

SUNRISE MIDDLE SCHOOL ENROLLMENT/REGISTRATION PACKET

ATTENTION PARENTS:

Please fill out ALL pages of this packet legibly and completely. Then, return it to Sunrise Middle School as soon as possible at:

SUNRISE MIDDLE SCHOOL
Mailing Address: 1149 E. Julian St. Bldg F, San Jose CA 95116
Tel: 408-659-4785 Fax: 408-297-2031

IMPORTANT NOTE:

In order to enroll your child, in addition to this enrollment packet, we need the following documents:

- ☐ Transcripts from latest school
- ☐ Immunization records, including new California State required whooping cough test for incoming 7th and 8th graders *
- ☐ Copy of birth certificate
- ☐ Latest IEP or 504 Plan, if applicable
- ☐ CELDT scores, if applicable.

Thank you,

Sunrise Middle School Staff

* Assembly Bill 354, now chaptered into California law, requires students to be immunized against pertussis. For the 2011-12 school year only, all students entering 7th through 12th grades will need proof of a Tdap booster shot before starting school. This requirement begins July 1, 2011 and can be met by receiving one dose of Tdap vaccine on or after the 7th birthday. The new law applies to all public and private schools. Beginning July 1, 2012 and beyond, all students entering the 7th grade will need proof of a Tdap booster shot before starting school.

"Pertussis is widespread. If your child 10 years and older has not yet received the 'Tdap' pertussis booster shot, please contact your doctor or health department. Getting a booster shot now will protect your child against the ongoing threat of pertussis and meet a new school requirement that begins in the 2011-12 school year (California law - Assembly Bill 354). Adults are also advised to get a pertussis booster shot, if they haven't already, to protect themselves, their families, and their students".

Student Name: _____ Social Security No. _____
 Last, First Middle Initial

Student's Address: _____ Home Phone: (____) _____
 Street City Zip Student's Cell Phone: (____) _____

n Other, please specify (15): _____

Mother's Name: _____ Mother's Phone: () _____
Mother's 2nd Phone: () _____

| Street | City | Zip |
|--------|------|-----|
|--------|------|-----|

Mother's Birthplace: _____ Mother US Citizen ____ Yes ____ No
City State Country

Father's Name: _____ Father's Phone: (____) _____
 _____ Father's 2nd Phone: (____) _____

| Street | City | Zip |
|--------|------|-----|
|--------|------|-----|

| | | |
|---|--|-----------------------------------|
| Father's Highest Educational Level: | n Did not graduate from high school (14) | n Graduated from High School (13) |
| n Some College (including AA degree) (12) | n Graduated from 4-year university (11) | n Post-Graduate Degree (10) |

SUNRISE MIDDLE SCHOOL

MEDICAL INFORMATION FORM

Student Name: _____

1. Does your child have any health problems of which the school should be aware of? ____ Yes ____ No
If yes, please describe: _____

2. Does your child wear glasses or contacts? ____ Yes ____ No. If yes, all of the time? ____ Just for classroom? ____

3. If your child's activities should be limited in any way, please indicate and explain: _____

4. Please indicate if your child has had any of the following conditions:

| | | |
|---------------------|----------------------|---------------------|
| ____ Meningitis | ____ Rheumatic Fever | ____ Chicken Pox |
| ____ Polio | ____ Scarlet Fever | ____ Measles |
| ____ Hepatitis | ____ Whooping Cough | ____ German Measles |
| ____ Diabetes | ____ Fainting Spells | ____ Sore Throats |
| ____ Joint Pains | ____ Epilepsy | ____ Headaches |
| ____ Ear Infections | ____ Tires Easily | ____ Convulsions |
| ____ Asthma | ____ Frequent Colds | ____ Nightmares |
| ____ Heart Disease | ____ Eczema | ____ Nosebleeds |
| ____ Sleepwalking | ____ Mumps | |

5. Does your child have severe allergic reactions to bee stings, peanuts, fish, etc.? ____ Yes ____ No

If yes, please provide the type of allergy that your student has and provide the specific actions that need to be taken if your student suffers an allergic reaction: _____

6. Is your child on a medication regimen? ____ Yes ____ No If YES and medication needs to be administered during schools hours, then Sunrise Middle School will require a doctor's note.

____ My child is not on a continuing medication regimen. ____ My child is on a continuing medication regimen.

Medication is: _____ Condition: _____

Dosage: _____ Physician's Name: _____

Physician's Phone: _____ Physician's Address: _____

7. The above physician may be advised of my child's progress at school. ____ Yes ____ No

Name of insurance: _____ Group/Policy Number: _____

Name of insured: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL

PERMISSION FORMS

Student Name: _____

1. PARENT CONSENT FOR SCHOOL FIELD TRIPS AND WAIVER OF RESPONSIBILITY

I give my child permission to participate in school field trips. I understand and acknowledge that my child's participation in these trips is not required by Sunrise Middle School and is completely voluntary. I further understand and acknowledge that pursuant to Education Code §35330, my child is deemed to have waived any and all claims against Sunrise Middle School, the Sunrise Middle School Board of Directors, and any and all officers, employees, and agents of Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, or the State of California for "injury, accident, illness or death occurring during or by reason of the study trip or excursion." I, as parent/guardian in granting my child permission to participate in school related field trips, hereby release and hold harmless from any demands, losses, claims, actions, suits, or any liability of any nature or kind whatsoever, Sunrise Middle School, the Sunrise Middle School Board of Directors, and any and all officers, employees, and agents of Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, or the State of California for any and all illness, accidents, injuries, or death which may occur during such time that my (our) child is transported to, from, or during school functions, excursions or study trips. Should it be necessary to incur additional expenses and/or medical treatment during the trip, I give the teachers permission to use their best judgment in such matters and will reimburse them for any reasonable expenses. I, as parent/guardian, have decided (with or without medical assistance) that my child is physically able to participate and I acknowledge that any accident insurance I consider necessary will be my responsibility to locate and purchase.

Yes ☐ No ☐ Initials: _____ In case of an emergency, name & phone numbers of parent/guardian to contact:

1. _____ 2. _____

In case of an emergency, and parent/guardian listed above are unavailable, names and phone numbers to contact:

1. _____ 2. _____

Name of insurance: _____ Group/Policy Number: _____

Name of insured: _____ Doctor Name & Phone: _____

Does your child have any health problems of which the school should be aware of: NO _____ YES _____
If yes, please explain:

Is your child on a continuing medication regimen: NO _____ YES _____ If yes, please explain:

Is your child's physical activity limited in any way: NO _____ YES _____ If yes, please explain:

Does your child have severe allergic reactions to bee stings, peanuts, fish, etc: NO _____ YES _____
If yes, please provide the type of allergy that your student has and provide the specific actions that need to be taken if your student suffers an allergic reaction:

Student Name: _____

2. SCHOOL INTERVIEW / MEDIA RELEASE

On occasion, representatives from the media, Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, the State of California, or other education-related groups wish to photograph and/or interview students in connection with school programs or events. In order to release student photos and comments, we need written permission from you.

I hereby give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, the State of California, or other education-related groups for the purpose of publicizing school programs, development of educational materials, or reporting on events of community interest. I fully relinquish right of interest in any film, tape, or photograph which may be used for any legitimate purpose.

Yes ☐ No ☐ Initials: _____

3. PARENT ACCESS TO STUDENT RECORDS

Provisions of the California Education Code have authorized that parents or legal guardians, in consultation with school personnel, have the right to inspect and review the school records of their children. If, at any time, you wish to inspect the school records of your child(ren), please notify the school administrator at your child(ren)'s school site and schedule an appointment. In accordance with Section 49069 of the California of the California Education Code, your request for access to pupil records will be granted no later than five (5) school days following the date of the request. If, after review, you feel that any information contained in the records is inaccurate, misleading, or otherwise inappropriate as defined by federal and state law, you will be given an opportunity to file a written request to have the objectionable material removed. You also have the right to include, as part of the records, a statement of your objections to information in the records or to any record of disciplinary action taken by the school.

Initials: _____

4. PARENT CONSENT FOR FAMILY LIFE INSTRUCTION

The Education Code requires that parents/guardians be notified in advance of any course(s) covering family values, anatomy and physiology regarding sex, birth control, venereal disease*, abortion, parenting, sex roles, education*, and how drugs effect pregnancy*. (*Mandated by the State Department of Education.) I give permission for my child to take courses which contain the above contents while in attendance at Sunrise Middle School.

Yes ☐ No ☐ Initials: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL REQUEST FOR RELEASE OF STUDENT RECORDS FORM

Student Name: _____ Student Date of Birth: _____

Name of Former School: _____ Student Grade: _____

Former School Address: _____

Former School Phone: _____ Former School Fax: _____

The parent or guardian who has signed below has been informed of the transfer request and grants permission for the below mentioned information to be sent.

- Official Transcript
- Copy of Birth Certificate
- Test Scores
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Immunization Records / Health Records
- Hearing and Vision Screening Results
- All Special Education Records, including: IEP's, 504 Plans, Psychological Reports, or Speech Reports or the information regarding the type of Special Day Classes, RSP, or any other special education services the student listed above was receiving when enrolled

Information mentioned below to be mailed to Sunrise Middle School:

Mailing Address: Sunrise Middle School
 1149 E. Julian St., Bldg. F,
 San Jose CA 95116

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL

SPECIAL EDUCATION INQUIRY FORM

Does your child have an IEP (Individualized Education Program)? YES _____ NO _____

Does your child have a 504 Plan? YES _____ NO _____

Does your child have a Psychological Report? YES _____ NO _____

Does your child have a Speech Report? YES _____ NO _____

Has your child been enrolled in Special Day Class? YES _____ NO _____

Has your child been enrolled in a Resource Specialist Program (RSP)? YES _____ NO _____

Has your child been identified as needing any other special education services not listed above?
YES _____ NO _____ If yes, please explain:

If you answered YES to any of the questions listed above, please provide the name of the school and your student's grade when your student receive his/her most recent IEP, 504 Plan, Psychological Report, or Speech Report, or the name of the most recent school where your student was enrolled in Special Day Class, RSP, or any other special education services.

Name of Former School: _____ Student Grade: _____

Former School Address: _____

Former School Phone: _____ Former School Fax: _____

Student Name: _____ Student Date of Birth: _____

The parent or guardian who has signed below has requested that the student referred above requests a copy of the student's most recent IEP, 504 Plan, Psychological Report, or Speech Report or the most recent information regarding the type of Special Day Class, RSP, or any other special education services the student listed above was receiving when enrolled.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL

INTERNET AND SCHOOL COMPUTER

ACCEPTABLE USE CONTRACT

Instructions to Student: Initial the line by each item to indicate that you have read it. Then sign at the bottom of the contract form. Your parent/guardian must also sign at the bottom of the form.

Student Initials: _____ I will use the Internet and school computer system only for educational purposes. I will not use the school's systems for commercial, political, or personal purposes.

Student Initials: _____ I will be considerate. I will not send messages which are abusive or threatening or contain offensive language; destroy data through uploading or creating computer viruses; or read, copy, or modify another user's mail.

Student Initials: _____ I will only use the files, accounts, or passwords that are assigned to me. I will respect the privacy and confidentiality of others.

Student Initials: _____ I will be careful. I will not reveal my home address or personal phone number or the home addresses and phone numbers of others on the Internet or school network systems.

Student Initials: _____ I will not hold Sunrise Middle School responsible for damages or inaccuracies on the systems. I understand the following: Sunrise Middle School makes no warranties for the services it is providing; that Sunrise Middle School will not be responsible for any damages suffered while on the systems, and that Sunrise Middle School does not have responsibility for the accuracy of information obtained through its services.

Student Initials: _____ I will not access harmful matter and misuse the systems. I understand that "harmful matter" means that which shows or describes sexual conduct in an offensive way and which has no literary, artistic, political or scientific value for minors. I understand that "misuse the systems" means sending or receiving data which is discriminatory or which promotes illegal or unethical activities.

Student Initials: _____ I may lose access to the systems if I do not follow the rules. I understand that the use of the systems is a privilege and not a right. Inappropriate use may result in cancellation of this privilege.

I understand that any violations of the above provisions may result in disciplinary or legal action. I agree to report any access to harmful matter and misuse of the systems to the principal or designee.

Student Printed Name: _____

Student Signature: _____ Date: _____

Instructions to Parents/Guardians: Signatures from a parent/guardian is required so that the student may access the school's computer systems.

As the parent/guardian, I understand that it is impossible for Sunrise Middle School to restrict access to all controversial material, and I will not hold Sunrise Middle School responsible for materials acquired on the systems. I agree to report any access to harmful matter and misuse of the systems to the executive director or principal.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL

CELL PHONE & USE OF ELECTRONICS CONTRACT

Instructions to Student and Parent: Initial the line by each item to indicate that you have read it. Then sign at the bottom of the contract. Parent/guardian must also sign at the bottom of the form.

We recognize the prevalent use of cell phones and other electronics by our students and respect it as an important means of communication for modern families. Students often have obligations before and after classes and the cell phone and other electronics allow families to communicate regarding their plans. The use of cell phones and other electronics consists in making or receiving calls, sending a text, taking photos, listen to music, and etc.

Therefore, Sunrise Middle School allows cell phone and other electronics use before and after school. At any other time, the cell and other electronics must be turned **OFF** and remain in the student's backpack, purse, or bag. The student is responsible for its care. The use of a cell phone and other electronics during class, between classes, during breaks, in the bathroom, especially in school reception area is **NOT** allowed.

If a student is caught using a cell phone or other electronics during class, between classes, during breaks, in the bathroom, and/or school reception area he/she will be asked to turn in his/her cell phone to a teacher or a staff member.

Student Initials: _____ Parent Initials: _____ 1st offense – Student will receive one warning. The cell phone or other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or other electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. Then, the student will be allowed to pick up their cell phone or other electronics at the end of the school day from the office.

Student Initials: _____ Parent Initials: _____ 2nd offense – Student will receive a second warning. The cell phone or other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or other electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. Then, the parent will be allowed to pick up their student's cell phone or other electronics from the Executive Director at the end of the school day.

Student Initials: _____ Parent Initials: _____ 3rd offense – The cell phone or the other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. The student will be sent to the Executive Director's office to sign a contract. The contract will acknowledge that the student has repeatedly violated the "Cell Phone & Use of Electronics" contract that was signed at registration. The contract will state that the student will need to turn in their cell phone or electronics to the office every day at the beginning of school. The student will be allowed to pick up their cell phone or electronics from the office at the end of the school day. In addition, a parent/teacher/student/Executive Director meeting will be scheduled to discuss the repeated cell phone and/or electronics violations and the consequences.

Student Initials: _____ Parent Initials: _____ If there is a family emergency, parents should **NOT** call students on their cell phones. All calls regarding students should be directed to school office. If appropriate, students will be contacted by the office and allowed to use the office phone.

Thank you for understanding and respecting the need to regulate cell phone and electronics use during school hours. Please sign below to confirm that you have read and fully understand these rules.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

SUNRISE MIDDLE SCHOOL SCHOOL UNIFORM/DRESS CODE POLICY

Sunrise Middle School requires that each student report to school in uniform. Our uniform policy was created for security reasons – so that our faculty, staff, and visitors can easily identify our students. Students will wear:

- Khaki, black, white or gray pants or shorts, if worn just above the knee. (Girls may wear an appropriate skirt, if it is just above the knees or longer.)
- White, khaki, gray, or black collared shirt.
- White, black, khaki, or gray sweater or jacket if one is needed – no imprints.
- Closed toe shoes, no sandals.
- Black or brown belt if one is needed. (No large buckles, and no sagging pants.)
- No gang-related attire such as red or blue, rosary beads, “godfather” shoes, etc.
- A backpack of any color except red or blue
- For PE, shorts or sweats and a T-shirt of any color except red or blue.

NOT EVEN A LITTLE BIT OF RED OR BLUE WILL BE ALLOWED ON ANY CLOTHING.

Violators of this dress code will be required to trade in their clothes for pants or a collared shirt that is marked “loaner.” They will be given their clothes back at the end of the day when the loaned items are returned.

If you have any questions regarding the dress code, please ask. If you are wondering if a specific item is acceptable, please check before wearing it to school.

Student Printed Name:

Student Signature:

Date: _____

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____

School Year 2016-2017 Sunrise Middle School Application for Free and Reduced-Price Meals: State Meal Program

Complete one application per household. Read the instructions included with Application on how to apply. Please print and use a pen. This institution is an equal opportunity provider.

California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate serving lines, separate entrances, or by any other means."

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Attach another sheet of paper for additional names.

| | | | | | |
|--|-----------------------------------|----------------------------|--|--------------------------|--------------------------|
| Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last) | Enter school name and grade level | Enter student's birth date | Check the applicable box if the student is foster, homeless, migrant, or runaway. | | |
| EXAMPLE: Joseph P Adams | Lincoln Elementary | 1st | Foster Child | Homeless | Migrant |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs? If NO, skip STEP 2 and complete STEP 3.

| | | |
|---|---|--------------------|
| If YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4. | Select Program Type: | Enter Case Number: |
| | <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR | |

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

| | | | | | | | | | | |
|--|--------------------|-----------|---|-----------|--------------------------------------|-----------|---|-----------|--|--|
| A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly | | | | | | | | | | |
| Enter the name of ALL OTHER Household Members (First and Last) | Earnings from Work | How Often | Public Assistance/SSI/Child Support/Alimony | How Often | Pensions/Retirement/All Other Income | How Often | Total Student Income | How Often | | |
| | \$ | | \$ | | \$ | | \$ | | | |
| | \$ | | \$ | | \$ | | \$ | | | |
| | \$ | | \$ | | \$ | | \$ | | | |
| | \$ | | \$ | | \$ | | \$ | | | |
| Total Household Members (Children and Adults) | | | | | | | Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member | | | Check the box if NO SSN <input type="checkbox"/> |

DO NOT COMPLETE. SCHOOL USE ONLY

| | |
|---|---|
| Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x12, Monthly x12 | Total Household Income |
| How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | |
| Total Household Size | Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied) |
| Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway | <input type="checkbox"/> Categorical <input type="checkbox"/> Error Prone |
| Determining Official's Signature: | |
| Date: | |
| Confirming Official's Signature: | |
| Date: | |
| Verifying Official's Signature: | |
| Date: | |

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

| | |
|--|---------------|
| Signature of adult completing this form: | |
| Print Name: | |
| Today's Date: | Phone Number: |
| Address: | |
| City: | State: |
| Zip: | |
| E-mail: | |