Black Butte School District Student Enrollment Form

School Year: _____

Legal Student Name: _____
Last Name *First Name* *Middle* *aka*

Male/Female Grade: _____ Birth Date: ___/___/___ Birthplace: _____

DISMISSAL INFORMATION – Unless the school is informed otherwise, my child will do the following after school:
Ride the bus home_____ Project SHARE Program _____ Parent Pick Up_____

Last school your child attended: _____ Grade _____

Address: _____City _____ State _____ Phone_____

Lives With: Father _____ Mother _____ Stepfather _____ Stepmother _____ Other _____

_____ _____
Legal Parent(s)/Guardian(s) Name *Relationship*

_____ _____ _____ _____
Home Phone *Cell Phone* *Work Phone* *Email Address*

Mailing Address: _____
Street/PO Box *City* *State* *Zip Code*

Residence Address: _____
(if different from above) *Street* *City* *State* *Zip Code*

Ethnicity: (Please answer both questions 1 and 2) →

1. Are you Hispanic or Latino (Choose only one)

___No, not Hispanic or Latino

___ Yes, Hispanic or Latino

2. What is your race? (Choose one or more)

___American Indian or Alaskan Native
___Asian (California law requires continues collection of Asian sub categories (see section below)
___Black or African American
___Native Hawaiian or Other Pacific Islander (California law requires continued collection of Pacific Islander sub categories (see section below)
___White

If you marked ***Asian*** or **Pacific Islander**, please complete this section:
Circle One Chinese Samoan Korean Japanese Tahitian Laotian Vietnamese Asian Indian Cambodian Hmong Guamanian Hawaiian

Has your child ever been retained? Yes / No If yes, what grade? _____

Has your child ever been expelled? Yes / No If yes, what year? _____ What School? _____
Is your child currently receiving any special service? Indicate which ones below. (Please provide a current IEP or 504 Plan)
Special Services: ___RSP ___SDC ___Speech ___GATE ___Migrant Ed. ___Indian Ed. ___504 Plan ___Behavior Plan
___Bilingual/EL ___Community Day ___Alt. Education

Legal Parent Education: *(Highest level of education of either Legal parent/guardian)*
____Not High School Graduate ____High School Graduate____ Some College____ College Graduate, Graduate School/Post Graduate
___Decline to State/Unknown

Home Language Survey: *California Education code requires schools to determine the language(s) spoken at home by each student. By filling out the following information, you will help us meet this important requirement. This information will only be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission.*

1. Which language did your child learn when he/she first began to speak?_____
2. What is the primary language you use most frequently to speak to your child?_____
3. Which language does your child most frequently use at home?_____
4. Which language is spoken most often by adults in your home?_____
5. Does your child speak English? Yes / No / Some English
   If you answered 1-4 above with a language other thanEnglish, please complete the following:
6. What month/day/year did your child enroll in public school?_____

Housing Questionnaire

The information provided below will help the school district determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title 1, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Your child/children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school or origin, if requested by you and it is in their best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title 1.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.
-

Please list all other children currently living with you:

First & Last Name	Gender	Birthday	Grade	School

Presently, are you and/or your family living in any of the following situations? ***Check all that apply***

- ☐ Living in a single home residence that is permanent
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, hear)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason.
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian(s)

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Parent/Guardian Name	Signature	Date

If you have any questions about these rights, please contact our district's homeless liaison:
Shelly Sabourin, 530-474-3125, ssabourin@blackbutteschool.org

BLACK BUTTE UNION ELEMENTARY SCHOOL DISTRICT

STUDENT HEALTH HISTORY

*School Year:*_____

NAME: _____
Last First

HEALTH INFORMATION ABOUT YOUR CHILD

CHECK THOSE THAT APPLY

☐No Known Health Problems

☐Allergic reaction **(*severe* reactions)**
To what? _____ Hives/rash? ☐Yes ☐No
Breathing difficulty? ☐Yes ☐No Has Epi-Pen? ☐Yes ☐No

☐Asthma
Requires medication/inhaler? ☐Yes ☐No ☐Daily ☐As needed ☐With exercise
Name of medication_____
Other medications taken at home for asthma_____

☐Diabetes
☐Type 1 ☐Insulin injections? ☐Type 2 ☐Oral medication?
Name of medication _____

☐Heart Problems
Diagnosis _____ Dr. Name _____
Medications? ☐Yes ☐No Any restrictions? _____

☐Medications
☐ADHD ☐Bipolar ☐PTSD ☐Depression ☐Other (explain)
Name of medication _____
_____
Is medication taken at school? ☐Yes ☐No

☐Seizure disorder
What type of seizures _____ Date of last seizure _____
Medication name _____ Medication at school? ☐Yes ☐No

☐Any other important health or behavior problems? List here _____

Students taking medication at school need a "School Medication Authorization" form completed every 12 months or whenever the prescription changes. This form is available at your child's school and MUST be on file with the school before taking any medication at school. California Education Code §49423

Parent/Guardian Signature _____ **Date:** _____

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

ATTENDANCE INFORMATION/POLICY

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 48205)
3. Medical, dental, optometric, or chiropractic appointments, **will need a re-admit slip, from office, upon return. (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, brother, sister or any relative living in the student's immediate household. (Education Code 45194, 48205)
5. Upon advance 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 (non-family)
   c. Observation of a holiday or ceremony of his/her religion
   d. Attendance at religious retreats not to exceed four hours per semester
6. 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

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, within three days of absence.

All other types of **absences and tardies** are considered to be ***unexcused***. Three or more unexcused absences or tardy/late, may mean that your child would be ***truant***. 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)*

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).

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



BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

7752 Ponderosa Way
Shingletown, Ca 96088
Tel: 530-474-3441
Fax: 530-474-1361

BLACK BUTTE SCHOOL DISTRICT BUS SAFETY

1. Bus and bus stop safety general guidelines:

   a. All school rules apply and are to be followed
   b. No eating or drinking on the bus
   c. All passengers on buses equipped with seat belts must use the belt as intended
   d. Remain seated at all times, no changing of seats
   e. Keep backpack and all personal property in your possession
   f. Keep all parts of your body out of aisle and inside windows
   g. Vandalism is grounds for permanent bus suspension, plus the cost of repairs

2. Consequences for student misbehavior:

   a. Bus referral
      1st referral ~ warning, required to sit in the first 4 rows
      2nd referral ~ 1 day bus suspension
      3rd referral ~ 3 day bus suspension
      4th referral ~ minimum 3 day bus suspension, Administrative conference
      5th referral ~ bus suspension for the remainder of the semester or year, depending on severity of infraction

3. Bus Changes

   Changes to a student's afternoon bus schedule MUST be called in or given to the office staff by 1:30 p.m. (12:30 on early release days).

Parent/Student acknowledgement:

I have received a copy of, read, and agree to comply with the bus rules.

_____ _____
Parent signature Date

_____ _____
Student signature Date

Black Butte Union Elementary School District

Chromebook Student User Agreement & Parent Permission Form

Before a Chromebook is issued for students, parents or guardians will sign a Student User Agreement and Parent Permission Form.

Student Pledge for Chromebook Use

1. I understand that the Chromebook is intended only for educational use and that you are not permitted to download any applications not authorized by the teacher or school.
2. I will keep food and liquids away from the Chromebook. Do not use cleaners, sprays, alcohol, ammonia or abrasives on the Chromebook. Clean the Chromebook with a soft, lint-free cloth.
3. Chromebook screens can be easily damaged. The screens are sensitive to damage from excessive pressure.
    - Do not lean or put pressure on the top of the Chromebook when it is closed. • Do not poke the screen with anything that will mark or scratch the screen surface. • Do not place anything on the keyboard before closing the lid (i.e. pens, pencils) • Do not touch the screen with anything magnetic. This will cause permanent damage to the screen.
4. I will never loan out my Chromebook to other individuals.
5. I will not disassemble any part of my Chromebook or attempt any repairs. (pick off keys)
6. I will not place decorations (such as stickers, markers, etc.) on the Chromebook.
7. I will not deface the serial number or Chromebook number sticker.
8. I will not take videos or pictures of students on the chromebook.
9. I will be responsible to pay for all damage caused by neglect or abuse.

Chromebook Permission Slip
Black Butte Union Elementary School District
Please Return This Form

I agree to the student pledge set forth in the above document.

Please Print Clearly:

Student First and Last Name: _____

Student Grade: _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Chromebook ID#: _____ (Filled in at time of checkout/check-in)

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

COMPUTER SYSTEM USAGE AGREEMENT

Agreement: In exchange for the use of the Black Butte School District computer network system either at school or away from the school, I understand and agree to the following:

1. **That the use of computers is a privilege which may be revoked by the administrators of the system, or the Black Butte School District, at any time for abusive conduct. Such conduct would include, but is not limited to use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages. The staff of Black Butte School District will be sole arbiter of what constitutes obscene, abusive, or objectionable language or images.**

2. **Black Butte School District reserves the right to any material stored in files to which all users have access, and will edit or remove any material that the Black Butte School District staff, in sole discretion, believes may be unlawful, obscene, pornographic or otherwise objectionable. That users will not use the Black Butte School District system to obtain, view, download or otherwise gain access to such materials.**

3. **That all information services and features contained on the Black Butte School District system is intended for the private use of its patrons, and commercial or other unauthorized use of those materials, in any form, is expressly forbidden.**

4. **That all information contained is placed there for the general information and educational purpose, and in no way intended to refer to, or be applicable to, any specific person, case or situation.**

5. **Black Butte School District does not warrant that the functions of the system will meet any specific requirement you may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct, incidental, or consequential damages (including lost data, information, or profits) sustained or incurred in connection with the use, operation, or inability to use the system.**

6. **To abide by such rules and regulations of the system, usage as may be declared from time to time by the administrators of Black Butte School District.**

7. **Black Butte School District system is intended for the exclusive use of its registered users, who are responsible for the use of the password and account, if assigned. Any problems which arise from the use of user's account, are the responsibility of the account holder. Any misuse will result in the suspension of the account privileges.**

8. **In consideration for the privilege of using the Black Butte School District system, and in consideration for having access to the information contained on it, I hereby release Black Butte School District, its operators, and any and all claims of any nature arising from use, or inability to use, the Black Butte School District system.**

_____ _____

Signature of Student/User Date

_____ _____

Signature of Parent/Guardian Date

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

IMAGE RELEASE FORM

TEACHER:

I hereby release the district, its employees, board members and agents from any damages, injuries, liabilities, claims or the like, whether foreseeable or not, arising out of or relating to the use of or placement of my child's photograph on the Internet or any Internet site owned, established or operated by the district or any district teacher or for use in advertising for the district.

As parent/guardian of _____. I have read the following
Child's Name

statements and agree to them.

- Black Butte Elementary School District may use photographs of my child on the Internet.
- Black Butte Elementary School District may use photographs of my child in advertising.
- Internet posting will be on teacher web sites, school district web sites and/or in district sanctioned advertising.
- Black Butte Elementary School District may label such photographs with my child's first name only. No last names will be used.

_____ _____

Parent/Guardian Signature Date

BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

7752 Ponderosa Way, Shingletown, Ca 96088, Tel: 530-474-3441, Fax: 530-474-1361

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – MINOR

Throughout the school year, your child may have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include but are not limited to:

- government offices
- conferences and meetings
- exhibitions and fairs
- parks and zoos
- local businesses
- museums/cultural centers
- athletic events
- entertainment events
- etc.

I hereby authorize_____ (student) to participate in these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Black Butte Union Elementary School District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Black Butte Union Elementary School District, its officers, agents or employees.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

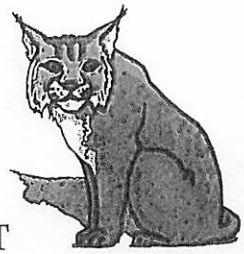
Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier _____
Policy No. _____
Address: _____

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BLACK BUTTE ELEMENTARY SCHOOL DISTRICT

7752 Ponderosa Way
Shingletown, Ca 96088
Tel: 530-474-3441
Fax: 530-474-1361

Black Butte Elementary Library Permission Slip

Dear Parent/Guardian,

At Black Butte Elementary School we are proud of our strong library program. In order to have quality library materials readily available, we ask for your support and help seeing that students observe the following:

1. Books need to be returned on time. Kindergarten students will be allowed to check out 1 book and will have that book for 1 week. All other students will be allowed to check out 2 books and have them for 2 weeks.
2. Students in kindergarten through 3rd grade will be limited to books in their grade level unless previously authorized by a parent/guardian.
3. Students are responsible for the care and condition of library materials in their possession. It may be necessary to charge parents/guardians for lost or damaged items.
4. Notices will be sent to students with outstanding books. We would greatly appreciate a response as soon as possible so that we can clear our records and students can regain their library privileges.

This slip must be signed and returned before students can begin checking out books.

Thank you for your support of the library program.

My Child _____ in _____
Has permission to check out library materials from the school library while attending Black Butte Elementary School District. I understand that we are responsible for paying for lost or damaged items.

_____ _____
Parent/Guardian's signature Date

Black Butte Union Elementary School District
2026-27 School Calendar

7752 Ponderosa Way, Shingletown, CA 96088
Ph: 530-474-3125 Fax: 530-474-3118
Richard Gifford, Superintendent - Megan Coates, Principal

Black Butte Elementary School
7752 Ponderosa Way, Shingletown, CA 96088
Ph:530-474-3125 Fax:530-474-3118

Shingletown Early Childhood Learning Center
7946 Ponderosa Way, Shingletown, CA 96088
Ph: 530-474-4700 Fax: 530-474-4701

Black Butte Jr. High School
7946 Ponderosa Way, Shingletown, CA 96088
Ph:530-474-3441 Fax:530-474-1361

JULY 2026				
M	Tu	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

AUGUST 2026 (14/14)				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER 2026(21/35)				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER 2026 (22/57)				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER 2026 (15/72)				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER 2026(14/86)				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY 2027 (18/104)				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

FEBRUARY 2027 (15/119)				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

MARCH 2027 (19/138)				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL 2027 (19/157)				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY 2027 (20/177)				
	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE 2027 (3/180)				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Student Attendance Days 8/12/2026 - 6/4/2027
8/7/2026 and 6/21/2027 - Flex Days
8/10/26, 1/4/27, 4/5/27- Staff Developement Days
8/11/26- Regular work day

Wednesday--Early Release Days - 1:15 pm

Dates to Remember:

8/12/2026	First Day of School
6/3/2026	Last Day of School
8/27/2026	K-8 Back to School Night - 5:00 - 6:30 ☺
5/20/2027	K-8 Open House - 6:00 - 7:00 🌻

Holidays

9/7/2026	Labor Day
11/11/2026	No school-Veterans Day
11/23-27/2026	Thanksgiving Break
12/21/26 - 1/4/2027	Winter Break
1/18/2027	Martin Luther King, Jr. Day
2/15-19/2027	President's Week
3/26-4/5/2027	Spring Break
5/31/2027	Memorial Day
6/19/2027	Juneteenth

Trimester Dates - Elementary ▲

10/30/26	1st Trimester (57 days)
2/26/2027	2nd Trimester (119 days)
6/3/2027	3rd Trimester (180 days)

Minimum Days - 12:30 pm
12/18/2026
6/3/2027

Parent/Teacher Conferences Elem.
11/16/2026 -11/20/2026

E = - Emergency Day's if needed 3/26 & 6/4/2027

Board Approved: 3/11/2026

OMB Control No. 1810-0021 (Exp. 06/30/2026)

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ○ child ○ child's parent ○ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ○ Federally Recognized Tribe
- ○ State Recognized Tribe
- ○ Terminated Tribe
- ○ Alaska Native
- ○ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ○ Membership or enrollment number establishing membership (if readily available) or
- ○ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____