

Student's Name: _____ Grade: _____
Last First Middle

FORM A

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

Teacher: _____ Room #: _____

Home Address: _____ Home Phone: _____
Street
City State Zip

<p>Student lives with the following at the above address: <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Stepfather</i> <input type="checkbox"/> <i>Guardian</i></p> <p>Name: _____</p> <p>To reach me in an emergency call: #1 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p> <p>#2 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p> <p>#3 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p> <p>Student lives with the following at the above address: <input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Stepmother</i> <input type="checkbox"/> <i>Guardian</i></p> <p>Name: _____</p> <p>To reach me in an emergency call: #1 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p> <p>#2 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p> <p>#3 _____ Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/></p>

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 people who are available to pick up your child in case of an emergency. Please make sure the following people can communicate to the staff in English. **You MUST provide three (3) emergency contacts or this form will be returned to you until it is complete.**

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:

<http://bit.ly/carverhandbook>

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 & Zero Tolerance Policies, School Rules and Expectations (pages 9-15)
- _____ 2. Student Absence Policy (page 2)
- _____ 3. Traffic and School Safety Policy (pages 3-4)
- _____ 4. Health Policy (page 5)

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: (626) 299-7000
FAX: (626) 299-7010

1665 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2594

Please Print:

Student ID#: _____

Grade: _____

Student Name _____

Teacher: _____

District Acknowledgment Form

The San Marino Unified School District Office is providing our signature documents through the *District Web-Site* <http://www.smusd.us/> under *Parents and Students* scroll to the *First Day Packet* button. Please refer to each document and acknowledge your receipt below.

You must return this form along with your child's other school site registration materials.

If you are unable to access our web-site or wish to *obtain a hard copy* of these documents feel free to pick up a set from either your *School Site Office* or the *District Office*.

I have ***read and understand*** the following documents provided 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 Accident Insurance***
- ***Annual Notification of Application of Pesticides***
- ***Student Injuries and Insurance Letter***
- ***Media Letter***

Your signature acknowledges receipt of all the above documents.

✕

Parent/Guardian Signature

CARVER PTA 2013-2014 ORDER FORM

Please return this completed form and a **check made payable to Carver PTA** with your First Day Packet materials on Thursday, August 22, 2013. **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 oldest child for processing.

NAME: Last _____ First (Mother/Guardian) _____

Last _____ First (Father/Guardian) _____

ADDRESS: _____ **PHONE:** _____

List all students at Carver, from oldest to youngest (**PLEASE PRINT FIRST & LAST NAME FOR EACH**):

Name: _____ Teacher: _____ GR: ____ Room # ____

Name: _____ Teacher: _____ GR: ____ Room # ____

Name: _____ Teacher: _____ GR: ____ Room # ____

		COST	AMOUNT
1.	PTA MEMBERSHIP DUES Supports national, state and local PTA sponsored educational programs, child advocacy and more; one vote per membership.	\$12.00 (Includes 2 adult memberships; \$6.00 for 1 membership)	\$ _____
2.	PTA BUDGET DRIVE Supports Carver's enrichment programs such as the Art Program Computer Lab, Library, Cultural Arts, Music, Science Fair, etc.	\$25.00/ea. X _____ (Suggested donation per student)	\$ _____
3.	CARVER DIRECTORY (Professional binding) Provides names, addresses, phone numbers, and e-mails of our Carver families – essential for every Carver Parent.	\$12.00/ea. X _____	\$ _____
4.	YEARBOOK Shares memories and class pictures from the year at Carver - will be published at the end of the school year.	\$18.00/ea. X _____	\$ _____
5.	EARTHQUAKE/SAFETY SUPPLIES Fee funds the maintenance of our earthquake/safety supplies.	\$5.00/ea. X _____ (suggested donation per student)	\$ _____
6.	SUPPLEMENTAL DONATION Your opportunity to make a tax-deductible contribution to Carver PTA programs. (Library, computer, music, art, safety and health)		\$ _____
MAKE CHECK PAYABLE TO CARVER PTA		TOTAL:	\$ _____

If you have any questions regarding this information, please do not hesitate to contact Jennifer Chuang, PTA President at (626) 792-1002 or jenkchuang@yahoo.com.

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 lului_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: _____