent has sole legal custody. Please submit to the school a copy of the court order authorizing sole custody.

<b>PRIMARY PARENT OR GUARDIAN</b> (from page 1)	
Please Print Full Name	
Signature	Date

**PROOF OF RESIDENCE FOR ENROLLMENT**

I am the parent or legal guardian of \_\_\_\_\_, and  
(Please print name(s) of child(ren))

-OR-

I, \_\_\_\_\_  
(Your name if you are a student, 18 years old or older – please print)

Wish to enroll said child(ren)/myself in Middletown Unified School District. I understand that California law provides for children whose parent/legal guardian lives or resides/an adult student resident in the District to enroll in the District. I reside at the following street address that I believe to be in the Middletown Unified School District.

\_\_\_\_\_  
(Please print YOUR name)

\_\_\_\_\_  
Property Address Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Landlord's Name and Address Landlord's Phone Number

\_\_\_\_\_  
Your Home Phone Work Phone Cell Phone

I understand that District officials may require proof that I am the parent or legal guardian of the child(ren) that I am the adult student identified on this form, and that I also must show proof that I reside at the address given on this form.

- A. If you own the property in which you reside, you must supply: (must be original documents)
  - 1. County tax bill or escrow papers showing residence property address.
  - 2. Two utility bills (e.g. water, garbage, PG&E, phone) bills mailed to you at the address.
- B. If you rent the property in which you reside you must supply: (must be original documents)
  - 1. An official Rental Agreement that includes the address of the property, the starting date of residency, landlord's name and phone number, along with a copy of your receipt or canceled check reflecting your most recent rent payment.
  - 2. Two utility bills (e.g. water, garbage, PG&E, phone) bills mailed to you at the address.
- C. If you live with another family or live in temporary housing (motel, campground), you must supply: (must be original documents)
  - 1. The McKinney Vento form from the registration packet.
  - 2. Verification of residency of the family you are living with (see #1 above – a tax bill or rental agreement or similar).
  - 3. Declaration\* signed by the person with whom you live (\*bottom of page).

**DECLARATION OF PERSON FILLING OUT FORM**

I declare under penalty of perjury that my child(ren)/I sleep at least three school nights per week in the home of the person named above and that the information provided by me, or others, is true and complete to the best of my knowledge, and that this declaration was executed on \_\_\_\_\_(date) at \_\_\_\_\_, CA. In accordance with State Compliance I have provided required documentation as proof of residence for enrollment of these students.

Should information come to the attention of the District, indicating that false or unreliable evidence of residence has been supplied, and an investigation determines that the student resides outside the District, I am aware that my student(s)/I will be dropped from enrollment and will be required to transfer to his/her resident school district. I will immediately notify the District if I or my student(s) move from this address.

Printed/Typed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**DECLARATION OF PERSON WITH WHOM FAMILY/STUDENT IS LIVING (for C only)**

I declare under penalty of perjury that the child(ren) of \_\_\_\_\_ (name of parent or family) sleep at least three school nights per week in my home and that the information provided by me is true and complete to the best of my knowledge, and that this declaration was executed on \_\_\_\_\_(date) at \_\_\_\_\_, CA. In accordance with State Compliance I have provided required documentation as proof of residence for enrollment of these students.

Address and Proof of Residency Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Residency

**This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act (NCLB) of 2002.**

<b>Name of Student</b>		<b>Date of Birth</b>	_____ Month/Day/Year
<b>School</b>		<b>Grade Level</b>	

<i>Which of the following best describes where the student sleeps at night? Please check all that apply.</i>			
<input type="checkbox"/>	The student/family lives in a house, apartment, or mobile home occupied by one family.	<input type="checkbox"/>	The student/family lives in an abandoned building or on the street.
<input type="checkbox"/>	The student/family is living in a shelter.	<input type="checkbox"/>	The student/family is sharing a home with another family for financial reasons.
<input type="checkbox"/>	The student /family lives in a vehicle or RV.	<input type="checkbox"/>	The student/family is living in a motel, hotel, or weekly rate housing.
<input type="checkbox"/>	The student/family lives at a campsite.	<input type="checkbox"/>	The student/family does not have utilities in working order (specify): _____
<input type="checkbox"/>	The student is not living with a parent or legal guardian.	<input type="checkbox"/>	Other: _____

I understand that this information is being collected due to requirements of the McKinney-Vento Act, Title X, Part C. of the No Child Left Behind Act. I have received and understand the information in my child's enrollment packet regarding education rights provided by this act. This specific information is housed with Lake County Office of Education and will not be shared without prior consent.

<b>PARENT/GUARDIAN NAME:</b>	
Please Print Full Name	
Parent/Guardian Signature	Date

<b>STUDENT NAME:</b>	
Please Print Full Name	
Student Signature	Date

## MIDDLETOWN UNIFIED SCHOOL DISTRICT

### **STUDENT USE OF TECHNOLOGY – ACCEPTABLE USE AGREEMENT**

The mission of Middletown Unified School District (District) is to improve learning and teaching through interpersonal communication, student access to information, research, teacher training, collaboration, and dissemination of successful education practices, methods, and materials.

**Rights and Responsibilities:** The District will be connected to the internet through the Lake County Office of Education. This connection will provide access to local, national, and international sources of information and collaboration vital to intellectual inquiry in a democracy. In return for this access, every Digital Library user has the responsibility to respect and protect the rights of every other user in our community and on the internet. Students are expected to act in a responsible, ethical, and legal manner, in accordance with the District Internet Code of Conduct, the missions and purposes of the other networks they use on the internet, and the laws of the states and the United States.

**District Internet Code of Conduct:** The Internet Code of Conduct applies to all users of the District network. It reads: “I will strive to act in all situations with honesty, integrity and respect for the rights of others and to help others to behave in a similar fashion. I will make a conscious effort to be of service to others and to the community. I agree to follow the access, usage, and content rules as stated below.”

**Usage Guidelines:** The internet user is held responsible for his/her actions and activity within his/her access. Unacceptable uses of the network will result in the suspension or revoking of these privileges. Some examples of such unacceptable use are:

1. Using the network for any illegal activity, including violation of copyright or other contracts.
2. Using the network for financial or commercial gain.
3. Degrading or disrupting equipment, software, or system performance.
4. Vandalizing the data of another user.
5. Wastefully using finite resources.
6. Gaining unauthorized access to resources or entities.
7. Invading the privacy of individuals.
8. Using an account owned by another user.
9. Posting personal communications without the original author’s consent.
10. Posting anonymous messages.
11. Downloading, storing, or printing files or messages that are profane, obscene, or that use language that offends or tends to degrade others.
12. Violating the Content Guidelines as outlined below.

**Content Guidelines:** Students will be allowed to produce materials for electronic publication on the internet. Network administrators will monitor these materials to ensure compliance with content standards. The content of student materials is constrained by the following restrictions:

1. No personal information about a student will be allowed. This includes home/cell phone numbers and addresses as well as information regarding the specific location of any student at any given time.
2. All student works must be signed with the student’s full name.
3. Individuals in pictures, movies, or sound recordings may be identified only by initials (e.g. JQP for John Q. Public). Absolutely no first or last names may appear in reference to individuals in any image, movie, or sound recording.
4. No text, image, movie, or sound that contains pornography, profanity, obscenity, or language that offends or tends to degrade others will be allowed.
5. Online Etiquette- Users are expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:
  - a. Be polite. Do not get abusive in your messages to others.
  - b. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
  - c. Do not reveal personal addresses, social media accounts, phone numbers, or passwords of students, teachers, administrators, and/or yourself.



- d. Note that email is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities. Illegal activities are strictly forbidden.
- e. Do not use the network in such a way that you would disrupt the use of the network by other users.
- f. All communications and information accessible via the network should be assumed to be private property (i.e. copyrighted).
- g. Hate mail, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network. Therefore, any messages should not contain profanity, obscene comments, sexually explicit material, expressions of bigotry, or hate.
- h. Student subscriptions to Listservs are not allowed.
- i. From time to time, District system administrators will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

Middletown Unified School District Consent and Waiver Form: By signing the District Acceptable Use Agreement, the requester and his/her parent(s) or guardian(s) agree to abide by the restrictions outlined in this agreement policy. The student and his/her parent(s) or guardian(s) should discuss these rights and responsibilities. Ultimately, parent(s) and guardian(s) of minors are responsible for setting and conveying the standards that their child or ward should follow. To that end, the District supports and respects each family's right to decide whether or not to apply for internet access.

The specific conditions and services being offered may change from time to time. The District makes no warranties with respect to internet service or content. Further, the requester and his/her parent(s) or guardian(s) should be aware that the District does not have control of the information on the internet, nor can it provide barriers to account holders accessing the full range of information available. Other sites accessible via the internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. Similarly, while the District supports the privacy of email, account users must assume that this cannot be guaranteed.

The District believe that the benefits to educators and students from access to the internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. We hope you and your student will join us on the internet.

### ACCEPTABLE USE AGREEMENT

**Student:** I understand and will abide by the above Acceptable Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

_____	_____	_____	_____
Student Name (Print)	Student Signature	Date	Grade

**Parent or Guardian:** As the parent or guardian of this student, I have read the Acceptable Use Agreement, I understand that this access is designated for educational purposes. I recognize it is impossible for the District to restrict access to all controversial materials, and I will not hold the District (or any of its personnel) responsible for materials acquired on the network. Further, I accept responsibility for supervision if and when my student's use of downloaded material is not in a school setting. I hereby give my permission to allow internet access for my student. I authorize the Middletown Unified School District to enforce the above provisions against my student, on my behalf.

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date