



# Oak Run Elementary School

P.O. Box 48 • Oak Run, CA 96069 • Phone (530) 472-3241 • Fax (530) 472-1087 • oakrunschool.org

## Enrollment Student Paperwork

Welcome to the start of another fantastic school year!!

Please sign and return these forms:

1. Emergency Information Card
2. Student Registration
3. Household Income
4. Free & Reduced Lunch Form
5. Release of Liability
6. Terms and Conditions for Internet Use
7. Newsletter Information
8. Student Residency Questionnaire/Affidavit
9. Parents Rights Booklet Acknowledgement Form
10. Attendance Information Policy
11. Library Do's – Rules and Information
12. Bus Rules

The following forms are for your reference and do not need to be returned.

1. Oak Run Elementary School Family Handbook
2. Dress Code Policy
3. 2024-2025 School Calendar
4. Emergency School Closure Information
5. Immunizations Required for School Entry

# EMERGENCY INFORMATION/PROCEDURE CARD

DATE ENTERED \_\_\_\_\_

(PLEASE PRINT)

STUDENT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE NON-BINARY

DATE OF BIRTH: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SEX:  M OR  F

SSN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PHYSICAL ADDRESS

MAILING ADDRESS

## LOCATION PARENTS CAN BE REACHED IF NOT AT HOME:

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ HOURS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ HOURS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## NAME OF PERSON TO CONTACT IF PARENT(S) CAN NOT BE REACHED: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMPORTANT: RETURN FIRST WEEK OF SCHOOL

REVERSE SIDE MUST BE SIGNED 

**RELEASE:** In case of emergency, accident, or serious illness to the student named on this card in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me my signature below and to follow authorizes the school to exercise their own judgement in contracting the physician indicated below and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_

DATE SIGNED

REMARKS: \_\_\_\_\_

DOES THIS STUDENT HAVE ANY MAJOR OR UNUSUAL HEALTH CONDITIONS?

YES

NO

IF YES, PLEASE

SPECIFY: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

OTHER

CONDITIONS: \_\_\_\_\_

LOCAL PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**IMPORTANT NOTE:** Please notify school officials immediately concerning changes to any information listed on this card.



# Oak Run Elementary School District

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Superintendent/Principal - Misti Livingston - mlivingston@oakrunschool.org

## REGISTRATION FORM

Student's Legal Name: \_\_\_\_\_ Sex: M\_\_ F\_\_ Non-binary\_\_  
(Last) (First) (Middle)

Birth Date: \_\_\_\_\_ K/1 must have a Certified Birth Certificate on file. Verified by: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City or County) (State or Country)

Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing address (If different than physical): \_\_\_\_\_

Circle which adults have **Legal** Custody: Father, Mother, Step-Father, Step-Mother, Guardian, Other  
Circle which adults **with whom the child lives**: Father, Mother, Step-Father, Step-Mother, Guardian, Other

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Race (Circle one or more regardless of ethnicity): American Indian or Alaskan Native, Chinese, Japanese, Korean, Vietnamese, Asian, Indian, Laotian, Cambodian, Asian/American, Native Hawaiian, Guamanian, Samoan, Pacific Islander, American, White, Other

Parents' education level: Father: High School Graduate ( ) Some College ( ) College Graduate ( )  
Mother: High School Graduate ( ) Some College ( ) College Graduate ( )

Has your child qualified for: Special Education Services ( ) Title I ( ) Speech ( )

Do you own/rent your home? YES NO If NO, is this a temporary situation? YES NO  
Are you trying to locate a permanent place to live? YES NO

### HOME LANGUAGE INFORMATION:

1. What language did your child learn when he/she first learned to talk? \_\_\_\_\_
2. What language does your child use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently when you speak to your child? \_\_\_\_\_
4. What language is spoken most often by the adults in your home? \_\_\_\_\_

All above information is correct to the best of my knowledge: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

**Household Income Data Collection – Form 4 Oak Run Elementary School District (Rev.4/15)**

**PART I: Fill in the following information for a student living in your household**

LAST NAME <input type="text"/>	FIRST NAME <input type="text"/>	BIRTHDATE (MM/DD/YY) <input type="text"/> / <input type="text"/> / <input type="text"/>	
SCHOOL (Write "NONE" if not in school) <input type="text"/>	GRADE <input type="text"/>	CLASSROOM <input type="text"/>	SCHOOL CODE <input type="text"/>

**PART II: Fill in the following information for Household size and Household Income**

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one:      1      2      3      4      5      6      7      8      9      10      Other \_\_\_\_\_

2. Total Annual Household Income: \$ \_\_\_\_\_

**PART III: Parent or Guardian Information and Signature**

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

\_\_\_\_\_  
Signature of adult household member  
completing this form

\_\_\_\_\_  
Printed name of adult household member  
completing this form

\_\_\_\_\_  
Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

**School Year 2024-2025 Oak Run Elementary School District Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at [OakRunSchool.org](http://OakRunSchool.org). 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.

Print the name of EACH STUDENT (First, Middle Initial, Last) <b>EXAMPLE: Joseph P Adams</b>	Enter school name and grade level <b>Lincoln Elementary 1st</b>	Enter student's birthdate <b>12-15-2010</b>	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
			Foster	Homeless	Migrant	Runaway
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:  
 CalFresh     CalWORKs     FDIPIR

Enter Case Number: \_\_\_\_\_

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work		Public Assistance/SSI/ Child Support/Alimony		Pensions/Retirement/All Other Income		Total Student Income	How Often
	How Often	Amount	How Often	Amount	How Often	Amount		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		

**C. Total Household Members** (Children and Adults)

**D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Check the box if NO SSN

**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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

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

**DO NOT COMPLETE. SCHOOL USE ONLY**

How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size:  Eligibility Status:  Free  Reduced-price  Paid (Denied)

Verified as:  Homeless  Migrant  Runaway

Total Household Income: \$

Categorical  Error Prone

Determining 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



# Oak Run Elementary School

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## OAK RUN ELEMENTARY SCHOOL

### RELEASE OF LIABILITY

### USE OF STUDENT PICTURE OR ART WORK

Name of Student \_\_\_\_\_

I, the parent/guardian of the above named student, hereby give my consent to Oak Run Elementary School District, its employees and its agents to post or publish any of my child's photographs, booklets, flyers, the Oak Run Elementary School internet website or any other regeneration, and that they may be available to anyone who has access to the internet. I hereby waive and relinquish any and all claims, expenses, demands, liability, cause of action or injury arising out of or relating to such postings or publication; and any and all acts of omissions of the district with respect to such.

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

\_\_\_\_\_  
Date

I hereby grant permission for such postings and publication and wave all prior notice.

I do grant permission for the use of photography and artwork for the following-

- Oak Run Yearbook
- Oak Run Newsletter
- Oak Run School Website
- Facebook and other Social Media

I do not grant permission

## Terms and Conditions

These are examples of inappropriate activity on the ORES D network, but ORES D reserves the right to take immediate action regarding activities 1) that create security and/or safety issues for the ORES D network, Users, Schools, network or computer resources; 2) that expend ORES D resources on content it determines lacks legitimate educational content/purpose; or 3) other activities as determined by ORES D as inappropriate.

1. Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials.
2. Criminal activities that can be punished under law.
3. Selling or purchasing illegal items or substances.
4. Obtaining and/or using anonymous email sites, spamming, spreading viruses.
5. Causing harm to others or damage to their property.
6. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting or downloading offensive, harassing, or disparaging materials.
7. Deleting, copying, modifying, or forging other User's names, emails, files or data, disguising one's identity, impersonating other users, or sending anonymous email.
8. Damaging computer equipment, files, data, or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance.
9. Using any ORES D computer/mobile devices to pursue "hacking", internal or external to ORES D, or attempting to access information protected by privacy laws.
10. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
11. Using websites, email, networks, or other technology for political uses or personal gain.
12. ORES D internet and intranet property must not be used for personal benefit.
13. Users must not intentionally access, create, store or transmit material that may be deemed to be offensive, indecent, obscene, intimidating, or hostile; or that harasses, insults or attacks others.
14. Advertising, promoting non-ORES D sites or commercial efforts and events.
15. Users must adhere to all copyright laws.
16. Users are not permitted to use the network for non-academic related bandwidth intensive activities such as network games or transmission of large audio/video files or serving as a host for such activities.



## **Cybersafety and Cyberbullying**

All Users – Despite every effort for supervision and filtering, all Users and Student’s parents/guardians are advised that access to the network may include the potential for access to content inappropriate for school-aged students. Every User must take responsibility for his or her use of the network and make every effort to avoid those types of content. Every User must report security or Network problems to a teacher or administrator.

Personal Safety – In using the network and Internet, Users should not reveal personal information such as home address or telephone number.

Confidentiality of User Information – Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian. Users should never give out private or confidential information about themselves or others on the Internet.

Active Restriction Measures – ORES D will utilize filtering software or other technologies to prevent Users from accessing visual depictions that are (1) obscene, (2) pornographic, or (3) harmful to minors. Attempts to circumvent or ‘get around’ the content filter are strictly prohibited, and will be considered a violation of this policy. ORES D will also monitor the online activities of Users through direct observation and/or other technological means.

### **Interactive Web 2.0 Tools**

Technology provides an abundance of opportunities for Users to utilize interactive tools and sites on public websites that benefit learning, communication, and social interaction.

Users may be held accountable for the use of and information posted on these sites if it detrimentally affects the welfare of individual users or the governance, climate, or effectiveness of the school(s). From time to time, teachers may recommend and use public interactive sites that, to the best of their knowledge are legitimate and safe. As the site is “public” and the teacher and school is not in control of it, all Users must use their discretion when accessing information, storing, and displaying work on the site. All terms and conditions provisions in this policy also apply to User-owned devices utilizing the ORES D network.

### **Student Use of Mobile Devices**

- ORES D has provided some students with iPads for use in school. The ORES D-owned devices follow the stipulations outlined in this policy as well as specific device agreement.
- School Administration may search the devices if they feel school rules have been violated, which may include, but are not limited to, audio and video recording, photographs taken on school property that violate the privacy of others, or other issues regarding bullying, etc.
- Students may not use an audio recording device, video camera, or camera (or any device with one of these, e.g. cell phone, laptop, tablet, etc.) to record media or take photos during school unless they have permission from both a staff member and those whom they are recording.
- These rules apply to student-owned devices as well. A student-owned mobile device is a non-district supplied device used while at school or during school or district-sponsored activities. The students may use the student-owned mobile devices in class only with the teacher’s expressed permission.

**Student Supervision and Security**

Through the Shasta County Office of Education, ORES D does provide content filtering controls for student access to the internet using ORES D's network as well as reasonable adult supervision, but at times inappropriate, objectionable, and/or offensive material may circumvent the filter as well as the supervision and be viewed by students. Students are to report the occurrence to their teacher or the nearest staff member. Students will be held accountable for any deliberate attempt to circumvent ORES D technology security and supervision.

Students using mobile and cellular devices while at school, during school or district-sponsored activities are subject to the terms and conditions outlined in the document and are accountable for their use.

I have read these rules or have had these rules read to me and I understand them

Signature of:

Student/User \_\_\_\_\_ Date \_\_\_\_\_

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



# Oak Run Elementary School

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## The Oak Run Newsletter

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The Oak Run newsletter is sent out weekly. To have the newsletter emailed to you, please provide your email address(s) below. You'll be able to read it online or print it for your reading pleasure every Friday.

Student(s) Names \_\_\_\_\_

Parent's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

The weekly newsletter is also available via Oak Run Elementary School's website under Parents -School's Publications at [oakrunschool.org](http://oakrunschool.org)

## STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: \_\_\_\_\_ (Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_)

Birthdate: \_\_\_\_\_

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

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** \_\_\_ **No** \_\_\_  
(If you circled "Yes", stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location \_\_\_\_\_

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student

(Relationship: \_\_\_\_\_)

***I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.***

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

Print Your Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Who should I include in "Household Size"?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

**What is included in "Total Household Income"?** Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

**How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at**

Dear Parents/Guardians,

We hope this letter finds you and your family safe and well. As we approach the end of the school year, we wanted to take a moment to assess the needs of our school community, particularly in light of the ongoing challenges many families may be facing.

We understand that these times have brought about unprecedented difficulties for some families, and we want to ensure that every student has the support they need to thrive academically and personally. To better understand and address the needs of our students and families, we are conducting a needs assessment survey.

The survey will cover a range of areas, including but not limited to:

1. **Food Insecurity.** We recognize that some families may be experiencing food insecurity. If your family is in need of assistance with food resources, please indicate this on the survey.
2. **Clothing Needs.** If your child is in need of clothing or other essential items, please let us know so that we can provide support.
3. **Transportation.** If transportation poses a challenge for your family in accessing school or other essential services, please inform us so that we can explore potential solutions.
4. **Extra Tutoring Needs.** If your child requires additional academic support or tutoring, please indicate this on the survey so that we can make appropriate arrangements.
5. **Internet Access.** With remote learning still playing a significant role in education, reliable internet access is crucial. Please let us know if your family is experiencing difficulties in this area.
6. **School Supplies.** We understand that acquiring school supplies can be a financial burden for some families. If you need assistance with school supplies, please indicate this on the survey.

Your responses to this survey will remain confidential. Our aim is to provide support to those who need it most. Thank you for your cooperation and support as we strive to create a nurturing and inclusive environment for all members of our school community.

Sincerely,

**Kim Patterson**

***Community School Coordinator***

*Oak Run Elementary School*

*27635 Oak Run to Fern Rd*

*Oak Run, CA. 96069*

## Family Needs Assessment

First and Last Name: \_\_\_\_\_

### Contact Information:

- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Text: \_\_\_\_\_

### Contact Preference:

- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Text: \_\_\_\_\_

How many in your household?

What are the ages of the children in your house?

Would anyone in your family like clothing/Jackets/shoes when available?

Yes

No

Would your family like food supplementation?

Yes

No

Do you have children under age 5?

Yes

No

***Tell us how we can help!***

Include anything you or your family *are* struggling with or may have questions about. We will do our *best* to assist you and your family and provide resources and information. Thank you for taking the time to complete this survey.

Kim Patterson

Community School Coordinator

Oak Run Elementary

[kpatterson@oakrunschool.org](mailto:kpatterson@oakrunschool.org)





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## LIBRARY DO'S

1. Do remember to give all books the best of care.
2. Do assist us in keeping our library neat and orderly.
3. Do read or study quietly.
4. Do put you book in the return box, do not resshelf.
5. Do return all library or reference materials to the proper place.
6. Do ask for help anytime you need it.
7. Do understand that "misbehaving" in the library is a good way to be kept out of the library.
8. Do return damaged books to the library for repair. We have the necessary materials for any repairing.
9. Do remember that you are responsible for the books you borrow. If a book is lost or damaged beyond repair, you are responsible for the replacement cost.
10. Do remember you can keep you library books for one week. Books must be returned before another one is borrowed.
11. Do enjoy our library and encourage others to use and enjoy it also.

Thank you,

---

(Please detach and return)

My child, \_\_\_\_\_ and I have read the Library Do's and understand them. We realize that we are responsible for lost or damaged books.

Parent Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Teacher \_\_\_\_\_

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**ACKNOWLEDGEMENT OF NOTIFICATION OF RIGHTS:**

YOUR SIGNATURE IS ONLY AN ACKNOWLEDGEMENT OF NOTIFICATION OF YOUR RIGHTS. YOUR SIGNATURE DOES NOT INDICATE THAT YOU CONSENT TO YOUR CHILD'S PARTICIPATION IN ANY PARTICULAR PROGRAM.

Yes, I received the Rights of Parents, Legal Guardians, & Students handbook.

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

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**ANNUAL FIELD TRIP PERMISSION:**

My child has my permission to attend all school sponsored activities away from school during the 2019/2020 school year. I understand that prior notice will be sent home describing each activity in the Weekly Bulletin. I further understand that I will advise the school if my child is not to participate in any of these activities.

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

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For Office Use Only: Free ( ) Reduced ( ) Full Pay ( )

LOCAL I.D. # \_\_\_\_\_

CSIS # \_\_\_\_\_

## GENERAL RULES OF CONDUCT / SCHOOL BUS RULES

The transportation services that are provided to your child are a privilege and are not mandated by the State. Students will be held accountable for their behavior; therefore it is very important for you to review the rules of conduct with your child.

### CCR Title 5, 14103: Authority of the Driver

Section 14103 of the California Code of Regulations, Title 5, State Board of Education states that:

(a) Pupils transported in a school bus shall be under the authority of, and responsible directly to, the driver of the bus, and the driver shall be held responsible for the orderly conduct of the pupils while they are on the bus or being escorted across the street, highway, or road. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for the pupil to be denied transportation. A bus driver shall not require any pupil to leave the bus enroute between home and school or any other destinations.

1. Students must respect and obey the bus driver at all times.
  2. No abusive body contact (slapping, hitting, poking, shoving, pulling hair, etc.)
  3. No use of profane language, vulgar subject matter or obscene gestures.
  4. Students shall not put any part of body out of bus window, use unauthorized exits, or move out of seats while bus is in motion. Seatbelts must be properly fastened if the bus is so equipped.
  5. Students shall not ride any bus after receiving a suspension of riding privileges. **\*see STUDENT DISCIPLINE PROCEDURES.**
  6. Students shall not create excessive noise.
  7. Students must follow proper bus stop procedures (lining up properly, no throwing objects or playing in streets, respect for private property at bus stops, etc.)
  8. No unauthorized opening, closing, or tampering of any kind with bus doors, controls, windows or emergency exits.
  9. Students shall not damage or deface the bus.
  10. No lighting of matches, cigarettes, smoking of any substance, or use of any tobacco product.
  11. No throwing any object in, out of, or at the bus.
  12. Students will not be allowed possession or consumption of food and/or beverage on the bus without prior approval of the driver.
  13. Students must have written authorization from a parent/guardian, verified by school office staff, to disembark from the bus at a location other than the student's designated bus stop
  14. No guns, dangerous implements of any kind (knives, or other sharp objects), animals, breakable items, skateboards or scooters are allowed on the bus.
- Any display of a violent act, bullying or possession of a gun or dangerous implement will result in the student's permanent loss of riding privileges.

## Student Discipline Procedures

- a. The driver will ensure that student-passenger rules are clearly understood, and effectively enforced. Verbal explanation of the required conduct will be given on the bus by the driver at the beginning of each school year and reviewed as necessary.
- b. Drivers will communicate with disruptive students and attempt to modify their behavior. If the problem continues, a citation of unsatisfactory conduct will be sent home to the parents or guardians and to the school principal.
- c. Reports of misconduct shall be issued to students according to the following procedure:

### 1st Offense

Parents are notified of the incident. Student is warned and a written notice is sent to his/her parents. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

### 2nd Offense

Parents are notified of the incident. A written citation will be sent home and student's riding privileges will be suspended for (3) three days. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

### 3rd Offense

Parents are notified of the incident. A written citation will be sent home and the student's riding privileges will be suspended for (10) days. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

### 4th Offense

Parents are notified of the incident. A written citation will be sent home and student's riding privileges may be removed permanently. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

*Any serious offense may result in the suspension of the student's riding privileges regardless of number of offenses. Students shall not ride any bus, including field trip buses, after receiving a riding suspension.*

Student \_\_\_\_\_ Date \_\_\_\_\_

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



# Oak Run Elementary School

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## DRESS CODE

### OAK RUN SCHOOL BOARD POLICY NUMBER 5180

Good appearance, good attitudes and good grooming add to the effectiveness of a student in school and are very conducive to a good learning environment. Students are expected to attend school in neat, clean, appropriate clothing. The following rules are intended to define appropriate student attire and personal grooming. Parents are encouraged to enforce the dress code standards before the children leave for school in the morning. This will allow the school to fully concentrate on the educational development of every child in the district.

If students are unsuitably dressed or their appearance is disruptive or distracting in nature, students will call home and have appropriate clothing brought to them. In areas not covered by the dress code, the on-site administrator shall make judgments at his/her own discretion.

1. Students may wear dresses, skirts, shorts, culottes or pants to school. The length of dresses, skirts and culottes should be no shorter than 3" inseam.
2. Top garments should be long enough to always cover mid-sections of the body, even when arms are raised. Sleeveless shirts will be 1" thick and top garments are to be kept buttoned.
3. No low-cut dresses or blouses.
4. Sagging (pants worn below the waist) is prohibited.
5. Students are not to wear shoes unsuitable for playground activities. Shoes designed for shoe laces must have shoe laces and be tied. Sandals and thongs will be held in place with a manufactured heel strap. Shoes or boots which damage floors are prohibited.
6. Hairstyles for students should be kept clean and neatly groomed.
7. Students should not wear stenciled or pictorial garments which are not in good taste for school environments (for example: clothing with off-color references, profanity, violence or referring to drugs, alcohol or tobacco).
8. Hats or caps will not be worn during the Pledge of Allegiance.
9. It is recognized that certain standards are not applicable to the lower grade levels. The on-site administrator is empowered to amend these standards as necessary for the differing age groups.



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## Emergency School Closure

All efforts will be made to contact parents in case of emergency; however, closure notifications for non-emergency as well as emergency circumstances will be aired on the following media outlets.

**KQMS 1400 AM**

**KRCR TV 7**

**KNCQ 97.3 FM**

**KNVN TV 24**

**KVIP 98.1 FM**

**KHSL TV 12**

**K-LOVE 102.7 FM**

**KCVU FOX TV 30**

Information may be available on [www.redding.com](http://www.redding.com) as well as phoning the Shasta County Office of Education Superintendent's Office at 225-0258.

*School closure decisions will be made and communicated to parents, staff, board members and media outlets by 7:00 am. Please make sure that we have your current contact information to ensure that you receive communication from the office staff.*

# Oak Run Elementary School District

## 2024-2025 School Calendar

July 2024						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- ☆ 1st Trimester Ends: Nov 3 (51)
- ☆☆ 2nd Trimester Ends: Mar 1 (67)
- ☆☆☆ 3rd Trimester Ends: May 31 (63)

**Shaded = Student Attendance Days (181)**

August 2024						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

HOLIDAYS/RECESSES	
Labor Day .....	Sep 2
Fall Break .....	Oct 2-Oct 4
Veteran's Day Holiday .....	Nov 11
<i>(by law must be Nov 11 if a weekday)</i>	
Thanksgiving Break .....	Nov 25-29
Winter Break .....	Dec 23-Jan 3
Martin Luther King Day .....	Jan 20
Lincoln Day observed .....	Feb 17
Washington Day observed .....	Feb 18
Spring Break .....	April 14-18
Memorial Day .....	May 26
Conference Week - Min Days	Nov 12-15

CERTIFICATED DATES	
School Starts:	August 19
School Ends:	June 6
District Work Days	Aug 6 Jun 9
Staff Development Days	Aug 15 Jan 3
Snow Day Makeup:	June 9, 10, & 11
<i>(If snow day makeups are used, then June 9th work day will be moved to June 12th)</i>	

BOARD APPROVED APRIL 10, 2024



# Oak Run Elementary School

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## ATTENDANCE INFORMATION/POLICY

2024/2025 School Year

Board Policy 5113 states that any absence or tardy from school will be excused for only the following reasons:

1. Personal illness (Education Code 48205)
2. Quarantine under the direction of a county or city health officer (Education Code 8205)
3. Medical, dental, optometric, or chiropractic appointments (Education Code 48205)
4. Attendance at funeral services for a member of the immediate family (Education Code 48205)
  - a. Excused absence in this instance shall be limited to one day if the service is conducted in California or three days if the service is conducted out of state. (Education Code 48205)
  - b. "Immediate family" shall be defined as mother, father, grandmother, grandfather, spouse, son/son-in-law, daughter/daughter-in-law, brother, sister or any relative living in the student's immediate household. (Education Code 45194, 48205)
5. Jury duty in the manner provided by law (Education Code 48205)
6. The illness or medical appointment during school hours of a child to whom the student is the custodial parent (Education Code 48205)
7. Upon advance written request by the parent/guardian and the approval of the principal or designee, justifiable personal reasons including but not limited to: (Education Code 48205)
  - a. Appearance in court
  - b. Attendance at a funeral service
  - c. Observation of a holiday or ceremony of his/her religion
  - d. Attendance at religious retreats not to exceed four hours per semester
8. Participation in religious instruction or exercises in accordance with district policy: (Education Code 46014)
  - a. In such instances, the student shall attend at least the minimum school day
  - b. The student shall be excused for this purpose on no more than four days per school month

All other types of absences and tardies are considered to be unexcused. Three or more absences or tardies for any reason other than those mentioned above may mean that your child would be truant. Students become truant after three unexcused absence or tardies. You child will receive a warning letter regarding truancy if it occurs. Truancy on three or more occasions would classify a student as a habitual truant which may result in a referral to the County Schools Attendance Review Board (SARB). (Board Policy 5113.1; Education Code 48273, 48224-48320)





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Students who have accumulated ten absences for any reason will receive a warning letter regarding excessive absence. In the event that the absences continue to accumulate, it may result in a referral to the County Schools Attendance Review Board (SARB).

When a student has been absent from school, a note or phone call from the parent/guardian is required to verify the reason for the absence. Please do your best to take care of the verification as quickly as possible, as unverified absences may result in truancy.

If in doubt about any of the items mentioned above, feel free to call the Attendance Office:

Oak Run Elementary at 530-472-3241

PLEASE COMPLETE THE FOLLOWING AND RETURN TO ATTENDANCE OFFICE

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

I HAVE READ AND DISCUSSED THE ATTENDANCE INFORMATION WITH MY STUDENT.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Grade

## California Schools Vaccine Requirements for Kindergarten through 12<sup>th</sup> Grade

California School Immunization Laws: Health and Safety Code, Division 105, Part 2, Chapter 1, Sec. 120325 – 120380; Calif. Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8 Sec. 6000-6075

School Grade or equivalent age	Polio	DTaP/Tdap Diphtheria, Tetanus, pertussis	MMR- Measles, mumps, rubella	Hep B Hepatitis B	Varicella Chickenpox
<b>Kindergarten Entry</b> (age 4 to 6 yrs old)	<b>4 doses required</b> 3 is OK if one was given on or after 4 <sup>th</sup> birthday	<b>5 DTap doses required</b> 4 is OK if one was given on or after 4 <sup>th</sup> birthday	<b>2 doses required</b> Both on or after 1 <sup>st</sup> Birthday	<b>3 doses required</b> Given at any age	<b>1 dose required</b> If had disease, vaccine is not required, must be confirmed by MD.
School Grade or equivalent age	<b>Polio</b>	<b>DTaP/Tdap</b> Diphtheria, Tetanus, pertussis	<b>MMR</b> Measles, mumps, rubella	<b>Hep B</b> Hepatitis B	<b>Varicella</b> Chickenpox
<b>First Grade</b> (age 6 yrs old)	<b>4 doses required</b> 3 is OK if one was given on or after 4 <sup>th</sup> birthday	<b>5 DTap doses required</b> 4 is OK if one was given on or after 4 <sup>th</sup> birthday	<b>1 doses required</b> Both on or after 1 <sup>st</sup> Birthday	<b>3 doses required only if kinder skipped</b> Given at any age	<b>1 dose required</b> If had disease, vaccine is not required, must be confirmed by MD.
School Grade or equivalent age	<b>Polio</b>	<b>DTaP/Tdap</b> Diphtheria, Tetanus, pertussis	<b>MMR</b> Measles, mumps, rubella	<b>Hep B</b> Hepatitis B	<b>Varicella</b> Chickenpox
<b>2nd through 6<sup>th</sup> Grade</b> (7 – 11 yrs old)	<b>4 doses required</b> 3 is OK if one was given on or after 2 <sup>nd</sup> birthday	<b>4 DTap doses required</b> 3 is OK if one was given on or after 2 <sup>nd</sup> birthday	<b>1 dose required</b> Given on or after 1 <sup>st</sup> Birthday	<b>3 doses recommended</b> Given at any age	<b>1 dose required</b> If had disease, vaccine is not required, must be confirmed by MD.
School Grade or equivalent age	<b>Polio</b>	<b>DTaP/Tdap</b> Diphtheria, Tetanus, pertussis	<b>MMR</b> Measles, mumps, rubella	<b>Hep B</b> Hepatitis B	<b>Varicella</b> Chickenpox
<b>7<sup>th</sup> grade Entry</b> (age 11 – 13 yrs old)	<b>4 doses required</b> 3 is OK if one was given on or after 2 <sup>nd</sup> birthday	<b>4 DTap doses plus 1 Tdap booster</b> Tdap booster given on or after the 7 <sup>th</sup> birthday	<b>2 doses required</b> Both given on or after 1 <sup>st</sup> birthday	<b>3 doses recommended</b> Given at any age	<b>1 dose required</b> If had disease, vaccine is not required, must be confirmed by MD.
School Grade or equivalent age	<b>Polio</b>	<b>DTaP/Tdap</b> Diphtheria, Tetanus, pertussis	<b>MMR</b> Measles, mumps, rubella	<b>Hep B</b> Hepatitis B	<b>Varicella</b> Chickenpox
<b>8<sup>th</sup> through 12<sup>th</sup> Grades</b> (age 13 – 17 yrs old)	<b>4 doses required</b> 3 is OK if one was given on or after 2 <sup>nd</sup> birthday	<b>4 DTap doses plus 1 Tdap booster</b> (2011 – 2012 school year) Tdap booster given on or after the 7 <sup>th</sup> Birthday	<b>1 dose required</b> Given on or after 1 <sup>st</sup> Birthday	<b>3 doses recommended</b> Given at any age	<b>1 dose required</b> 2 if immunized on or after 13 <sup>th</sup> Birthday

This is only for quick reference, for more specific information on immunizations or dose intervals, refer to the California Immunization Handbook.MP4/2013

**Shasta County Health & Human Services  
Public Health Branch**

**Immunization Clinic Schedule**

**2650 Breslauer Way  
(530) 225-5591**

**Monday 8:00 – 11:30 a.m. and 1:00 – 4:00 p.m.**

**Tuesday 8:00 – 11:30 a.m. and 1:00 – 4:00 p.m.**

**Wednesday 8:00 – 11:30 a.m.**

**Thursday 4:00 – 6:00 p.m.**

**Friday 8:00 – 11:30 a.m.**

**Appointments Preferred**

1/3/2024



# Medi-Cal Providers

Child Health & Disability Prevention Program (CHDP)

## Health Assessment Providers

These CHDP providers may have room for children on Medi-Cal. Some offices may have age limits on children.  
Please call the office for specific information.

**For details on insurance coverage or the Child Health & Disability Prevention Program (CHDP),  
call (530) 225-5122.**

Anderson Medical Associates  
2830 East St.  
(530) 365-2545

Shasta Community Health Center  
2965 East St.  
(530) 378-0486

### BURNEY

Burney Health Center  
37491 Enterprise Dr.  
(530) 999-9030

Pit River Health Services  
36977 Park Ave.  
(530) 335-3651

Mayers Rural Health Center  
20641 Commerce Way  
(530) 335-6070

### COTTONWOOD

Lassen Medical Clinic  
20833 Long Branch Dr.  
(530) 347-3418

### FALL RIVER MILLS

Fall River Valley Health Center  
43658 Hwy 299. E  
(530) 999-9020

### ROUND MOUNTAIN

Hill Country Health & Wellness  
29632 Hwy 299 E.  
(530) 337-6243

### SHASTA LAKE CITY

Shasta Community Health Center  
4215 Front St.  
(530) 276-9168

### SHINGLETOWN

Shingletown Medical Center  
31292 Alpine Meadows Rd.  
(530) 474-3390

### REDDING

Mercy Family Health Center  
2480 Sonoma St.  
(530) 225-7800

### REDDING CONTINUED

1401 Gold St., Suite A  
(530) 319-7066

Enterprise Family Health &  
Vision Center  
3270 Churn Creek Rd.  
(530) 229-5000

Redding Rancheria Tribal Health  
Center  
1441 Liberty St.  
(530) 224-2700  
(Native Americans and their households)

Churn Creek Healthcare  
3184 Churn Creek Rd.  
(530) 768-2436

Shasta Community Health Center  
1035 Placer St.  
(530) 246-5710

Center of Hope-Hill Country  
Clinic  
1201 Industrial St.  
530-241-4100