

HUGHES-ELIZABETH LAKES UNION SCHOOL

16633 Elizabeth Lake Road

Lake Hughes, CA 93532

(661) 724-1231

TK/Kindergarten Enrollment Checklist

Student Name _____

- _____ Student Emergency Card
- _____ New Enrollment Form (Signature required)
- _____ Verification of Residence (Include proof... utility bill, driver's license, rental agreement, etc.)
- _____ Home Language Survey
- _____ TK/Kindergarten Questionnaire
- _____ Health Appraisal Report (Completed and signed by parent)
- _____ Immunization Record (Polio DTP MMR Hep B Varicella)
- _____ Report of Health Examination for School Entry (Completed and signed by physician)
- _____ Oral Health Assessment Form (Completed and signed by dentist)
- _____ County Birth Certificate (other documents that can be used as proof of age are passport or baptismal certificate)

HUGHES-ELIZABETH LAKES UNION SCHOOL
KINDERGARTEN and TRANSITIONAL KINDERGARTEN

ENROLLMENT INFORMATION

- To be eligible for Kindergarten, your child must be **five (5) years old as of September 1st**; children turning five (5) years old between September 2nd and December 2nd are eligible for Transitional Kindergarten (TK). Not all children will be eligible for TK.
- The **enrollment packet** must be completely filled out. Do not use nicknames – fill out the paperwork using the legal first, middle and last name.
- **Proof of residency** within our district is required this can be done by providing a copy of a utility bill showing physical address, or copy of lease agreement. If your family is doubled up with another family, please provide a letter from homeowner, stating that you are residing with them, and then a proof of their residency.
- Be sure to complete **BOTH sides** of the **Emergency Card**. We need parent work numbers, cell numbers, and local contacts that can pick your child up from school in your absence.
- A **certified county birth certificate** must be presented as proof of age. (A hospital birth certificate is not a legal document for school entry.) Other documents that can be used as proof of age are a passport or a baptismal certificate.
- The **Kindergarten Physical** is actually required before entering 1st grade. This can be done up to 18 months prior to entering 1st grade; **however, many parents have it done when they have their children's last shots given for kindergarten enrollment**. When the exam is completed, and the form is signed by your doctor, please send it to the school office.
- **Immunizations** must be complete before the start of school in August. The requirements are:
 - a. Polio: 3 doses required, the last one given after the 4th birthday. If given earlier, a 4th dose is required.
 - b. DPT: 4 doses required, the last one given after the 4th birthday. If given earlier, a 5th dose is required.
 - c. MMR: 2 doses required.
 - d. Hepatitis B: 3 doses required.
 - e. Varicella: 2 dose required.

If your child has not received any immunizations, you may still enroll your child as long as you **show proof that you have started the immunization process**, and can provide a schedule to get your child caught up on necessary kindergarten immunizations. The school nurse will be monitoring to be sure you are keeping your child on schedule to get caught up.

- California law now requires that your child have an **Oral Health Exam (dental check-up)**. Oral Health Exams that have happened within 12 months before your child enters school also meet this requirement. A waiver is available if you wish to exempt your child from this exam.
- Please don't wait until the last minute to start the kindergarten enrollment process! It takes time to request a certified copy of your child's birth certificate, if you don't already have it. Also, you may not be able to get your child in to see his/her doctor right away for immunizations and physical. **START the process NOW.**
- If you do not have everything completed, and it's near the deadline, please bring us what you have and **we will piece your packet together**. It's important that we get at least the basics in so that we may assign your child to a teacher.

HUGHES-ELIZABETH LAKES UNION SCHOOL

School Year _____

Student Emergency Card

Grade _____

PLEASE FILL OUT COMPLETELY

Student's Legal Last Name	First Name	Middle Name	M	F	Birth Date
Home Address			Zip Code		Home Phone

Parents – For the welfare and protection of your child, the following information must be on file in the school office. Should this information be incomplete, or not up-to-date, it may become necessary in the event of an emergency for the school to enlist the aid of the Los Angeles County Sheriff Department. Students will only be released from school to those persons authorized by this card upon verification of identity.

Please complete the following information for the parent/guardian the student LIVES WITH.

Mother's Name	Maiden	Legal	Step	Foster	Other-Specify
Mother's Employer	Business Phone	Cell Phone			
Father's Name		Legal	Step	Foster	Other-Specify
Father's Employer	Business Phone	Cell Phone			
E-mail Address to receive school information					

- PLEASE COMPLETE REVERSE SIDE -

ALTERNATE PERSONS IN CASE OF EMERGENCY:

These persons are authorized to take students from school. Non-custodial parents **MUST** be listed here if they have permission to remove the student from school.

(Please keep your emergency contacts local.)

1. Name	Relationship	Home Phone	Cell Phone
2. Name	Relationship	Home Phone	Cell Phone
3. Name	Relationship	Home Phone	Cell Phone
4. Name	Relationship	Home Phone	Cell Phone

Please identify Any Serious Medical Conditions and/or Daily Medication:

Please list any other matters that might affect student's school day (i.e., custody matters, ongoing appointments, parents work out of area):

All persons listed as "alternate persons in case of emergency" are authorized to take my child from school.

Signature of Parent or Guardian

Date

Hughes-Elizabeth Lakes Union School District

New Enrollment Form

TO BE COMPLETED BY PARENT OR GUARDIAN

GRADE

Student's Legal Name: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Other Name(s) used (ie: Nickname) _____ Male Female Nonbinary

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES:

Check one: Father Step-Father Guardian

Check one: Mother Step-Mother Guardian

Name: _____
First Last

Name: _____
First Last

Home Phone: _____
Area Code and Number

Home Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Employer: _____

Employer: _____

Work Phone: _____
Area Code and Number

Work Phone: _____
Area Code and Number

Email address _____

Email address _____

Mailing Address: _____
P.O. Box, or Street # and Street Name City State Zip

Residence Address (IF DIFFERENT): _____
Street City State Zip

WHAT IS YOUR CHILD'S ETHNICITY? (Check one): Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)
 Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

- 100 American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America)
- 201 Chinese
- 202 Japanese
- 203 Korean
- 204 Vietnamese
- 205 Asian Indian
- 206 Laotian
- 207 Cambodian
- 208 Hmong
- 299 Other Asian
- 301 Hawaiian
- 302 Guamanian
- 303 Samoan
- 304 Tahitian
- 399 Other Pacific Islander
- 400 Filipino/Filipino American
- 600 African American or Black
- 700 White (Persons having origins in any of the original peoples of Europe, North Africa, or Middle East)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Not a High School Graduate
- High School Graduate
- Some College or Associates Degree
- College Graduate
- Graduate School/Post Graduate Training

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

If your child was born outside the United States,

Date first attended school in the U.S.

Date first attended school in California

_____ Month / Day / Year

_____ Month / Day / Year

MOST RECENT SCHOOL ATTENDED:

Name of School: _____ Phone Number: _____

School Address _____ (mailing address, city, state, zip code)

Dates of Attendance: From _____ to _____

OTHER CHILDREN IN THE FAMILY:

Name:	Age:	Living at home?	Name:	Age:	Living at home?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESIDENCE – where is your child/family currently living? (federally mandated by NCLB) – **Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled up (sharing housing with other families/individuals due to economic hardship or loss)
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (please specify) _____

Signature of Parent or Guardian: _____ Date: _____

Hughes-Elizabeth Lakes Union School District

16633 Elizabeth Lake Road
Lake Hughes, CA 93532
Phone 661-724-1231 * FAX 661-724-1485

VERIFICATION OF RESIDENCE

Date

Pursuant to Education Code 48200, I _____ declare under
(Parent/Legal Guardian/Foster Parent – please print)

Penalty of perjury that my present permanent address is:

I have provided the necessary paperwork to validate the above address.

I understand that I must notify the school within 24 hours of any change of address and that a school official may visit the address to verify occupancy.

FALSIFICATION OF ANY INFORMATION ON THIS FORM WILL BE GROUNDS FOR REMOVAL OF THE STUDENT FROM THIS SCHOOL.

Student Name

Grade

Parent / Legal Guardian / Foster Parent Signature

Verified by School Employee

FOR OFFICE USE ONLY:

___ Utility Bill _____
___ Escrow Papers/ Lease Agreement
___ Rental Agreement
___ Property Tax Bill
___ Voter Registration
___ Pay Stub with Employer Name &
Address and Employee Name & Address
___ Correspondence from Government
Agency _____
___ Other _____

HUGHES – ELIZABETH LAKES UNION SCHOOL

HOME LANGUAGE SURVEY
English

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of student: _____
Last _____ First _____ Middle _____ Grade _____ Age _____

1. Which language did your son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently use at home?

3. What language do you use most frequently to speak to your son or daughter?

4. Name the languages in the order most often spoken by the adults at home:
a. _____
b. _____
c. _____

Signature of Parent or Guardian _____ Date _____

HUGHES – ELIZABETH LAKES UNION SCHOOL

ESTUDIO DEL IDIOMA DEL HOGAR

Spanish

HOME LANGUAGE SURVEY

El código de educación de California requiere que las escuelas determinen el idioma(s) que el estudiante habla más en casa. Esta información es esencial para que las escuelas puedan proveer la instrucción necesaria para todos los estudiantes.

Su colaboración en ayudar con este ruisito nos ayuda mucho. Por favor conteste las preguntas y que su hijo/hija lo devuelva a su profesor(a). Gracias por toda su ayuda.

Nombre del alumno: _____

(Name)	Apellido (Last)	Primero (First)	Segundo (Middle)	Grado (Grade)	Edad (Age)
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1. Cuando su hijo(a) empieza a hablar, cual idioma aprendio primero? _____
2. Cual idioma usa principalmente su hijo(a) cuando conversa en la casa? _____
3. Cual idioma usa usted con mas frecuencia cuando habla con su hijo(a)? _____
4. Cual idioma hablan los adultos con mas frecuencia en la casa? _____

- a. _____
- b. _____
- c. _____

Firma del padre a Tutor

Fecha

HUGHES-ELIZABETH LAKES UNION SCHOOL
TK / KINDERGARTEN QUESTIONNAIRE

FAMILY BACKGROUND

Child's name _____ Name to be used at school _____

Is a second language spoken in the home? _____ If yes, what language? _____

Birthday _____ Phone # _____ Address _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Has there been a divorce, death, or illness in the family that might affect your child? Yes ___ No ___
(If yes, please circle event)

SOCIAL EXPERIENCES

1. Has your child attended pre-school? _____ Which one? _____

For how long? _____ How many days a week? _____

Has your child attended another kindergarten before coming here? _____ If yes, where?

2. Does your child enjoy books? Yes ___ No ___

3. Do you read to your child? Yes ___ No ___

4. Is your child able to remember songs and rhymes? Yes ___ No ___

5. Do you celebrate birthdays in your home? Yes ___ No ___

6. Does your child watch more or less than 2 hours of TV a day? More ___ Less ___

7. Check the places your child has visited or experiences s/he has had.

grocery store	_____	ocean	_____	zoo	_____	dairy	_____
factories	_____	mountains	_____	farm	_____	airport	_____
urban city	_____	museum	_____	harbor	_____	library	_____
flown in an airplane	_____	gone boating	_____	camping	_____	cut with scissors	_____
gone roller- skating	_____	ridden a tricycle	_____	ridden a bike	_____	used pencils and crayons	_____

8. Would you be interested in volunteering in the classroom? Yes ___ No ___

If yes, please watch for volunteer sign-up calendars each month.
(All volunteers must be registered in the school office.)

DEVELOPMENT

1. Does your child have any health problems we should be aware of? If so, please explain.

2. Does your child have any food allergies? If so, to what? _____

3. Born premature? _____ Any birth problems? _____

Late walking? (14 months +) _____ Late talking? (2 yrs. + old) _____

Any motor difficulties? _____ Speech pattern delays? _____

4. Check the items your child can do.

Button _____ Tie shoes _____ Zip _____

5. Has your child had any surgery? _____

6. Does your child have frequent illnesses such as earaches, sore throats, infections, rubs eyes, squints (circle / explain) _____

7. Is your child able to skip? Yes _____ No _____

8. Is your child able to be in a new or strange situation without an undue show of fear?

Yes _____ No _____

9. Is your child right handed? _____ left handed? _____ undecided? _____

10. Can your child take care of his own toilet needs? Yes _____ No _____

11. Does your child know his/her phone number? Yes _____ No _____

12. Does your child know his/her address? Yes _____ No _____

13. What other information would you like your child's teacher to know about your child.

Hughes-Elizabeth Lakes Union School
HEALTH APPRAISAL REPORT

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following report.

Name _____ Male Female Birthdate _____
Last First Middle (Circle One)

Doctor's name _____ Phone# _____ Date of last physical _____

Dentist's name _____ Phone# _____ Date of last exam _____

Does your child have:

Allergies? Yes ___ No ___ To drugs, food, insects, pollen? Please list _____
Has the allergy required emergency action in the past? Yes ___ No ___
Comments _____

Bee sting allergy? Yes ___ No ___ Describe reaction _____
Difficulty breathing? Yes ___ No ___ Need emergency medication? ___

Asthma? Yes ___ No ___ Triggered by: _____ Treatment _____
Diagnosed by doctor _____ Date _____

Diabetes? Yes ___ No ___ Takes insulin? _____ Date diagnosed _____

Epilepsy/Seizures Yes ___ No ___ Describe seizure _____
Date of last seizure _____ Medication _____
Is student currently under a doctor's care for seizures? Yes ___ No ___

Heart condition Yes ___ No ___ Describe _____

Bone or joint problem? Yes ___ No ___ Describe _____

Physical restrictions (due to heart condition or orthopedic problem?) _____

Check off the following regarding health concerns that pertain to your child:

Eyes: wears glasses: ___ reading ___ distance ___ contacts ___ lazy eye ___ crossed ___ blindness in one eye: ___ right ___ left

Ears: ___ frequent infections ___ tubes ___ hearing loss: ___ right ear ___ left ear ___ hearing aides: wear at school? ___

Other: ___ nosebleeds ___ eating ___ sleeping ___ bladder ___ requires catheterization ___ frequent sore throats

___ neurologic ___ lungs ___ bedwetting ___ bowel ___ requires diapering ___ bleeding disorder

___ headaches ___ dental ___ ADD/ADHD ___ phobias ___ skin/rashes/eczema ___ blood pressure

Daily medication(s): At home? Yes ___ No ___ At school? Yes ___ No ___ Emergency only? Yes ___ No ___

Name of medication(s) and reason for taking _____

Serious past illness or injuries _____

Surgeries _____ Date(s) of surgeries _____

Condition that prevents P.E. participation _____

Past illnesses: ___ Chickenpox ___ Scarlet Fever ___ Mononucleosis ___ Meningitis ___ Other: _____

Other health information or concerns: _____

If your child requires medication or special health care at school, please obtain the appropriate form in the school health office.

Signature of legal parent / guardian

Relationship to student

Date

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street City ZIP code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	✓ / /
Physical Examination	✓ / /
Dental Assessment	✓ / /
Nutritional Assessment	✓ / /
Developmental Assessment	✓ / /
Vision Screening	✓ / /
Audiometric (hearing) Screening	✓ / /
TB Risk Assessment and Test, if indicated	✓ / /
Blood Test (for anemia)	✓ / /
Urine Test	✓ / /
Blood Lead Test	✓ / /
Other	✓ / /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. **Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/dT/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este Informe y entregelo a la escuela—este Informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle		Ciudad	Zona Postal
			Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/DTTd (difteria, tétano y [acelular] pertusis [os ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián	Fecha

Firma del examinador de salud	Fecha

*de ser indicado

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PH 171 B), formulario que se consigue en la escuela de su niño(a).

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	<u>Caries Experience</u> (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

Oral Health Assessment Guidelines

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the Sacramento County Department of Health and Human Services Child Health and Disability Prevention Program at 916-875-7151.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Mary Ann Dellaney, Coordinator, Health Programs 294-9013.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

GUÍA PARA PADRES SOBRE LOS REQUISITOS DE VACUNACIÓN PARA ENTRAR A LA ESCUELA



A partir del 1 de julio de 2019

Los alumnos ingresando a TK/K-12 necesitan:

- **Vacuna contra la difteria, el tétanos y la tos ferina (DTaP, DTP, Tdap o Td) —5 dosis**
(4 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o después;
3 dosis cumplen con el requisito si una se aplicó al cumplir los 7 años de edad o después)
Se requiere al menos una dosis de una vacuna con protección contra pertussis (tos ferina) al cumplir los 7 años de edad o después para los alumnos de 7° a 12° grado.
- **Polio (OPV o IPV)—4 dosis**
(3 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o después)
- **Hepatitis B—3 dosis**
(No se requiere para el paso a 7° grado)
- **Vacuna contra el sarampión, las paperas y la rubéola (MMR)—2 dosis**
(Ambas dosis deben haberse administrado al cumplir el 1er año de edad o después)
- **Varicela—2 dosis**

Estos requisitos de vacunación también aplican a nuevos estudiantes y alumnos de transferencia en cualquier grado, incluyendo el Kinder de Transición.

Los alumnos ingresando a 7° grado necesitan:

- **Vacuna contra el tétanos, la difteria y la tos ferina (Tdap) —1 dosis**
(El refuerzo de la vacuna contra la tos ferina generalmente se aplica a los 11 años de edad o más.)
- **Vacuna contra la varicela—2 dosis**
(Generalmente se aplica a los 12 meses de edad y entre los 4 y 6 años de edad)

Los requisitos para K-12 también aplican a alumnos de 7° grado que:

- Antes tenían una exención de las vacunas requeridas por creencias personales que fue presentada antes del 2016 al entrar cualquier grado entre Kinder de Transición/Kinder y 6° grado
- Son nuevos estudiantes

Comprobantes:

Se requiere que las escuelas en California revisen los Comprobantes de Inmunización de todos los nuevos estudiantes ingresando a Kinder de Transición/Kinder hasta el 12° grado y de todos los estudiantes pasando a 7° grado de antes ingresar. Los padres deben presentar el Comprobante de Inmunización de su hijo(a) como prueba de que se vacunó.



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil’s age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil’s grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled “EXCLUDE IF NOT GIVEN BY”), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

