

Student's Name:

Last

First

Middle

Grade:

FORM A

**K.L. CARVER ELEMENTARY SCHOOL - HEALTH RECORD & EMERGENCY INFORMATION**

Teacher:

School Year: 2011-2012

Home Address:

Home Phone:

Street

City

State

Zip

*Student lives with the following at the above address:*

*Father*

*Stepfather*

*Guardian*

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

To reach me in

an emergency call:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Home  Office  Pager  Cell

Home  Office  Pager  Cell

Home  Office  Pager  Cell

*Student lives with the following at the above address:*

*Mother*

*Stepmother*

*Guardian*

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

To reach me in

an emergency call:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Home  Office  Pager  Cell

Home  Office  Pager  Cell

Home  Office  Pager  Cell

**IN CASE OF ILLNESS OR ACCIDENT AND WHEN UNABLE TO CONTACT PARENTS, PERMISSION IS GRANTED FOR ANY OF THE FOLLOWING TO CALL FOR OR TAKE CARE OF MY CHILD:**

**➔ Please Note ➔** We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and people who are free and willing to pick up your child. Please make sure the following people can communicate to the staff in English. **Three (3) emergency contacts must be provided.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's after school day care program \_\_\_\_\_ Phone: \_\_\_\_\_

Student **MAY NOT** be released to \_\_\_\_\_

**CONSENT FOR RELEASE OF HEALTH INFORMATION AND RENDERING OF MEDICAL SERVICES**

In case of illness or accident and when the school is unable to contact us, we, the undersigned parents of:

\_\_\_\_\_, (Date of Birth) \_\_\_\_\_

a student of the San Marino Unified School District, hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

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

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

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

Hospital of Your Choice: \_\_\_\_\_

**LIST ANY PERTINENT HEALTH INFORMATION** ( i.e. asthma, diabetes): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

# K. L. Carver Elementary School



## FORM B Handbook Acknowledgment Form

Please access the student handbook at the following website:

[www.carverschool.us](http://www.carverschool.us)

If you are unable to access the website, you may pick up a hard copy from the school office.

My child and I understand the K. L. Carver Elementary School Handbook with special attention to the Discipline Policies. We have read and agree with the following school policies:

*(please check)*

\_\_\_\_\_ 1. Discipline Policies and Zero Tolerance Policy (page 5)

\_\_\_\_\_ 2. Student Absence Policy (pages 2-3)

\_\_\_\_\_ 3. Traffic and School Safety Policy (pages 3-4)

\_\_\_\_\_ 4. Health Policy (pages 6-7)

Student Name *(please print)* \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Name *(please print)* \_\_\_\_\_

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

Date \_\_\_\_\_

Name of Student's Teacher *(please print)* \_\_\_\_\_

# San Marino Unified School District

ADMINISTRATIVE OFFICES  
TELEPHONE: (826) 299-7000  
FAX: (826) 299-7010

1665 WEST DRIVE  
SAN MARINO, CALIFORNIA 91108-2594

Student Name *(please print)* \_\_\_\_\_

Teacher *(please print)* \_\_\_\_\_ Grade \_\_\_\_\_

## **FORM C** District Acknowledgment Form

The San Marino Unified School District Office will present documents requiring your acknowledgement and signature through the District website at the following link:  
[http://www.san-marino.k12.ca.us/parents\\_and\\_students/first\\_day/first\\_day\\_packet.jsp](http://www.san-marino.k12.ca.us/parents_and_students/first_day/first_day_packet.jsp).  
Please review each document listed at your convenience and sign below to verify you have accessed the materials provided.

***This signed form must be returned and included with your child's other school site registration materials.***

If you are unable to access the District website or wish to obtain a hard copy of these documents, please feel free to pick up a copy from either your School Site Office or the District Office.

I have **read and understand** the following documents provided to me by the Superintendent's District Office.

- *Notice of Rights of Parent or Guardians of Minor Pupils Under Certain Education Code Sections*
- *California Education Code Parental Notification Requirements*
- *Student Use of Technology*
- *Emergency Procedures and Disaster Preparedness*
- *State of California Attendance Funding Letter*
- *Student Injuries and Insurance Letter*
- *Student Accident & Health Insurance Program Brochure (provided in your First Day Packet)*
- *Annual Notification of Application of Pesticides*
- *Media Letter*

Your signature acknowledges receipt of all the above documents.

\_\_\_\_\_  
**Parent/Guardian Signature**



# CARVER PTA 2011-2012 ORDER FORM

Please return this completed form and a **check made payable to Carver PTA** with your First Day Packet materials on Wednesday, August 24, 2011. **Write your child's/children's name(s) and room #(s) on your check** and enclose your PTA Order Form and check in the White PTA Order Form envelope provided. Do not staple. If you have more than one child at Carver, please return **only one check and one PTA Order Form per family** with the youngest child for processing.

**NAME:** Last \_\_\_\_\_ First (Mother/Guardian) \_\_\_\_\_

Last \_\_\_\_\_ First (Father/Guardian) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

List all students at Carver (**PLEASE PRINT FIRST & LAST NAME FOR EACH**):

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ GR: \_\_\_\_\_ Room # \_\_\_\_\_

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ GR: \_\_\_\_\_ Room # \_\_\_\_\_

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ GR: \_\_\_\_\_ Room # \_\_\_\_\_

	COST	AMOUNT
1. <b>PTA MEMBERSHIP DUES</b> Supports national, state and local PTA sponsored educational programs, child advocacy and more; one vote per membership.	<b>\$10.00</b> <small>(Includes 2 adult memberships; \$5 for 1 membership)</small>	\$ _____
2. <b>PTA BUDGET DRIVE</b> Supports Carver's enrichment programs such as the Art Program Computer Lab, Library, Cultural Arts, Music, Science Fair, etc.	<b>\$25.00/ea.</b> X _____ <small>(Suggested donation per student)</small>	\$ _____
3. <b>CARVER DIRECTORY (Professional binding)</b> Provides names, addresses, phone numbers, and e-mails of our Carver families – essential for every Carver Parent.	<b>\$10.00/ea.</b> X _____	\$ _____
4. <b>YEARBOOK</b> Shares memories and class pictures from the year at Carver - will be published at the end of the school year.	<b>\$15.00/ea.</b> X _____	\$ _____
5. <b>EARTHQUAKE/SAFETY SUPPLIES (For NEW Students only)</b> A one-time only fee, which funds the maintenance of our earthquake/safety supplies.	<b>\$10.00/ea.</b> X _____ <small>(NEW Students only)</small>	\$ _____
6. <b>SUPPLEMENTAL DONATION</b> Your opportunity to make a tax-deductible contribution to Carver PTA programs.		\$ _____

**MAKE CHECK PAYABLE TO CARVER PTA**

**TOTAL: \$ \_\_\_\_\_**

If you have any questions regarding this information, please do not hesitate to call  
Jennifer Giles, PTA President at (626) 458-5555 or jennifer.giles@att.net.

如果您對以上內容有任何問題或需要中文翻譯, 請聯絡  
Sylvia Koh at (626) 390-8820 or luilui\_p@yahoo.com.

Please print two (2) copies. Return one (1) with your First Day Packet and retain one (1) copy for tax purposes (Carver PTA Tax ID#: 95-6204910).

Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_