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Columbia School District
Kids First!

10140 Old Oregon Trail, Redding, California, 96003
530-223-1915 FAX 530-223-4168

WELCOME TO THE COLUMBIA SCHOOL DISTRICT

We are proud that you have chosen to enroll your child in our district. Our schools, Columbia Elementary and Mountain View Middle, are safe, well maintained, exciting, stimulating and success oriented. Our district Mission is to ensure learning for all children - no limits, no excuses. We do this by building positive relationships, maintaining high expectations, creating relevance, providing more time and support, meeting the physical, intellectual, emotional, social and moral needs of our children, and by being persistent and passionate about children.

The following packet includes all of the enrollment pages you will need to enroll your child in the Columbia School District. All parents are required to have their child's current **immunization records** when they enroll.

For those parents residing outside of our district, please remember that you will be required to obtain an Interdistrict Transfer from your district of residence prior to completing the Columbia School District enrollment process.

If you should need assistance or have any questions, please call the school office at the school your child will be attending:

Columbia Elementary (Transitional-Kindergarten - 4th grade) ~ (530) 223-4070
Mountain View Middle (Grades 5th - 8th grade) ~ (530) 221-5224

Again, welcome to the Columbia School District!

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**HEALTH
CARE
FOR ALL
FAMILIES**

Columbia Elementary School District
10140 Old Oregon Trail
Redding, CA 96003
Phone: 530-223-1915
Fax: 530-223-4168

A PRODUCT OF THE CHILDREN'S HART FOUNDATION

Enroll. Get Care. Renew. Health Coverage All Year Long


Health Coverage Options

Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.




 **Immigrant Families** visit: www.allinforhealth.org/immigrantfamilies
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2018 household income is less than...		If 2018 household income is between...
	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California
1	\$16,644	\$32,081	\$16,644 - \$48,240
2	\$22,412	\$43,199	\$22,412 - \$64,960
3	\$28,181	\$54,318	\$28,181 - \$81,680
4	\$33,949	\$65,437	\$33,949 - \$98,400
5	\$39,717	\$76,556	\$39,717 - \$115,120
6	\$45,486	\$87,675	\$45,486 - \$131,840

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

-  www.coveredca.com
-  1(800) 300-1506
-  Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. If you receive a renewal notice, complete and return. You can also renew online or by phone. For help, contact your local Medi-Cal office.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org
March 2018





**HEALTH
CARE
FOR ALL
FAMILIES**

A PRODUCT OF THE CALIFORNIA FAMILY PARTNERSHIP

Columbia Elementary School District
10140 Old Oregon Trail
Redding, CA 96003
Phone: 530-223-1915
Fax: 530-223-4168

**Inscríbese. Cuide Su Salud. Renueve Su Cobertura.
Cobertura de salud durante todo el año**

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Los niños—sin importar su estatus migratorio—niños de crianza, mujeres embarazadas y personas que estén legalmente en el país—incluyendo aquellos que tengan DACA—pueden ser elegibles para Medi-Cal de bajo costo o sin costo alguno.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.



Para familias inmigrantes visten: www.allinforhealth.org/familiasinmigrantes
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2018 es menos de...		Si el ingreso familiar en 2018 es entre...
1	\$16,644	\$32,081	\$16,644 - \$48,240
2	\$22,412	\$43,199	\$22,412 - \$64,960
3	\$28,181	\$54,318	\$28,181 - \$81,680
4	\$33,949	\$65,437	\$33,949 - \$98,400
5	\$39,717	\$76,556	\$39,717 - \$115,120
6	\$45,486	\$87,675	\$45,486 - \$131,840
	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podría calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbese.

Tres maneras para inscribirse con Medi-Cal y Covered California:



- www.coveredca.com/espanol/
- 1 (800) 300-0213
- Ayuda en persona: www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

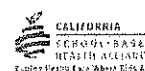
- ▶ Medi-Cal tiene que ser renovada cada año. Si recibe un aviso de renovación, se debe completar y devolver. También puede renovar en línea o por teléfono. Para obtener ayuda, póngase en contacto con su oficina local de Medi-Cal.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California al 1 (800) 300-0213.

Para más información visite:
www.allinforhealth.org
www.allinforhealth.org/parafamilias
marzo 2018

The Children's



csba



COLUMBIA SCHOOL DISTRICT

ENROLLMENT INFORMATION

Lion Cub's Preschool
 Columbia Elementary
 Mountain View Middle School
 Columbia East Valley K-6 Community Day School

SCHOOL USE ONLY Start Date: _____

Gr/Teacher: _____

IDA
 Age Verification Document
 follow-up
 PM
 Medical

Health Check (K/1 Only)
 Dental Exam (K/1 Only)

5 S R Sp E ~ tk F H

Legal Last Name	First Name	Middle Name	Grade	DOB
Residence Address:	City:	Zip:	Gender	
Mailing Address (if different):	City:	Zip:		
Primary Contact Name	Primary Contact Phone ()			
Name and Address of Last School Attended:	Has your child ever been retained? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what grade?			
Has student been enrolled in the Columbia School District previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what grade was the student enrolled? Kindergarten Registration Only: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did your child attend preschool?	If yes, name and address of Preschool attended: Kindergarten Registration Only: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did your child attend Transitional Kindergarten?	If yes, name and address of School attended: <input type="checkbox"/> YES <input type="checkbox"/> NO			

Family Information	FATHER - BIRTH / ADOPTIVE	MOTHER - BIRTH / ADOPTIVE	GUARDIAN / STEP PARENT
Full Name			
Birth Mother's Maiden Name			
Address / State / Zip			
Birthplace			
Birth Date			
Marital Status			
Employer			
Member of Armed Forces on active duty or full time National Guard Duty	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mobile Phone			
Work Phone			
Home Phone			
AUTO DIALER PREFERENCE	HOME WORK CELL NONE	HOME WORK CELL NONE	HOME WORK CELL NONE
Please circle any numbers preferred to receive school notifications, reminders and announcements.			
Email Address			
Student's Primary Residence	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Student			

STUDENT'S NAME:

Family Information - continued					
Sibling Name:	Gender:	DOB:	Living in Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:	Gender:	DOB:	Living in Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:	Gender:	DOB:	Living in Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:	Gender:	DOB:	Living in Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:	Gender:	DOB:	Living in Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others Living in Home Name:	Relationship to Student:				
Others Living in Home Name:	Relationship to Student:				
Others Living in Home Name:	Relationship to Student:				

Emergency Contacts (Other Than Parent/Guardian)	1 ST CONTACT	2 ND CONTACT	3 RD CONTACT
FULL NAME			
RELATIONSHIP			
MOBILE PHONE			
WORK PHONE			
HOME PHONE			
ADDRESS			

RESIDENCE

Where is your child / family currently living? Federally mandated by ESSA, please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families / individuals due to economic hardship, loss, or other reasons)
- In a sheltered or transitional housing program
- In a motel/hotel
- Unsheltered (car / campsite)
- Other _____

STUDENT ACADEMIC & HEALTH INFORMATION

Has your child EVER had an I.E.P. (Individualized Education Plan)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent Please Initial: _____
Is your child under the care of a specialist? (i.e., medical doctor, vision/hearing specialist, psychologist, psychiatrist, clinic, speech/language specialist, etc.)	I.E.P. is current <input type="checkbox"/> I.E.P. is closed exit date _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____			
Does your child have any known physical disability?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____			
Does your child routinely take any medications?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list: _____			
Does your child have any allergies? (i.e., medication, bee stings, foods, etc.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list: _____			

STUDENT'S NAME:

PARENT EDUCATION LEVEL Check one

- 1 = not a high school graduate
- 2 = high school graduate
- 3 = some college
- 4 = college graduate (4 year college)
- 5 = graduate school/post graduate training

ETHNICITY Mark the ethnicity with which the student most closely identifies. **Check one:**

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

Must answer both questions

RACE (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 continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North and South America (including Central America))
- Cambodian (207)
- Chinese (201)
- Japanese (202)
- Korean (203)
- Vietnamese (204)
- Asian Indian (205)
- Laotian (206)
- Other Pacific Islander (399)
- Hmong (208)
- Other Asian (299)
- Hawaiian (301)
- Guamanian (302)
- Samoan (303)
- Tahitian (304)
- African American or Black (600)
- White (700)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

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: _____

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we 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.

LEGAL ALERT: Do you have a restraining order which prevents someone from picking up your child? Yes No

If YES, please provide a copy of the restraining order & list the name: _____

Relationship _____ Legal Document _____

I have reviewed this three-page Enrollment document and to the best of my 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. I certify that my student is NOT currently under expulsion or disciplinary action from another public school or district in the State of California. If your student has been expelled within the last three years from a public school or district, you will be asked to provide a copy of the expulsion order and the release to return to public schools.

Date: _____ Signature of Parent/Guardian: _____

COLUMBIA ELEMENTARY SCHOOL DISTRICT
VERIFICATION OF RESIDENCY

I / We, the parents / guardians of _____
Student's name

do hereby attest that the aforementioned student resides at:

Address/City/Zip:

Phone: _____

Parent/Guardian Signature

Date

Education Code – 48200
Education Code – 48204.6
Board Policy 5111
Administrative Regulation 5111.1

DISTRICT RESERVES THE RIGHT TO REQUIRE FURTHER VERIFICATION OF RESIDENCY

Columbia School District

Transportation Procedures & Safe Riding Practices

Dear Parent/Guardian,

Columbia School District is happy to provide transportation for your student to and from school. Please observe the following.

- Students should arrive at their designated bus stop at least **10 minutes** prior to the scheduled pick-up time in the morning.
- If you plan on picking up your student from the bus, arrive at the stop at least **10 min** prior to the scheduled drop off time.
- If a student is going to use a different stop (i.e. going to a friend's house after school) they should bring a note from their parent to the office to get a **BUS PASS, in the morning**, so the driver will know the correct stop and that it has been approved. If they show up to the bus with a note, they will be sent to the office to verify and may end up missing the bus.
 - Bus passes are for **OCCASIONAL** use and should be not be used in lieu of going to an after school CARE program or riding the bus to Mountain View to go home with an older sibling.

Columbia School District is committed to the safety of all students while being transported in district school buses. At our annual bus evacuation trainings students will be educated in safe loading and unloading procedures, learn what do to in case of a bus emergency and instructed in overall bus safety rules.

- If the bus is approaching, a student shall not cross the roadway, but rather wait to be escorted across the street by the driver.
- Students shall wait until the bus has come to a complete stop and front entrance door has opened before approaching the bus.
- Upon boarding, students shall go directly to their seat, facing forward and remain seated until the bus reaches its destination.
- Students shall **NEVER** run back to the bus after exiting or cross back across the street after an escort.
- Students must go directly to their home or daycare facility after exiting the bus.
- Students shall never cross the street behind the bus.

The district uses a progressive discipline system when a student misbehaves on a school bus. Please review the following steps with your child so he/she understands the consequences of misbehaving on the bus. Riding the bus is reserved for pupils who earn the privilege to ride. A bus citation needs to be signed by a parent/guardian and returned with your child to the driver. A signed citation indicates that the rules and consequences of breaking them are understood by you and your child.

Citation #1: The first bus citation is considered a warning which gives your child the opportunity to improve his/her behavior. This will result in a front seat assignment on the school bus for a total of 10 consecutive rides or longer if the driver deems it necessary.

Citation #2: The second citation usually indicates that your child has not improved his/her behavior on the bus and has violated bus rules again. You will receive a phone call and have the opportunity to have a conference with the Principal, the bus driver and your child at which time a bus riding contract will be signed by all parties. Your child will lose his/her bus riding privileges for one week.

Citation #3: The third citation indicates that your child has repeatedly violated the bus rules and has lost his/her bus privileges for the remainder of the school year.

We have read and understand the bus procedures and safe riding practices.

Parent Signature

Student Signature

COLUMBIA ELEMENTARY SCHOOL DISTRICT
AUTHORIZATION FOR TRANSFER OF PUPIL RECORDS

STUDENT NAME: _____ DOB: _____

PREVIOUS SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

I authorize the release of ALL educational, confidential, and medical records on file to be released to Columbia School District.

Parent/Guardian Signature

Date

Registrar Signature

Date

↓ OFFICE USE ONLY ↓

COLUMBIA ELEMENTARY SCHOOL
10142 Old Oregon Trail
Redding, CA 96003
ATTN: ATTENDANCE OFFICE
(530) 223-4070
(530) 223-5245 FAX

MOUNTAIN VIEW MIDDLE SCHOOL
675 Shasta View Drive
Redding, CA 96003
ATTN: ATTENDANCE OFFICE
(530) 221-5224
(530) 221-5620 FAX

PLEASE FAX A COPY OF THE STUDENT'S CURRENT IEP IMMEDIATELY, IF APPLICABLE

Please **FAX** the following educational records as soon as possible for the above named student so that we may **CONSIDER** enrollment:

_____ Discipline / Attendance

_____ Un-official Transcript / Grade Report

_____ IEP / 504 (if applicable)

_____ Immunizations

The above named student has **ENROLLED** in our school with a start date of _____

Please **FAX** the following educational records before mailing the student's cumulative & confidential files.

_____ Immunizations

_____ Age Verification Document

_____ IEP / 504 (if applicable)

Reference

General Education Provisions Act, Section 438
Education Code 9202
Education Code 10751
Education Code 10751.5
Education Code 10754
Education Code 10757-58
Education Code 13599.5