



CUTTEN ELEMENTARY SCHOOL DISTRICT
Ridgewood School • 2060 Ridgewood Dr. • 441-3930 • Grades TK - 2



**Transitional Kindergarten and Kindergarten
Registration and Information Checklist**

All Students

Enrollment Pages 1, 2, 3, & 4 - Please return as soon as possible!

These pages ask for important information such as your address and phone numbers, home language, emergency contacts, health needs, and more.

Proof of Age - Please return as soon as possible!

Copy of birth certificate, passport, or duly attested baptismal certificate accepted.

TK - Children whose fourth birthday falls on or between September 2, 2025 and August 31, 2026

Kindergarten - Children who are five years of age on or before September 1, 2025

Verification of Vaccination - Required prior to the first day of school attendance.

Polio - At least 3 doses. If the third dose was given before the child's fourth birthday, a fourth dose is required.

DTaP - At least 4 doses. If the fourth dose was given before the child's fourth birthday, a fifth dose is required.

MMR - Two doses required, on or after the child's first birthday.

Hepatitis B - Three doses required for entry.

Varicella - Two doses required, or documentation from a health care provider that your child has had the disease.

Oral Health Assessment - Must be completed within the twelve month period before entering school, and by May 1 of the TK/K year. Take the attached form to your dentist or licensed dental health professional and return the completed form to school.

In District Residents

Proof of Residency

Please return as soon as possible!

Two original items that show full name and physical address, such as a mortgage statement, rental agreement, or utility bill, anything from the IRS.

Out of District Residents

Interdistrict Transfer Agreement

Return form to district of residence by Feb. 1, 2024!

To attend a school outside your residential district, this form must be submitted to your district of residence before the Cutten School District can consider accepting your student.

You Are Invited!

Spring Into TK & Kindergarten

KN: March 5, 2025 from 6-7:00
TK: March 6, 2025 from 6-7:00
An evening of stories, games, crafts and music

Open House

Ridgewood School
April 29, 2025 from 6-7 pm
Come tour every classroom at Ridgewood School!

Student Screening

May 12-16, 2025. 8:30-11:15 & 2:00-4:00 (M/T/TH/F).
Days and Times TBA
Student screening by our kindergarten staff to prepare for the upcoming school year.

Sneak Preview

Day Before 1st Day, 1-2 pm
Meet your teacher and classmates the week before school begins.

****Submit immunization record and birth certificate at time of registration.**

IN DISTRICT ONLY: Submit TWO documents that show proof of residency at time of registration.
Property tax payment receipts ❖ Utility service payment receipts ❖ Rent/Lease agreement ❖ Mortgage statement ❖ Pay stub

Student's legal name (Please print):

Last name _____ First name _____ Middle name _____

Preferred name student goes by if different than above: _____ Date of birth: _____

Grade entering: _____ Female Male Non-Binary Other _____ Prefer not to say

Home address: _____

Mailing address: _____

Parent/Guardian 1: _____ Home phone: _____

Address: _____ Cell phone: _____

Employer: _____ Occupation: _____ Work phone: _____

Email address: _____

Parent/Guardian Education Level

- Not a high school graduate High school graduate Some college (includes AA degree) College graduate
 Graduate school / postgraduate training Other _____

Parent/Guardian on active military duty Yes No

- Army Navy Coast Guard Marine Corps Air Force Full-time National Guard

Parent/Guardian 2: _____ Home phone: _____

Address: _____ Cell phone: _____

Employer: _____ Occupation: _____ Work phone: _____

Email address: _____

Parent/Guardian Education Level

- Not a high school graduate High school graduate Some college (includes AA degree) College graduate
 Graduate school / postgraduate training Other _____

Parent/Guardian on active military duty Yes No

- Army Navy Coast Guard Marine Corps Air Force Full-time National Guard

Is there a legal custody agreement or court order regarding this student? Yes No **(Agreement MUST be provided.)**

- Joint custody Sole custody Guardianship Other

Student lives with (check all that apply):

- Both parents Father Mother Stepparent(s) Guardian(s) Other relative(s) Caregiver Other adult

< For school use only > DOR: _____ Date received in office: _____

Student's name: _____

Grade entering: _____

Housing situation that currently applies to the student (depending upon the box checked, services may be available):

- Single family permanent residence (house, apartment, mobile home) Campground, park, or vehicle
- Living with friends or relatives due to economic hardship, or housing Foster or group home
- Shelter or transitional housing program Motel or hotel
- Other _____

Last school attended: _____ City / State: _____

- Services Received:**
- Speech Special Ed. 504 Plan Medical Plan
 - Gifted Ed. Special Day Class Counseling

Has the student been expelled or is the student in the process of being expelled? Yes No

Has the student been retained? Yes No
If yes, in what grade? _____

Emergency contacts – If you cannot be reached, whom may the school call, and to whom may your child be released?

1. _____
Printed name cell / home phone work phone relationship to student
2. _____
Printed name cell / home phone work phone relationship to student
3. _____
Printed name cell / home phone work phone relationship to student
4. _____
Printed name cell / home phone work phone relationship to student

Other children in the family	First & Last Names	Female / Male	Relationship to Student	Date of Birth
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___
_____	_____	F M	_____	___ / ___ / ___

Student birthplace: _____
City State Country

If your student was not born in the U.S., when did your student first:

Enter the U.S.? ___ / ___ Enroll in a U.S. school? ___ / ___ Enroll in a California school? ___ / ___
Month & Year Month & Year Month & Year

Home language survey Education Code requires schools to determine the language(s) spoken at home by each student. If a language other than English is indicated, the student will be tested for English proficiency.

- What language did your child learn when he / she first began to talk? _____
- What language does your child use most frequently at home? _____
- What language do you use most frequently to speak to your son / daughter? _____
- What language is most often spoken by the adults at home? _____

Student's name: _____

Grade entering: _____

Is this student Hispanic or Latino?

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Non-Hispanic or Latino

What is the student's race? Check one or more.

- White
- Black
- Native American
- Chinese
- Japanese
- Korean
- Vietnamese

- Asian Indian
- Loatian
- Cambodian
- Hmong
- Other Asian
- Hawaiian
- Guamanian

- Samoan
- Tahitian
- Other Pacific Islander
- Filipino
- Other _____

Please check below if your child experiences any of the following:

- | | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Vision issues/glasses | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Other |

Additional medical information (please list allergies if checked above):

Medication taken at home No If yes, please describe:

Medication taken at school No If yes, please describe:

Note - if medication is taken at school, a form signed by the doctor must be on file in the school office, and the medication must be in the original container.

Does your child have any physical activity limitations? No If yes, please describe:

Does your child have emotional or behavioral needs which could affect learning? No

If yes, please describe: _____

Is there anything else you wish to share about your child? _____

To the best of my knowledge, the information provided in this application is true and accurate.

Parent / guardian signature: _____ Date: _____

Printed parent / guardian name: _____

Student's name: _____

Grade entering: _____

Complete this section only if your child is entering KINDERGARTEN or TRANSITIONAL KINDERGARTEN (TK)
Please provide as much detail as possible to help us best meet your child's needs.

Describe some of the qualities you especially appreciate in your child.

Do you have any special concerns about your child (behavior, social, physical, developmental, etc.)?

What activities does your child like to do at home?

How would you describe your child's energy level?

What time does your child go to bed? Does s/he sleep through the night?

What responsibilities does your child have at home?

Does your child tend to be anxious in new situations or have any big fears?

If your child has had preschool experience, how would you describe it (positive, neutral, negative)?

What areas do you think your child needs to work on?

My child follows directions:

- Rarely
 After multiple reminders
 Inconsistently
 Often
 Always

Social group experiences:

Other than daycare or preschool?

Daycare	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
Preschool	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____

Does your child:

Look forward to TK or kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	Comment: _____
Play cooperatively with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Manage frustration/disappointment calmly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Separate from parents without being upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Listen attentively to a story for 10-15 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Engage in self-chosen activities for 20-30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____

Delivery: Premature: Yes No Birth weight: _____ Oxygen given: Yes No

Is there anything else you think we should know about you or your child? Please note it on the back of this sheet. If there is any information you would like to share in a more confidential manner, please feel free to set up an appointment with the principal.