New Student Preregistration Packet 2019-2020

STEP 1: Verify district residency. Visit www.saratogausd.org/districtlocator. The result will read Saratoga Union if you reside within our school district. Refer to page 2 for how schools are assigned.

STEP 2: Gather the following documents and copies needed to preregister:

Preregistration Documents Checklist (provide paper copies of each item)

- Original AND copy of student’s birth certificate or passport (original will be returned)
- Completed and signed Statement of Residency form (page 3)
- Copy of photo ID(s) for each parent or legal guardian listed on page 3 (driver’s license, passport, or state issued ID)
- Copy of student’s current immunization record (The immunization record is required to process the registration. Vaccinations and TB Risk Assessment do not need to be up-to-date at time of registration, but need to be completed with records sent to the District Nurse no later than July 31, 2019.)
- TB Risk Assessment Form signed by a U.S. physician or copy of TB test result done in the U.S.
- Copy of latest report card, progress report, and/or standardized test results if grades 1-8
- If student has received Special Education or 504 services, provide a copy of assessments/IEP/504
- Copy of proofs of residency listed below showing parent/guardian name and residence address on each
  - Homeowner: current property tax bill OR official Grant Deed from the county
  - Renter: lease agreement signed and valid for the school year
  - Current PG&E utility bill showing at least 30 days usage (screenshot copy ok)
  - An additional current utility bill: water, sanitation, cable, or phone (screenshot copy ok)
  - And copy of ONE of following government mailings:
    - Current DMV vehicle registration
    - Recent IRS or Social Security mailing
    - Recent Registrar of Voters mailing
    - Recent juror summons

STEP 3: During the appropriate Registration Period (see below), bring all of the preregistration documents to the Saratoga Union School District Office, 20460 Forrest Hills Drive, Saratoga. A staff member will verify your documentation and then you will be emailed a link to the online registration portal to complete the registration.

Registrations are accepted during these office hours
- During the school year: 8:30 a.m. to noon Monday/Wednesday/Friday
- During summer recess: 8:30 a.m. to noon Monday/Wednesday only (closed week of July 4)
- If you are unable to come in at these times, call the District Office (408) 867-3424, x0, for an appointment

Registration Periods

Regular Registration Period, March 4 - March 29, 2019
The regular registration period is for current district residents who can provide ALL requested documents. There are no exceptions for incomplete documentation during this time. If you do not have all of the residency documents you may be eligible for Conditional Registration (below).

Families with siblings currently attending SUSD schools must complete their registration by March 29 in order to receive priority placement at the same school.

Conditional Registration Period: April 15, 2019 onwards
During the Conditional Registration period, the district will accept registrations for families in process of moving into the district who do not have all proof of residency documents.
Student and parent identification documents, immunization record, purchase contract/lease, Statement of Residency, and report card copies (grades 1-8) are required at time of registration. Remaining residency proofs are due within 60 days to remove the conditional status.

STEP 4: Upon receipt of your online link, complete your student’s registration by the due date or as soon as possible. If you do not have access to a computer, please let a district staff member know. Your student’s registration is NOT complete until the online portion of the registration has been submitted successfully.

(continued on back)
School Assignment

Grades TK/K-5:
During the online portion of the registration process, new TK/K-5 families will be asked for a first and second choice of elementary school site. District residents are guaranteed placement in one of the district schools, not necessarily their first choice school. If a student does not receive placement at his/her first choice school, the student will be placed on a waiting list.* At this time, Transitional Kindergarten classrooms are at Argonaut School and Foothill School (subject to change).

During the Regular Registration Period (March) all elementary school requests are treated equally. In other words, school placement is NOT determined by the registration completion date as long as the registration is completed AND successfully submitted online by March 29, 2019. Note: both the preregistration and online registration must be successfully completed by March 29 in order to maintain priority over Conditional Registrants. Families with siblings currently attending our district must complete their registration by March 29 in order to receive priority placement at the same school.

If the registration requests for a particular grade level and elementary school exceed the space available, a lottery will be held with the students who registered during the Regular Registration period. Parents of students affected by the lottery will be notified.

During the Conditional Registration Period (April 15 onwards) new TK/K-5 students will be placed first-come, first-served based on space availability at the time the registration is successfully completed online.

School assignment for all new elementary school students will be emailed on or around August 8, 2019 to students who have completed registration and turned in completed immunizations, TB test result, or other missing documents. If current immunizations**, TB form, or other conditional documents required are not received by July 31, parents will not receive school placement information until those documents are received at the district office.

School assignment is subject to change due to staffing and/or enrollment changes.

* The district makes every effort to keep K-5 families at the same site and to give families their first choice of school. Due to the number of classrooms, class-size limitations, and the need to balance class sizes at our schools, this is not always possible. Wait lists will be maintained for the first 2 weeks of the school year for students who are not placed at their first choice school. In January 2020, currently enrolled families will have the opportunity to request a school transfer for the following school year.

Grades 6-8:
Students in grades 6-8 are placed at Redwood Middle School. The student’s schedule may not be available at Schedule Pick Up day if there are missing immunizations**, missing TB assessment form, or other conditional documents that are due.

Required Health Forms

All Grades:
☐ Tuberculosis Assessment Form completed and signed by parent and U.S. physician (form attached): Required for all students registering for grades TK or K enrolling for the first time, as well as for grades TK/K-8 students transferring from a school outside Santa Clara County. The form and test must be completed in the United States by a U.S. healthcare provider.
☐ Up to date proofs of immunization (see immunization chart in this packet)**

Kindergarten and 1st grade only:
☐ CHDP Health Form / 1st Grade Health Assessment (form attached): Form to be completed by a physician. This form is mandated by the state for entry into first grade. For first graders, the exam should take place between February 2018 and November 2019. For Kindergartners, the exam should take place between February 2019 and November 2020.
☐ Oral Health Assessment Form (form attached): This form is required for students who are attending a California public school for the first time and is due by May 31, 2020. The dental check-up must be done by a California licensed dental professional. The timeframe for the dental checkup is anytime from 12 months prior to school entry.

** Immunizations MUST be current before a student will be allowed to start school.
Students whose immunizations have been determined as incomplete by district health officials per State law by the July 31 deadline will not receive school placement notification (grades TK-5) or class schedule (grades 6-8).
Updated immunizations MUST be submitted to the District Nurse by July 31, 2019.
Saratoga Union School District

Statement of Residency for Preregistration or Address Change

California Education Code (Section 48200) and District Board Policy 5111 require that a student be enrolled in and attend the school that is within the district in which the student’s parent(s) or legal guardian(s) reside(s). This form must be completed, signed, and submitted with proof of residence documents. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the student from the district. Please PRINT NEATLY.

- Homeowner
- Lease/Renter
- Living with Co-Resident or Caregiver

Student’s Legal Name: ____________________________

First                      Middle                      Last

Student’s Date of Birth (mm/dd/yyyy): __________/________/________

City/Zip: ______________

Address: ____________________________________________________________________________

Parent/Guardian 1 Legal Name: ____________________________

(Primary contact for school & registration) First                      Last

Daytime Phone Number: ____________________________

Email Address: ________________________________________________________________________

Parent/Guardian 2 Legal Name: ____________________________

(Primary contact for school & registration) First                      Last

Relationship to Student: ____________________________________________________________________

Relationship to Student: ____________________________________________________________________

Initials are required for each statement:

____ (Initial) My student resides with me at the address listed above, which is my primary residence, and I am not using the above address to circumvent state law for purposes of attendance at a particular school district. I agree to notify the district office should my student, or I, move from this address. I understand that home visitation and/or residency verification is part of a periodic process when residency is established.

____ (Initial) I understand the Saratoga Union School District will actively investigate all cases where it has reason to believe false information has been provided on this statement; including the use of a School Attendance Officer to verify residency status (verification may include home visits).

____ (Initial) I understand the District may refer cases in which false information has been intentionally provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information.

____ (Initial) I understand persons providing false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (up to 4 years in state prison). [Family Code § 6552; Penal Code § 118 and 126]

____ (Initial) I understand persons providing false information are also civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. [Civil Code § 1709]

____ (Initial) I understand persons who induce, obtain, or solicit another person to provide false information are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. [Penal Code § 127]

____ (Initial) I understand investigations that reveal students have enrolled on the basis of providing false information will lead to immediate withdrawal from the District.

In accord with State Compliance requirements, I have provided the required documentation for proof of residency for enrollment in the Saratoga Union School District. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Legal Guardian 1: ____________________________ Date: __________

Signature of Parent/Legal Guardian 2: ____________________________ Date: __________

For District Office Use Only

Registration Documents:
- Student birth certificate or passport
- Immunization record
- Parent IDs (listed above)
- TB assessment form (U.S)
- TK agreement (TK only)

Residency Documents (showing parent name and residence address):
- property tax bill
- deed of trust
- lease agreement
- landlord letter/addendum

☐ complete
- DMV vehicle registration
- IRS or Social Security mailing
- Registrar of Voters mailing
- juror summons
- PG&E bill (30-90 days usage)
- additional utility bill (water, internet provider, sanitation, etc)

☐ conditional
- I agree to provide the following documents by
  - TB assessment form

Parent Initial: _________

Form Revised 03/28/17
For Transitional Kindergarten enrollment only

Kindergarten Continuance Form
Agreement for a Two-Year Kindergarten Program

Name of Pupil: _______________________________________________________________________

First           Middle           Last

Date of Birth:   _____ / _____ / __________ (mm/dd/yyyy)

Transitional Kindergarten Entrance Date:  2019-2020 school year

Information for parent or guardian:

California law provides that after a child has been lawfully admitted to a kindergarten and has attended for a year, the child shall be promoted to first grade unless the school district and the child’s parent/guardian agree to have the child continue to attend kindergarten for not longer than one (1) additional year. This rule applies whether a child begins kindergarten at the beginning of a school year or at some later date. Because kindergarten-age children often do not develop at steady or predictable rates, the California Department of Education recommends that approval for a child to continue not be given until near the anniversary of a child’s admittance to kindergarten.

I agree to have my child [named above] continue in kindergarten until June 2021 (may not be more than one year beyond anniversary date).

_________________________________________   __________________________
Signature of parent/guardian                  Date

_________________________________________
Print name

_____________________________________
Relationship to Student

District Approval:

_________________________________________   __________________________
Signature of District Superintendent           Date

[District Staff: place original form in student’s cumulative folder]

Ed Code sections 46300 (g) and 48011
Revised: 1/3/2019 gj
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# Immunization and Health Forms

## For TK, K, and 1st grades

<table>
<thead>
<tr>
<th>What is required?</th>
<th>When is it due?</th>
<th>To find out more...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization*</td>
<td>Before school starts</td>
<td>Refer to “Parents’ Guide to Immunizations: Required for School Entry”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB screening <em>(Required for all TK &amp; K. Also needed for 1st gr if transferring from outside Santa Clara County)</em></td>
<td>Before school starts</td>
<td>Refer to “Santa Clara County Public Health Department TB Risk Assessment for School Entry” form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health Report</td>
<td>Within first year of enrollment (By 5/31/20)</td>
<td>Refer to “Oral Health Assessment Form”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Grade Health Report (CHDP form)**</td>
<td>Within three months of 1st grade entry (TK - due 11/30/21; K - due 11/30/20; First gr - due 11/30/19)</td>
<td>Refer to “Report of Health Examination for School Entry”</td>
</tr>
</tbody>
</table>

* Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.

** Your pediatrician can complete the CHDP form during a typical 5-year-old check-up.

As of January 2016, parents are no longer allowed to submit a personal belief exemption to immunization. Please refer to [www.shotsforschool.org](http://www.shotsforschool.org) for more details.
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.
Santa Clara County Public Health Department  
Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a U.S. licensed primary care provider and returned to the child’s school.

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?*  
   - Yes  
   - No

2. Has your child been exposed to anyone with TB disease?  
   - Yes  
   - No

3. Has a family member had a positive TB test or received medications for TB?  
   - Yes  
   - No

4. Was a parent, household member, or visitor who stayed in the child’s home for >1 week, born in a country with an elevated TB rate?*  
   - Yes  
   - No

5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)].  
   - Yes  
   - No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e. travel that does not involve visiting family or friends, or involve significant contact with the local population).

If YES, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantIFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

**Enter test results for all children with a positive risk assessment:**

<table>
<thead>
<tr>
<th>Interferon Gamma Release Assay (IGRA)</th>
<th>Date:</th>
<th>Result:</th>
<th>Negative</th>
<th>Positive</th>
<th>Indeterminate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Skin Test (TST/Mantoux/PPD)</td>
<td>Date placed:</td>
<td>Induration _____ mm</td>
<td>Date read:</td>
<td>Result:</td>
<td>Negative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest X-Ray</th>
<th>Date:</th>
<th>Impression:</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

| LTBI Treatment Start Date: |  | Prior TB/LTBI treatment (Rx & duration): |
|---------------------------| | Treatment medically contraindicated: |
| ☐ Rifampin daily - 4 months |  | ☐ Declined against medical advice |
| ☐ Isoniazid/ rifapentine - weekly X 12 weeks | | |
| ☐ Isoniazid daily - 9 months | | |
| ☐ Other: | | |

Please check one of the boxes below and sign:

- ☐ Child has no TB symptoms, no risk factors for TB, and does not require a TB test.
- ☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.
- ☐ Child has no new risk factors since last negative IGRA/TST and no TB symptoms.

____________________________________  __________________________________________
Name/Title of Health Provider:  Health Care Provider Signature, Title  Date

Facility/Address:

Phone number:

SCC TB Risk Assessment Form_Revised 3-18-2019  1
Testing Methods
An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥10mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

Evaluation of Children with Positive TB Tests
- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children <5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g. cough for >2-3 weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

Treatment Regimens for Latent TB Infection
- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
  - Isoniazid
    2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
    ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
  - Rifapentine
    10.0-14.0 kg: 300 mg
    14.1-25.0 kg: 450 mg
    25.1-32.0 kg: 600 mg
    32.1-50.0 kg: 750 mg
    >50 kg: 900 mg
  - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: [www.sccphd.org/tb](http://www.sccphd.org/tb) or contact the TB Control Program at (408) 885-2440.
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 their 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 starts 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)**

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Race/Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Native American □ Multi-racial □ Other ________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Native Hawaiian/Pacific Islander □ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Child’s Race/Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Native American □ Multi-racial □ Other ________________</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Pacific Islander □ Unknown</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

Licensed Dental Professional Signature          CA License Number          Date

**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.*

Revised/Revisado – July/Julio 2007
# 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

<table>
<thead>
<tr>
<th>CHILD'S NAME—Last</th>
<th>First</th>
<th>Middle</th>
<th>BIRTH DATE—Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS—Number, Street</td>
<td>City</td>
<td>ZIP code</td>
<td>SCHOOL</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Required Test/Evaluation</th>
<th>Date (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History</td>
<td></td>
</tr>
<tr>
<td>Physical Examination</td>
<td></td>
</tr>
<tr>
<td>Dental Assessment</td>
<td></td>
</tr>
<tr>
<td>Nutritional Assessment</td>
<td></td>
</tr>
<tr>
<td>Developmental Assessment</td>
<td></td>
</tr>
<tr>
<td>Vision Screening</td>
<td></td>
</tr>
<tr>
<td>Audiometric screening</td>
<td></td>
</tr>
<tr>
<td>Tuberculin Test (Mantoux/PPD)</td>
<td></td>
</tr>
<tr>
<td>Blood Test (for anemia)</td>
<td></td>
</tr>
<tr>
<td>Urine Test</td>
<td></td>
</tr>
<tr>
<td>Blood Lead Test</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>POLIO (OPV or IPV)</td>
<td></td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular pertussis] OR (tetanus and diphtheria only)</td>
<td></td>
</tr>
<tr>
<td>MMR (measles, mumps, and rubella)</td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (Haemophilus Influenzae B)</td>
<td>(Required for child care/preschool only)</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (Chickenpox)</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

## PART III  ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

### 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)

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.

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and telephone number of health examiner</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of health examiner</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)
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The Law
The Individuals with Disabilities Education Act (IDEA 2004) and the California Education Code guarantee all identified students with disabilities a free and appropriate public education (FAPE) in the least restrictive environment (LRE).
http://www.cde.ca.gov/sp/se/lr/ideareathztn.asp

Parents' Rights
A complete copy of "Parent's Rights and Procedural Safeguards for Special Education" can be obtained from the District Director of Special Education/Pupil Services, the Santa Clara County SELPA Director, or from the State Department of Education at:
http://www.cde.ca.gov/sp/se/fp/. They are also available on the SELPA website: http://selpa.sccoe.org

Child Find
All children with disabilities residing in the SELPA including children with disabilities who are homeless or are foster youth and children with disabilities attending private, including religious, elementary and secondary schools, regardless of the severity of their disabilities, and who are in need of special education and related services, shall be identified, located, and assessed. (EC 56301)

Referrals for assessments may come from parents, teachers, agencies, and appropriate professional persons. A referral for special education is made only after the resources of general education have been considered and, when appropriate, utilized. (EC 56303)

Assessment
Students are assessed in all areas of suspected disability. Written parental consent must be obtained prior to an assessment.

Disabilities
- Autism
- Emotional disturbance
- Visual impairments, including blindness*
- Mental retardation
- Orthopedic impairment*
- Other health impairment
- Specific learning disability
- Speech and language impairment
- Traumatic brain injury
- Multiple Disabilities
- Deaf*
- Deaf/Blindness*
- Hard of Hearing*

* - indicates Low Incidence disability

Continuum of Special Education and Related Services for Identified Students
- General education with supplementary aids and services
- General education with related services
- General education with non-intensive specialized academic instruction
- General education with intensive specialized academic instruction
- Special classes and centers
- Nonpublic, nonsectarian schools
- State special schools
- Home instruction

Related services include but are not limited to:
- Speech and language
- Audiological services
- Orientation and mobility
- Adapted physical education
- Physical and occupational therapy
- Vision services
- Health and nursing services
- Vocational and career development
- Counseling and psychological services
- Parent counseling and training
- Recreation services
- Services for pupils with chronic illness
- Services for deaf and hard of hearing
- Home and hospital instruction
Early Start  
Early Start Programs are to be provided by the Santa Clara County Office of Education in collaboration with San Andreas Regional Center and other public and nonpublic agencies.

What is an Individualized Family Service Plan (IFSP)?  
An IFSP will be developed for children from ages 0-3. The IFSP will identify services for the family as well as the child.

What is an Individualized Education Program (IEP)?  
Following an assessment, an IEP Team meeting takes place. Participants include parents, teachers, administrators and other individuals and, if appropriate, the child. If the IEP Team determines that the student is eligible for and needs special education, an IEP is developed to address the student’s needs. The IEP Team will identify: present levels of academic achievement and functional performance, areas of need, goals to address, and special education and related services that provide maximum interaction with typically developing peers.

Beginning at age 16 and annually thereafter, a statement of needed transition services shall be included in the student's IEP. The IEP will include transition language and measurable post-secondary goals to facilitate a smooth transition from school to adult life.

Written parental consent is required prior to IEP implementation.

The IEP Team meets annually to review the IEP. The parent or any member of the IEP Team may request an IEP Team meeting at any time.

Community Advisory Committee for Special Education (CAC)  
Each SELPA has a Community Advisory Committee. The CAC is composed of parents of students with disabilities, special education personnel and other agency personnel. The CAC provides school districts and the SELPAs with community input regarding the development and implementation of the Local Plans.

The Santa Clara County Special Education Local Plan Area (SELPAs)  
There are six Special Education Local Plans Areas (SELPAs) in Santa Clara County. Five of the SELPAs are within Northwest (NW) Santa Clara County and their Administrative Unit (AU) is the Santa Clara County Office of Education (SCCOE). These are SELPAs I, II, III, IV, & VII. The districts in each of these SELPAs are listed below.

The sixth SELPA covers school districts within Southeast (SE) Santa Clara County, and they are under the South East Consortium for Special Education.

The SCCOE is a member of all of the SELPAs.

Each of the SELPAs has a Local Plan. Every year an annual budget plan and service delivery plan are presented at a public hearing.

For additional information, contact the appropriate school district or SELPA Director.

<table>
<thead>
<tr>
<th>NW Santa Clara SELPA Administrative Unit (SELPAs I, II, III, IV, &amp; VII)</th>
<th>SELPA II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Altos SD</td>
<td>(408) 453-6566</td>
</tr>
<tr>
<td>Mountain View Whisman SD</td>
<td>(408) 343-2817</td>
</tr>
<tr>
<td>Palo Alto Unified SD</td>
<td>(650) 917-0576</td>
</tr>
<tr>
<td>Mountain View-Los Altos UHSD</td>
<td>Fremont Union HSD</td>
</tr>
<tr>
<td>(650) 969-1167</td>
<td>Sunnyvale SD</td>
</tr>
<tr>
<td>(650) 691-2492</td>
<td>SELPA III</td>
</tr>
<tr>
<td>(650) 833-4265</td>
<td></td>
</tr>
<tr>
<td>Cambrian SD</td>
<td>(408) 377-5944</td>
</tr>
<tr>
<td>Campbell Union SD</td>
<td>Los Gatos-Saratoga JUHSD</td>
</tr>
<tr>
<td>Campbell Union High SD</td>
<td>Luther Burbank SD</td>
</tr>
<tr>
<td>Lakeside Joint SD</td>
<td>(408) 341-7250</td>
</tr>
<tr>
<td>(408) 558-3006</td>
<td>Moreland SD</td>
</tr>
<tr>
<td>(408) 364-8819</td>
<td>Saratoga Union SD</td>
</tr>
<tr>
<td>Loma Prieta Joint Union SD</td>
<td>Union SD</td>
</tr>
<tr>
<td>Los Gatos Union SD</td>
<td>(408) 354-8051</td>
</tr>
<tr>
<td>(408) 395-6481</td>
<td>SELPA VII</td>
</tr>
<tr>
<td>SELPA IV</td>
<td></td>
</tr>
<tr>
<td>San Jose Unified</td>
<td>(408) 279-3685</td>
</tr>
<tr>
<td>(408) 279-3685</td>
<td>Santa Clara Unified</td>
</tr>
</tbody>
</table>

South East Consortium for Special Education (SE Santa Clara SELPA) | (408) 532-9311 |
Health Coverage Options

Medi-Cal:
- Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- Medi-Cal enrollment is available year round.

Covered California:
- Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- Based on income and family size, many Californians may qualify for financial assistance.
- Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

Immigrant Families visit: www.allinforhealth.org/immigrantfamilies
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>If 2018 household income is less than…</th>
<th>If 2018 household income is between…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,644</td>
<td>$16,644 - $48,240</td>
</tr>
<tr>
<td>2</td>
<td>$22,412</td>
<td>$22,412 - $64,960</td>
</tr>
<tr>
<td>3</td>
<td>$28,181</td>
<td>$28,181 - $81,680</td>
</tr>
<tr>
<td>4</td>
<td>$33,949</td>
<td>$33,949 - $98,400</td>
</tr>
<tr>
<td>5</td>
<td>$39,717</td>
<td>$39,717 - $115,120</td>
</tr>
<tr>
<td>6</td>
<td>$45,486</td>
<td>$45,486 - $131,840</td>
</tr>
</tbody>
</table>

- Adults may be eligible for Medi-Cal
- Children may be eligible for Medi-Cal
- May be eligible for financial help to purchase insurance through Covered California

Three ways to enroll in Medi-Cal and Covered California:
- www.coveredca.com
- 1(800) 300-1506
- Find in-person help: www.coveredca.com/get-help/local/

Find in-person help: www.coveredca.com/get-help/local/

Get Care.
- Find a primary care doctor in your network.
- Schedule an annual checkup for you and your family.
- Make sure to take your child to the dentist.
- Pay your monthly premium if your plan requires it.

Renew.
- Medi-Cal must be renewed every year. If you receive a renewal notice, complete and return. You can also renew online or by phone. For help, contact your local Medi-Cal office.
- Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org
March 2018
Sus Opciones de Cobertura de Salud

Medi-Cal:
- Los niños—sin importar su estatus migratorio—niños de crianza, mujeres embarazadas y personas que estén legalmente en el país—incluyendo aquellos que tengan DACA—pueden ser elegibles para Medi-Cal de bajo costo o sin costo alguno.
- Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:
- Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificar para obtener ayuda financiera.
- Inscribase durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

Para inscribirse con Medi-Cal y Covered California:
- Medi-Cal: www.coveredca.com/espanol/ (1(800) 300-0213)
- Inscripción Abierta: www.coveredca.com/espanol/get-help/local/

Para familias inmigrantes visten: www.allinforhealth.org/familiasinmigrantes
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

<table>
<thead>
<tr>
<th>Tamaño de la familia</th>
<th>Si el ingreso familiar en 2018 es menos de…</th>
<th>Si el ingreso familiar en 2018 es entre…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,644</td>
<td>$16,644 - $48,240</td>
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</tr>
<tr>
<td>6</td>
<td>$45,486</td>
<td>$45,486 - $131,840</td>
</tr>
</tbody>
</table>

- Adultos podrían calificar para Medi-Cal
- Niños podrían calificar para Medi-Cal
- Podría calificar para asistencia financiera en la compra de un seguro a través de Covered California

Cobertura de salud durante todo el año

Renueve Su Cobertura.

Medi-Cal tiene que ser renovada cada año. Si recibe un aviso de renovación, se debe completar y devolver. También puede renovar en línea o por teléfono. Para obtener ayuda, póngase en contacto con su oficina local de Medi-Cal.

Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviará a finales de año o contacte a Covered California al 1 (800) 300-0213.
The Saratoga Union School District takes part in the National School Lunch Program by offering healthy lunch meals every school day. Along with freshly made salads, sandwiches and entrees we also include 1% white or non-fat chocolate milk and an all-you-can-eat salad bar with loads of fresh produce. The Saratoga Union School District is pleased to offer many entrée choices made with whole wheat/whole grains, lean meat, low-fat cheese, and reduced sodium content.

Saratoga Union District Elementary schools are also part of the National School Breakfast Program by offering healthy breakfast meals along with fresh fruit each school day.

Visit [https://saratogausd.sodexomyway.com/](https://saratogausd.sodexomyway.com/) for Menus, Meal charge Procedure, Pay online and much more.

Elementary School Breakfast meal price: $2.25* Elementary and Middle School Lunch meal price: $3.50*

Lunch and breakfast may be purchased by cash that day, or you may prepay at your school either by check or online payment via [https://www.ezschoolpay.com](https://www.ezschoolpay.com) (create a new account, your student’s Student ID number will be emailed to you near the start of school). A convenience fee will be applied to all deposits. You May also use EZSchoolPay.com to simply check meal account balance, set payment reminders and view students transactions free of charge.

For elementary schools, lunch balances are loaded onto a student card that is kept in the cafeteria. Students pick up their card and swipe the card at the register, similar to a debit card. In middle school, students key in their student ID number.

Your child(ren) may qualify for free or reduced-price meals. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals. To determine eligibility, please contact the school office or district office for the application packet. Packets will be available at the start of the school year.

Questions? Contact Pamela Tilton, ptilton@saratogausd.org at Sodexho Food Services.

* 2018-2019 meal prices
EDUCATION AND RECREATION PROGRAMS
As an extension of the instructional day, Los Gatos-Saratoga Department of Community Education & Recreation (LGS Recreation) offers various fee-based education and recreation programs year-round to all Saratoga Union School District (SUSD) students. We want to share a few of our school-aged programs and encourage you to visit www.lgsrecreation.org for more detailed information on these and other unique program offerings for infants, toddlers, teens, adults and 55 Plus.

LGS Recreation offers a wide variety of After School Enrichment classes on all SUSD campuses. Classes vary throughout the year but may include art, dance, field sports, science, technology courses and other topics of student interest. In addition, we offer El Programa Español-a year-long language immersion program. All class offerings and session dates can be found online under the “My School Programs” tab.

SUMMER ENRICHMENT SCHOOL
In partnership with the Los Gatos & Saratoga Union School Districts, LGS Recreation offers Summer Enrichment School, a four-week program for students entering K - 8th grade. The program provides students with meaningful summer learning opportunities and helps reduce summer learning loss. Classes are taught by credentialed teachers, are non-graded and incorporate project based learning to create a high-quality summer learning experience. Online registration starts in early March.

DAY CAMPS
During non-instructional days, winter, spring and summer breaks, LGS Recreation offers various day camps. In our day camps children experience arts and crafts, science, healthy cooking projects, sports, and group games while on-site and may also travel off-site for a field trip once a week. Camp locations vary and full and half day offerings are available.

Again, for more detailed information on these programs or others, please visit www.lgsrecreation.org or contact our main office at 408.354.8700 during regular business hours: Monday- Friday 8:00 a.m. - 5:00 p.m.

We look forward to seeing you and your child in one of our LGS Recreation programs soon!