

## 2019-2020 Madera Unified School District – School Site Listing

### Elementary Schools (K-6<sup>th</sup>)

**John Adams (K-6)**  
1822 National Ave  
674-4631 674-3867(fax)  
Kevin Gregor, Principal  
Robyn Royston, V.P.

**Lincoln (K-6)**  
650 Liberty Lane  
675-4600 674-3061(fax)  
Nicole Guerriero, Principal  
Jennifer Burns Saucedo, V.P.

**Alpha (K-6)**  
900 Stadium Road  
661-4101 673-0931(fax)  
Tom Chagoya, Principal  
Jeff Dailey, V.P.

**Millview (K-6)**  
1609 Clinton Street  
674-8509 674-9683(fax)  
Erik Lowry, Interim Principal  
Veronica Carrillo, V.P.

**Berenda (K-6)**  
26820 Club Drive  
674-3325 664-9716(fax)  
Carsten Christiansen, Principal  
Michelle Watson, V.P.

**Nishimoto (K-6)**  
26460 Martin Street  
664-8110 664-8348(fax)  
Erin Falke, Principal  
Rae Ann Priester, V.P.

**Cesar Chavez (K-6)**  
2600 E. Pecan Ave  
664-9701 664-9716(fax)  
Stephanie McPherson, Principal  
Suzanne Dudney, V.P.

**Parkwood (K-6)**  
1150 East Pecan Ave  
673-4500 673-9822(fax)  
Denise Munoz, Principal  
Jill Derkalousdian, V.P.

**George Washington (K-6)**  
509 D South Street  
674-6705 674-7386(fax)  
Adalberto Hernandez, Principal  
Megan Imperatrice, V.P.

**Pershing (K-6)**  
1505 East Ellis Street  
664-9741 664-9756(fax)  
Andrew Beakes, Principal  
Erin Stanley, V.P.

**James Madison (K-6)**  
109 Stadium Road  
675-460 661-8397(fax)  
Mercedes Ochoa, Principal  
Lori King, V.P.

**Sierra Vista (K-6)**  
917 East Olive Ave  
674-8579 674-1503 (fax)  
Ana Carrillo, Principal  
Christina Riche, V.P.

**James Monroe (K-6)**  
1819 North Lake Street  
674-5679 674-3008(fax)  
Leonard Perez, Principal  
Frank Espinoza, V.P.

**Virginia Lee Rose (K-6)**  
1001 Lilly Street  
662-2662 673-3642(fax)  
Lisa Delapena, Principal  
Will Quaschnick, V.P.

### Elementary Schools (K-8<sup>th</sup>)

**Dixieland (K-8)**  
18440 Road 19  
673-9119 673-8232(fax)  
Kimberly Bitter, Principal

**Howard (K-8)**  
13878 Road 21 ½  
674-8579 674-1503 (fax)  
Judi Szpor, Principa  
Michelle Angus, V.P.

**Eastin-Arcola (K-8)**  
29551 Avenue 8  
674-8841 674-2566(fax)  
Danene Guglielmana, Principal

**La Vina (K-8)**  
8594 Road 23  
673-5194 673-9091(fax)  
Jesus Navarro, Principal

### Junior High Schools

**Jack G. Desmond (7-8)**  
26490 Martin Street  
664-1775 664-1308(fax)  
Sabrina Rodriguez, Principal  
Jacob Mortier, V.P.  
Vivian Uchima, V.P.

**Martin Luther King Jr. (7-8)**  
601 Lilly Street  
674-4681 674-4261(fax)  
Noel Jimenez, Principal  
Aurora Guzman, V.P.  
Kelli Spence, V.P.

**Thomas Jefferson (7-8)**  
1407 Sunset Ave  
673-9286 673-6930(fax)  
Isabel Guzman, Principal  
Bert Puento, V.P.  
Maricela Olmos, V.P.

### High Schools, Continuation & Community Day Schools

**Madera High (9-12)**  
200 South L Street  
675-4444 675-4531(fax)  
Robyn Cosgrove, Principal  
Moises Perez, V.P.  
Manuel Aquino, V.P.  
Orlando Bellomo, V.P.  
Kinzie Fink-Thompson, V.P.  
Virginia Pierce-Cummings, V.P. – C & I

**Madera South High (9-12)**  
705 W Pecan Ave  
675-4455 675-9985(fax)  
TBD, Principal  
Elizabeth Puga, V.P.  
Ericka Moran, V.P.  
John Martin, V.P.  
Carry Gasset, V.P.  
Brandon Gilles, V.P. – C & I  
Jon Steinmetz, V.P.  
Brad Holck, V.P.

**Furman High (9-12)**  
955 W Pecan Ave  
675-4482 673-8611(fax)  
Hilda Castellon, Principal  
Alan Hollman, V.P.

**Mt. Vista Continuation (9-12)**  
1901 Clinton St  
675-4491 675-3655 (fax)  
Aimee Anderson, Principal

**Ripperdan Community Day (7-12)**  
26133 Ave 7  
674-0059 674-7422 (fax)  
Helen Vannucchi, Principal  
Alan Hollman, V.P.

**Madera Adult Education**  
955 W Pecan Ave  
673-4425 675-4562 (fax)  
David Raygoza, Principal

#### Pre – School Department

1861 Howard Road, Suite 1  
675-4490 675-3655(fax)

Jessica Phengsiri, Child Development Coordinator

MADERA UNIFIED SCHOOL DISTRICT

COMMUNITY RELATIONS UNIFORM COMPLAINT FORM

California Code of Regulations, Title 5, Sections 4600-4671
Board Policy BP 1312.3 and 1312.4

FOR DISTRICT USE ONLY
Date/Time Received: \_\_\_\_\_ Log No: \_\_\_\_\_

A complaint involves an alleged violation of federal or state statutes in one of the following areas: (1) Unlawful Discrimination, Harassment, Intimidation or Bullying (2) Adult Basic Education, (3) Consolidated Categorical Programs, (4) Migrant Education, (5) Vocational Education, (6) Child Care and Development Programs, (7) Child Nutrition Programs, (8) Special Education Programs, and (9) School Federal Safety Planning Requirements.

All complaints will be processed in accordance with the provisions of California Code of Regulations, Title 5, Sections 4600-4671. If your complaint does not constitute a violation of said Code, you will be so notified and advised of the proper procedure to process your complaint

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_
Student: \_\_\_\_\_ ID Number: \_\_\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_\_\_
Relationship: \_\_\_\_\_

Please place a check next to the kind of complaint you are presenting:

Unlawful Discrimination Complaint (indicate type)

- Delta Age Delta Sex Delta Sexual Orientation Delta Gender Delta Ethnic Group Identification Delta Race Delta Ancestry
Delta National Origin Delta Religion Delta Color Delta Mental or Physical Disability Delta Deficiencies in Instructional Materials
Delta Teacher Vacancy/Misassignment Delta Condition of Facility Delta Harassment, Intimidation or Bullying

AND/OR

Program:

- Delta Adult Education Delta Categorical Aid Programs Delta Child Care and Development Programs
Delta Migrant Education Delta Child Nutrition Programs Delta Vocational Programs Delta Special Education
Delta School Federal Safety Planning Requirements Delta Pupil Fees

Please specify all relevant facts, etc. (additional pages may be attached)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please address all of your correspondence to:

Office of the Chief Academic Officers
Madera Unified School District
1902 Howard Road
Madera, CA 93637

## ACCEPTABLE USE AGREEMENT (AUA)

The Internet and other on-line resources are provided by the district to support the instructional program and to further teaching and learning. The use of the Internet must be to support educational and research in accordance with the educational objectives of Madera Unified School District. This Acceptable Use Agreement is an extension of district policies already in place, which govern student and employee expectations and behavior. Please access the full policy, found on the MUSD website, for a complete description of acceptable use of the MUSD Internet and Electronic Information Resources. The responsibilities of the users include, but are not limited to, the following:

### A Responsible User MUST:

- Be aware that the use of the Internet is a privilege, not a right.
- Be aware that inappropriate use may result in loss of privilege.
- Use the Internet for educational purposes.
- Use the Internet in support of the educational objectives of the district.
- Preserve the physical safety and emotional integrity of others.
- Protect one's own and others' reputation and the right to privacy.
- Use appropriate language.
- Notify a teacher or administrator of any security problem.
- Use Internet etiquette when sending electronic mail (email).
- Be aware that email should not be considered private.
- Keep personal account numbers and passwords private and only use the account to which she/he has been assigned.
- Report any inappropriate/questionable email contacts, access to inappropriate web sites, misuse of the systems, or any security problem to a teacher or an administrator.

### A Responsible User MUST NOT:

- Use the Internet for any illegal purpose, including the violation of copyright or other laws.
- Violate the rules of common sense or etiquette.
- Transmit or access any material in violation of Board Policy or any federal or state regulation.
- Use the system to threaten, intimidate, harass, ridicule or otherwise cyberbully other students or staff.
- Access, post, submit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, pornographic or sexually explicit, or that could be construed as harassment or disparagement of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs.
- Use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity prohibited by law, Board Policy, or Administrative Regulations.
- Use vulgar or other inappropriate language.
- Disclose, use, or disseminate personal identification information about themselves or others including but not limited to personal addresses, phone numbers or other personal information when using email, or other forms of electronic communication; or disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians.
- Attempt to harm or destroy district equipment or system performance.
- Attempt to harm or destroy another person's data or manipulate the data of any other user.
- Knowingly attempt to upload or create computer viruses or other malicious software.
- Attempt to gain access to unauthorized resources or entities.
- Share passwords or use an account assigned to another user with or without his or her permission.
- Attempt to bypass security measures whether or not this action causes additional harm.
- Attempt to interfere with other users' ability to send or receive email; or attempt to read, delete, copy, modify another's files; or use another individual's identity.
- Use the system to engage in commercial or other for-profit activities.
- Perform activities that interfere with the ability of students/staff members to use the district's technology resources or other network-connected services effectively.

Violation of this Acceptable Use Agreement may result in loss of privileges, disciplinary action including suspension or expulsion, and could result in criminal prosecution.

### Monitoring

The Madera Unified School District reserves the right to monitor any material placed on the computer and to monitor file server space in order to make determination on whether specific uses of the Internet/network are inappropriate. These regulations shall establish the fact that users have no expectation of privacy and that district staff may monitor or examine all system activities to ensure proper use of the system. It is expected that users will employ Internet etiquette and common sense. The district reserves the right to terminate the account of any user who misuses the account. (Cf. Penal Code 632 – Eavesdropping on or recording confidential communications)

**Internet Filtering**

Madera Unified School District provides an Internet filter to protect its students and employees. Even though the district has taken all responsible actions to insure that Internet use is only for purposes consistent with the school curriculum, it is impossible to guarantee that all sites are filtered and blocked for appropriateness. The district cannot prevent access to, nor identify, all areas of inappropriate materials on the Internet making it necessary for students to be supervised at all times while using online services. The Madera Unified School District makes no guaranties of any kind, whether express or implied, for the service it is providing. The Madera Unified School District will not be responsible for any damages a user incurs. Use of any information obtained via the Internet is at the user’s own risk. The Madera Unified School District denies any responsibility for the accuracy or quality of information they obtain, and evaluate how valid that information may be. (Cf. CIPA compliance) (Children’s Internet Protection Act), Library Access Law

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**Madera Unified School District Acceptable Use Agreement  
and Permission to Publish Image/Work/Name**

As a user of a Madera Unified School District computer network and Internet, I hereby agree to comply with the MUSD *Acceptable Use of Internet and Electronic Information Resources*. I have read the Acceptable Use Agreement and I understand that network and Internet access is designed for education purposes. I agree to use the network responsibly and will abide by the Acceptable Use Policy. Should I commit any violations, my access privileges may be revoked, disciplinary action including suspension or expulsion, and appropriate legal action will be taken.

User’s Name (Please Print) \_\_\_\_\_

User’s Signature \_\_\_\_\_ Date \_\_\_\_\_

If the above named individual is a student, the following shall be acknowledged and signed by the parent or legal guardian of the student signing above. I grant permission for this student to access networked computer services including the Internet and email. I understand that individuals and families may be responsible for violations. I have read and understand this Acceptable Use Agreement and understand that this access is designed for education purposes. I also understand that some material on the Internet may be objectionable, but I accept responsibility to help assist in setting and conveying standards for this student.

I agree not to hold the district or any district staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. I also agree to indemnify and hold harmless the district and district personnel for any damages or costs incurred accruing from student misuse of the internet and electronic information resources.

I consent for my student’s school work, image and/or first name to be released for use on the school website for Madera Unified School District website. By signing this agreement, I hereby waive any proprietary rights to this material and authorize any subsequent use thereof, including its release and showing to the general public electronically, in newspaper, on television, in clinical training or by any other means selected by Madera Unified School District or its agents for publicity, educational, or promotional purposes. Permission will remain in full force and effect unless revoked in writing.

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

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

If the user is an employee:

I consent for my work, image and/or first and last name be published on school website or Madera Unified School District website. By signing this agreement, I hereby waive any proprietary rights to this material and authorize any subsequent use therefore, including its release and showing to the general public electronically, in newspaper, on television, in clinical training or by any other means selected by Madera Unified School District or its agents for publicity, educational, or promotional purposes. Permission will remain in full force and effect unless revoked in writing.

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_

MADERA UNIFIED SCHOOL DISTRICT

PRIT # \_\_\_\_\_

Open Enrollment Transfer Application

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

2019 - 2020 School Year

LRTY # \_\_\_\_\_

Open Enrollment permits must be completed for each child for whom an open-enrollment transfer request is made. Applications to attend your school of choice must be submitted between March 1, 2019 thru April 30, 2019 for the 2019-2020 school year.

This application must be submitted to the SCHOOL THE PUPIL WISHES TO ATTEND. For incoming kindergarteners please be certain you have registered your child at his/her school of residence. If you have questions about which is your SCHOOL OF RESIDENCE, please call the Facilities Planning Department at 675-4548 or you may utilize the School Site Locator at [www.madera.k12.ca.us](http://www.madera.k12.ca.us).

**Please Print Clearly**

Student ID # \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Parent(s)/Guardian(s)'Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Student's Grade for 2019-2020 School Year: \_\_\_\_\_ Student's Current School: \_\_\_\_\_

School of Desired Attendance: \_\_\_\_\_ School Year of Transfer: 2019-2020

School of Residence (In what school's boundary does the student reside?) \_\_\_\_\_

Student's Special Education Program Needs (If Any, Describe): \_\_\_\_\_

Mark Reason(s) for Transfer Request (Check as Appropriate):

(1)\_\_\_\_ Special circumstances exist which make it harmful or dangerous for the referenced student to attend school in the current attendance area. Attach one of the following: (a) A written statement from a representative of an appropriate state or local agency, including, but not limited to, a law enforcement official, social worker, or properly licensed or registered professional psychiatrist, psychologist, marriage, family and child counselor; or (b) A court order, including a temporary restraining order and injunction issued by a judge. Also, attach a written statement by the principal or vice principal of the school of current attendance verifying that you have notified the school regarding the alleged harmful or dangerous conditions at the school. The District reserves the right to evaluate the legitimacy of any claims made under this enrollment priority.

(2)\_\_\_\_ The student's initial enrollment was at either Madera High School or Madera South High School, but the student has moved within the District and would like to continue attending their initial school of enrollment pursuant to the "Secondary Continuity" Policy.

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(3)\_\_\_\_ A sibling of the student for whom the request is being filed, currently is enrolled at the desired school during the school year of request. (High School Students Only).

School Use Only – Verified: Yes No Initials \_\_\_\_\_

Name of sibling: \_\_\_\_\_

(4)\_\_\_\_ The student is currently enrolled and attending the desired school pursuant to a previously approved "Open-Enrollment Transfer Applications."

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(5)\_\_\_\_ The student is currently enrolled and attending the desired school pursuant to a previously approved "Intra-District Transfer Attendance Request."

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(6)\_\_\_\_ The student is currently enrolled and attending the desired school, because the District has so placed the student due to crowded conditions at the ordinary school of attendance.

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(7)\_\_\_\_ The student has been enrolled at the desired school of attendance during the year prior to the school year of proposed transfer, but will be required to attend another school pursuant to a boundary change.

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(8)\_\_\_\_ The student has been enrolled at the desired school of attendance during the year prior to the school year of proposed transfer, but was enrolled at the school of choice through unintentional error and without deceit.

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(9)\_\_\_\_ The student has a sibling that is currently attending the desired school on an "Open Enrollment" or "Intra-District Transfer".

Name of Sibling: \_\_\_\_\_

School Use Only – Verified: Yes No Initials \_\_\_\_\_

(10)\_\_\_\_ Other (Please Describe-Attach additional sheet if necessary) \_\_\_\_\_ **48**

**WITH MY SIGNATURE BELOW, I SIGNIFY THAT I UNDERSTAND AND AGREE WITH ALL OF THE FOLLOWING STATEMENTS:**

If I do not supply all requested information, or, if I submit inaccurate information, the transfer request will be denied or revoked.

Students must normally attend the school serving the attendance area in which they live. Under "Open Enrollment" parents/guardians may request that their child be allowed to attend their school of choice within the District.

Open-enrollment permits cannot be granted if approval would result in excessive enrollment at the school of choice, or, if approval would result in displacement of students residing within the designated attendance area. Board Policy 5116.1 (Education Code 35160.5) Nor may requests be granted, if approval would result in inappropriate racial or ethnic imbalance at either the school of choice or residence.

If the number of requests to attend a particular school exceeds the capacity of that school, selection of pupils for approval to enroll will be made through a random, unbiased process that cannot be based upon the student's academic or athletic performance. The District has the right to base approval of requests on specific priorities. These are recited above in the checklist "Reason(s) for Transfer Request," in priority order.

Approval of open-enrollment requests does not grant permanent status at the school of choice. Transfers are valid for only one school year; and open enrollment transfers may be rescinded if space is no longer available for students who reside in the attendance area. Open-enrollment permits may also be revoked at any time for any of the following reasons:

1. The student has committed a violation of Education Code section 48900 which would be cause for suspension or expulsion from the District.
2. The student demonstrates chronic attendance problems. As used here, a student exhibits "chronic attendance" problems whenever she/he meets the criteria for being "truant" pursuant to Education Code section 48260.
3. The student has violated a school rule or regulation which the Principal and designee determines is sufficiently serious so as to justify revocation.
4. The Principal and designee determines that the educational interests of the student would be best served by revocation of the Open Enrollment attendance permit.

**The parent is responsible for providing daily transportation to and from the school of choice. No bus transportation/special arrangements will be available for students on an Open Enrollment Transfer.**

\_\_\_\_\_  
Signature, Parent(s) / Guardian(s)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

The Student Services Department will process this application in accordance with Board Policy and Administrative Regulation 5116.1. Notifications will be mailed out as soon as possible thereafter. The notice will inform the applicant that the request has been approved or denied. If the application is denied, the pupil's name will be placed on a waiting list in the order determined through the random selection process.

The Open Enrollment waiting list will **no longer be in effect** after October 1<sup>st</sup> of the school year requested.

APPROVAL OF THIS PERMIT WILL BE BASED ON THE AVAILABILITY OF SPACE AT THE SCHOOL OF DESIRED ATTENDANCE. APPROVALS ARE NEITHER AUTOMATIC NOR GUARANTEED. You are reminded to enroll your child at your normal school of residence, in order to insure a place for your child.

**Transfer Eligibility for Interscholastic Athletic Program**

If a 7-12<sup>th</sup> grade student exercises an option of attending a school other than the school to which they are assigned on the basis of board-established school attendance areas, and does so pursuant to a Board authorized mode of legitimate transfer including an "open enrollment" or "intra-district transfer" the student will be ineligible for interscholastic athletic competition for one year (365 days) from the date of first attendance at the student's new school, pursuant to *Board Policy 5116*.

**MADERA UNIFIED SCHOOL DISTRICT**  
**School of Choice Transfer Request**  
**“Professional Courtesy”**

Professional Courtesy permits are not permanent and must be renewed annually. A separate form must be completed for each child for whom a Professional Courtesy transfer request is made. Applications to attend your school of choice must be submitted between March 15<sup>th</sup> and April 30<sup>th</sup> for the 2019/20 school year.

This application must be submitted to the administrative office of the school of desired attendance.

**Please Print Clearly**

**Student Information**

Student's Name: _____	Date of Birth: _____
Street Address: _____	City: _____ Zip: _____
Student's grade 2019/20: _____	Student's School of Residence: _____
School of Desired Attendance: _____	School Year of Transfer: <u>2019/2020</u>
Sp. Education needs _____	Sport programs _____

**Employee Information**

Name of Employee Filing Request: _____	Home Phone: _____
Relationship of Above Referenced Employee to above referenced student: _____	
Are you a parent with Educational Rights of the above student: ___ Yes ___ No	
Full time Employee ___ Yes ___ No	
Employee's Position: _____	Work Site/Location: _____

**Board Trustee Information**

Name of Trustee Filing Request: _____	Contact Phone: _____
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**I hereby declare or affirm under penalty of perjury that all of the above information is true and correct. I understand that false or inaccurate information will result in my child being dropped from this school and returned to school of residence.**

Signature of Parent/Guardian (Applicant)	Date
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<b>School Use Only</b>	Contracted District Employee: ___ Yes ___ No
_____	_____
Human Resources	Date
_____	Sports/CIF participation: ___ Yes ___ No
Athletics	_____
_____	Date
_____	Special Needs, 504, Health Services: ___ Yes ___ No
Special Education	_____
_____	Date

**Board Policy 5116 – Professional Courtesy Transfers**

The Governing Board herein authorizes the Superintendent or designee to allow professional courtesy enrollment of students at schools of choice for those students who are the children, stepchildren, foster children or wards of Madera Unified School District full time employees who received employment benefits and/or board members of the Madera Unified School District Governing Board.

The enrollment of a student into the student’s District School of Choice (that is located outside of the student’s residential boundary school) that occurs as a result of a transfer request made and approved prior to the beginning of the student’s 7<sup>th</sup> grade year pursuant to professional Courtesy shall not be deemed a transfer and the student shall be considered a resident of the District at large during and only during the period of approved attendance at the school of choice.

The application procedure and timelines, the approval process, the renewal requirements for continued enrollment, and the conditions for possible revocation of authorized enrollment pursuant to professional courtesy shall be specified in the accompanying Administrative Regulation.

**Transfer Eligibility for Interscholastic Athletic Program**

A student in 7<sup>th</sup> grade or above who enrolls in a District school that is outside of the student’s residential boundary school pursuant to a Board-authorized “Open Enrollment”, “Professional Courtesy” or “Intra-District Transfer”, is ineligible for interscholastic athletic competition for one year (365 days) from the date of first attendance at the student’s new school. **This Interscholastic ineligibility applies to our K-8 elementary school prior into the 9<sup>th</sup> grade.**

**Administrative Regulation 5116 – Professional Courtesy Transfers**

Applications to enroll in a non-resident school pursuant to professional courtesy must be submitted in writing no sooner than March 15<sup>th</sup> and no later than April 30<sup>th</sup> during the year prior to the school year of intended enrollment.

The principal shall not approve professional courtesy enrollment applications if approval results in the displacement of students currently residing in the attendance area. Approval may not be granted until after the District Office has finalized the staffing plan for the next school year and the Principal has an opportunity to assess the availability of space.

Approval to enroll pursuant to professional courtesy shall not be granted for more than one school year. Annual renewal of applications is required.

If there are more applications than can be accommodated, then, applications shall be selected for approval through an unbiased lottery selection, excepting that renewal applications will have priority over new applications.

The Principal shall maintain a roster and count of students who have been approved pursuant to employee courtesy.

Parents/guardians are responsible to provide their own transportation.

Permission to enroll in the school of choice pursuant to professional courtesy may be revoked for the following reasons:

1. The student fails to maintain acceptable academic progress, that is, her/his grade point average falls below a 2.0.
2. The student is designated as a habitual truant.
3. The student commits a suspendable offense.

**I have read and understand the Governing Board’s Policy and the corresponding Administrative Regulation on “professional courtesy” transfers. I agree to the terms and conditions of the Policy and Regulation.**

\_\_\_\_\_  
Signature of Parent/Guardian (Applicant)

\_\_\_\_\_  
Date



MADERA UNIFIED SCHOOL DISTRICT  
 1902 Howard Road, Madera, CA 93637  
 (559) 675-4500, ext. 237

INTRA-DISTRICT TRANSFER ATTENDANCE REQUEST

Permission is hereby requested for my child/children residing in the attendance area of \_\_\_\_\_ School to attend \_\_\_\_\_ School for the 20\_\_/20\_\_ school year.

<u>Name of Pupil(s)</u>	<u>ID #</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason for transfer request: \_\_\_\_\_  
 \_\_\_\_\_

In some cases, action on your request will not be taken until several days after school begins until determination of what the actual class enrollments will be from pupils living within the regular attendance area of the school.

We suggest, particularly, for those pupils enrolling in the school for the first time, that parents enroll their child/children in the school of their attendance area in order to assure placement for their child/children.

If the Intra-District Transfer Attendance Request is approved, I agree to the following conditions as part of this request.

1. The Intra-District Transfer Attendance Request must be renewed annually. This is the responsibility of the parent.
2. I will assume all responsibility for the transportation of my child/children to the school and from the school to my house.
3. That the presence of my child/children in the requested school will not cause excessive teacher-pupil ratio in the class, will not cause the class to exceed limits set by Board Policy or displace a student whom lives in the attendance area.
4. That my child/children is/are able to attend and learn in the school without causing discipline or other problems.
5. That my child/children maintain acceptable grades (2.0 or higher) and not be considered a Truant at any point of the year.
6. I will transfer my child/children back to the school of residence if any of the above conditions cannot be honored.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Madera, CA 93633 Telephone # \_\_\_\_\_

If further information is required, please contact the principal of the receiving school.

SCHOOL DISTRICT USE ONLY

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_\_  
 Signature of Releasing Principal

\_\_\_\_\_  
 Signature of Receiving Principal

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

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director of Student Services

**Madera Unified School District  
INTERDISTRICT ATTENDANCE PERMIT**

Please return to:  
 Director of Student Services  
 Madera Unified School District  
 1902 Howard Rd , Madera, CA 93637  
 (559) 675-4500 Ext. 237  
 FAX (559) 675-8013

Date \_\_\_\_\_

Madera County (E.C. 46000 et seq.)  
 New  Renewal   
 School Year \_\_\_\_\_

**REQUEST**

**Parents/Guardians:**

Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ CA Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**Pupil Information:**

Name (Last)	(First)	Date of Birth	Grade

I request that my child(ren) be allowed to attend classes at \_\_\_\_\_ School in the  
 \_\_\_\_\_ School District through the \_\_\_\_\_ school year.

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

**Reasons for requesting Interdistrict Attendance Permit:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(May attach additional pages)

**AGREEMENT**

The Governing Board of the School District indicated below hereby agree to permit the attendance of the pupils as requested for the school year 20\_\_\_\_ - 20\_\_\_\_, subject to the following terms:

- (a) INTERDISTRICT ATTENDANCE PERMIT MUST BE RENEWED ANNUALLY.
- (b) This permit may be revoked for poor attendance, improper conduct, unacceptable grades, and approval is subject to space available.

Approved/Denied - - MUSD School Administrator _____ Date _____	
<p align="center"><b><u>DISTRICT OF RESIDENCE</u></b></p> ___ Approved ___ Denied* _____ 20____ _____ School District By _____ _____ Authorized Signature _____ Title	<p align="center"><b><u>DISTRICT OF ATTENDANCE</u></b></p> ___ Approved ___ Denied* _____ 20____ _____ School District By _____ _____ Authorized Signature _____ Title



# Madera Unified School District

## VERIFICATION OF RESIDENCY POLICY

To Verify your Residency:

( A )	( B )
<p><b>If you own or rent you must provide <u>two</u> documents:</b></p> <p style="text-align: center;">* * *</p> <p><b>1) An original PG&amp;E or water bill.</b></p> <p>The name on the bill must match the name on the below document(s).</p> <p><b>2) Either a home ownership or rental document.</b></p> <p>The homeowner/renter may provide any of the following acceptable documents to prove residency:</p> <ul style="list-style-type: none"> <li>• Title or Deed</li> <li>• Mortgage statement</li> <li>• Property tax statement</li> <li>• Rental receipt *</li> </ul> <p><i>* Rent receipt must be current and must include landlord's name, address, and telephone number. Rent receipt must have parent(s) or guardian(s) names.</i></p>	<p><b>If you live in a home not in your name, with a family member or someone other than a family member, you must complete the following steps:</b></p> <p style="text-align: center;">* * *</p> <p><b>1) Complete a Declaration of Residency form.</b></p> <p>This form is available at your child's school of residence. It must be completed by the property owner which is knowingly signing under penalty of perjury. Property owner may be required to submit proof of ownership.*</p> <p><b>2) Parents/guardians must provide mail they have received at the address they are living.</b> Mail must come from a business and must be current. Personal letters will not be accepted.</p> <p>The following are examples of what may be accepted. *</p> <ul style="list-style-type: none"> <li>• Credit card bill</li> <li>• Work/Pay Stub</li> <li>• Unemployment</li> <li>• Medical Statement</li> <li>• Insurance</li> </ul> <p><i>* School Sites maintain the right to accept/deny the above documents at their discretion.</i></p>

*All new and returning students must verify residency annually.*

Should evidence arise that suggests your child/children do not live at the stated address, more information may be required. Upon review of evidence or lack thereof, that your child/children do not live at the stated address or if you move to a different attendance area during the school year and fail to inform the school, sites maintain the right to disenroll your child/children from their site. In this event, please enroll your child/children in their correct school of residence.

*The above requirements will be waived on account of students designated "homeless" by the McKinney-Vento Homeless Assistance Act.*

**Form# 263**

*Updated 7/14: Student Services (TA)*



# Madera Unified School District

## DECLARATION OF RESIDENCY

*This section to be completed by parent/guardian wishing to enroll child/children*

Name of Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

My child/children would like to participate in an athletic program. *(High school and middle school students only)*

**Athletic Office**  
Use: \_\_\_\_\_

<i>Student(s) Name(s):</i>	<i>D.O.B</i>	<i>Grade</i>

I hereby declare or affirm under penalty of perjury that the above information is true and correct. I understand that false or inaccurate information may result in my child/children being dropped from the school and/or disenrolled from Madera Unified School District. Every person who willfully procures another person to commit perjury is guilty of subornation of perjury, and is punishable in the same manner as he would be if personally guilty of the perjury so procured." PC Section 127.

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

***This section to be completed by property owner***

I, \_\_\_\_\_ owner/renter of \_\_\_\_\_  
Name of Property Owner Address

My telephone number is \_\_\_\_\_ and I verify that the above-named children are currently residing at the address listed above.

I understand that:

1. "Residence" means family will be living and sleeping in my home.
2. I am responsible for notifying the school within 48 hours of the family's change of address.
3. Random residency visitations may take place during the school year.
4. This form is valid for one school year only.

I declare or affirm under penalty of perjury that the parent/guardian and the student(s) listed above are residing at that address indicated above; and that the address is lawfully assigned to a home, apartment or other property which I either own or rent. I further declare under penalty of perjury that the above is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths. I am also aware that the school district has the legal authority to make unannounced home visits to verify the residency of the students listed above.

\_\_\_\_\_  
Signature of Property Owner Date

**MADERA UNIFIED SCHOOL DISTRICT  
FAMILY HISTORY AND PHYSICAL FORM**

SPORT \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
LAST NAME FIRST NAME

What school did you attend last year? \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

- |  |  |           |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
|--|--|-----------|-------|-----|------|---------|-------|------|-------|------|-------|------|-----------|----------|--------|-------|-----------|--|------|
| <p>1. Have you had a medical illness or injury since your last check up or sports physical?<br/>Do you have an ongoing or chronic illness? YES NO<br/>YES NO</p> <p>2. Have you ever been hospitalized overnight?<br/>Have you ever had surgery? YES NO<br/>YES NO</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br/>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO<br/>YES NO</p> <p>4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br/>Have you ever had a rash or hives develop during or after exercise? YES NO<br/>YES NO</p> <p>5. Have you ever passed out during or after exercise?<br/>Have you ever been dizzy during or after exercise?<br/>Have you ever had chest pain during or after exercise?<br/>Do you get tired more quickly than your friends do during exercise?<br/>Have you ever had racing of your heart or skipped heartbeats?<br/>Have you ever been told you have a heart murmur?<br/>Has any family member or relative died of heart problems or of sudden death before age 50?<br/>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br/>Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO<br/>YES NO</p> <p>6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO<br/>YES NO</p> <p>7. Have you ever had a head injury or concussion?<br/>Have you ever been knocked out, become unconscious, or lost your memory?<br/>Have you ever had a seizure?<br/>Do you have frequent or severe headaches?<br/>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br/>Have you ever had a stinger, burner, or pinched nerve? YES NO<br/>YES NO</p> <p>8. Have you ever become ill from exercising in the heat? YES NO<br/>YES NO</p> <p>9. Do you cough, wheeze, or have trouble breathing during or after activity?<br/>Do you have asthma?<br/>Do you have seasonal allergies that require medical treatment? YES NO<br/>YES NO<br/>YES NO</p> | <p>10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? YES NO<br/>YES NO</p> <p>11. Have you had any problems with your eyes or vision?<br/>Do you wear glasses, contacts, or protective eyewear? YES NO<br/>YES NO</p> <p>12. Have you ever had a sprain, strain, or swelling after injury?<br/>Have you broken or fractured any bones or dislocated any joints?<br/>Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? YES NO<br/>YES NO<br/>YES NO</p> <p><i>If yes, circle appropriately and explain below.</i></p> <table border="0" style="width: 100%;"> <tr> <td>Head</td> <td>Elbow</td> <td>Hip</td> </tr> <tr> <td>Neck</td> <td>Forearm</td> <td>Thigh</td> </tr> <tr> <td>Back</td> <td>Wrist</td> <td>Knee</td> </tr> <tr> <td>Chest</td> <td>Hand</td> <td>Shin/Calf</td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> </tr> <tr> <td>Upper arm</td> <td></td> <td>Foot</td> </tr> </table> <p>13. Do you want to weigh more or less than you do now? YES NO<br/>Do you want to lose weight regularly to meet weight requirements for your sport? YES NO<br/>YES NO</p> <p>14. Do you feel stressed out? YES NO<br/>YES NO</p> <p>15. Record the dates of your most recent immunizations (shots) for:<br/>             Tetanus _____ Measles _____<br/>             Hepatitis B _____ Chickenpox _____</p> <p><b>FEMALES ONLY</b></p> <p>16. When was your first menstrual period? _____<br/>             When was your most recent menstrual period? _____<br/>             How much time do you usually have from the start of one period to the start of another? _____<br/>             How many periods have you had in the last year? _____<br/>             What was the longest time between periods in the last year? _____<br/> <b>Explain "YES" answers here:</b><br/>             _____<br/>             _____<br/>             _____</p> | Head      | Elbow | Hip | Neck | Forearm | Thigh | Back | Wrist | Knee | Chest | Hand | Shin/Calf | Shoulder | Finger | Ankle | Upper arm |  | Foot |
| Head   | Elbow  | Hip       |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
| Neck   | Forearm  | Thigh     |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
| Back   | Wrist  | Knee      |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
| Chest  | Hand   | Shin/Calf |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
| Shoulder   | Finger   | Ankle     |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |
| Upper arm  |  | Foot      |       |     |      |         |       |      |       |      |       |      |           |          |        |       |           |  |      |

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

➡ **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ ➡ **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent or legal guardian) (Student)

PHYSICAL EXAMINATION

**LIABILITY WAIVER:** I agree to indemnify and hold the physician named below harmless against responsibility for injuries or illness incurred by my student-athlete while participating in athletics.

➡ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_) Urine \_\_\_\_\_ Pulse \_\_\_\_\_

All students participating in athletics must have a physical examination. I hereby certify that I have examined \_\_\_\_\_ and found him/her to be physically fit to engage in sports.

**STUDENT'S NAME**

Notes: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FORM**

**PARENTAL PERMISSION:** I hereby give my consent for \_\_\_\_\_ to engage in approved **STUDENT'S NAME**

athletic activities, except those prohibited by the examining physician. I also give my consent for my child to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted my permission to administer first aid and to secure medical treatment.

**WARNING:** PARTICIPATION IN ATHLETICS MAY RESULT IN SEVERE INJURY, INCLUDING PARALYSIS AND DEATH. CHANGES IN RULES, IMPROVED CONDITIONING PROGRAMS, BETTER MEDICAL COVERAGE AND IMPROVEMENTS IN EQUIPMENT HAVE REDUCED THESE RISKS BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCE IN ATHLETICS.

➡ Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE STATEMENT:** Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. Students must have insurance before they are allowed to practice and participate in athletic programs. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Healthy Families at 1-800-880-5305.

California school law (Education Code 32220-24) requires every member of an athletic team to have bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. The Madera Unified School District makes available upon request insurance through a private insurance company for all students which will meet the education code insurance requirements.

<ul style="list-style-type: none"><li>• I have Medi-Cal coverage: No _____ Yes _____ Card # _____</li><li>• I have private medical insurance coverage: No _____ Yes _____ Name of company _____</li><li>• I am purchasing the private insurance that is being made available by MUSD: No _____ Yes _____ *** *** This insurance must be paid for before a student is allowed to participate</li><li>• I hereby guarantee to keep medical insurance coverage in force, which meets or exceeds legal requirements for the entire duration that my child participates in athletics.</li></ul>
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➡ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**(PLEASE COMPLETE INSURANCE INFORMATION BEFORE SIGNING)**

**ACKNOWLEDGEMENT:**

- I/We, the parent/guardian and student-athlete have received, read and understand the MUSD Student & Parent Guardian Athletic Handbook and acknowledge that violations of any policies may result in disciplinary consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.
- I/We understand and agree that we are financially responsible for any items lost, stolen or damaged by my child. I/We agree to attend a pre-season parent meeting.
- I/We recognize that under CIF Bylaw 200.D, there could be penalties for false or fraudulent information. I/We also understand that the MUSD policy regarding the use of illegal drugs will be enforced for any violations of these rules.

➡ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

➡ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION AND DIRECTORY INFORMATION:** If you do not object to the Athletic Director's office releasing your child's name or other pertinent information to the news media, interested schools, parent-teacher associations, interested employers and similar parties, please sign the YES line below. If you do object, please sign the NO line.

➡ \_\_\_\_\_

Yes, it is permissible to release my child's name

➡ \_\_\_\_\_

No, I do not want my child's name released