

# Howard Gardner Community Charter School



647 E St. Chula Vista, CA 91910  
(619)934-0300 [www.hgcschool.org](http://www.hgcschool.org)

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## Notice to Parents and Guardians about Vaccine Exemptions

03/05/2018

Dear Parent or Guardian:

Re: New immunization requirements

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at:  
<http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at [www.shotsforschool.org](http://www.shotsforschool.org), or contact your [local health department](#) or [county office of education](#).

Thank you for helping us to keep our children and community healthy.

Sincerely,

**Laura Guido-Rico**  
**Registrar**  
**Howard Gardner Community Charter School**  
**647 E Street \* Chula Vista, CA \* 91910**  
**619-934-0300**  
[lguido-rico@hgcschool.org](mailto:lguido-rico@hgcschool.org)

# Medical Requirements for Registration

- Up to date Immunization Record
- Health Checkup form from Doctor (TK-1<sup>st</sup> Grade ONLY)
- Oral Health Assessment from Doctor (TK-1<sup>st</sup> Grade ONLY)

## *Immunization Quick Reference Guide*

*More detailed information is provided in the section below*

### STUDENTS ENTERING GRADES TK THROUGH 5

- **DPT series** (Diphtheria, Tetanus, Pertussis): A minimum of four (4) doses is required, provided one dose is given on or after the 4<sup>th</sup> birthday.
- **Polio series**: A minimum of three (3) doses is required provided one dose is given on or after the 4<sup>th</sup> birthday.
- **MMR series** (Measles, Mumps, Rubella): Two (2) doses of Measles, One (1) dose of Mumps and Rubella.
- **Hepatitis B series**: Three (3) doses appropriately spaced.
- **Varicella** (Chicken Pox): One (1) dose
- **TB TESTING**: Required for foreign-born students from select countries. See TB regulations explained below.

### STUDENTS ENTERING GRADE 7 AND UP

All of the above PLUS: Tdap Booster

## Enrollment Registration Requirements

**Proof of Age:** A birth certificate or passport must be presented at the time of registration.

- **A child registering for the Kindergarten program must be at least five years old by September 1, 2018**
- **A child registering for the Transitional Kindergarten program must be turn five years old between September 2, 2018 and December 2, 2018**

**Up to date Immunization records are also required when registering your child for school.**

**Proof of Residence:** All persons coming to register children must bring proofs of residency, one from (A). Verification of a child's residency requires the presentation of:

- A. **One** of the following documents:
1. **Homeowner** — Mortgage Statement
  2. **Tenant** — Lease; if residing as a tenant without a lease, a signed, Statement of Tenancy on letterhead completed by the landlord.
  3. **Child and Parent Living with other Resident** — Signed, Statement of Residency (Affidavit) completed by the resident and parent or guardian.
  4. Current utility bill;
  5. Current cable television bill;
  6. Official mail (government correspondence: Internal Revenue, Division of Taxation, Social Security Administration);

### **Transfer Students**

Students transferring from schools outside Chula Vista Elementary School District must provide a copy of their most recent report card and CELDT results (if applicable).

## **New Family Information Night**

**April 11<sup>th</sup>. 2018**

New Family Information Night  
647 E Street, Chula Vista, CA 91910 @ 5:00PM

**Please Note:** School tours (Optional) are on Mondays at 10:00am and Wednesdays at 2:00pm. The tours are on the following dates:

- **March 5<sup>th</sup>, March 7<sup>th</sup>, March 12<sup>th</sup>, and March 14<sup>th</sup>**
- **April 2<sup>nd</sup>, April 4<sup>th</sup>, April 9<sup>th</sup>, April 11<sup>th</sup>.**
- **April 16<sup>th</sup>, April 18<sup>th</sup>, April 23<sup>rd</sup> and April 25<sup>th</sup>.**



Howard Gardner Community Charter School  
**School Registration Packet**  
**2018 – 2019**

You may fill out registration packet by printing a copy of the packet, and filling it out by hand. You only need one copy of supporting material and other forms.

Please deliver the copy of the completed application form, signed where necessary, **BY HAND**, to 647 E Street, Chula Vista CA. 91910. They may NOT be mailed or emailed, but must be brought in with all necessary supporting documents (only one copy of each is necessary) specified in the packet.

This packet includes:

- Registration Requirements .....
- HGCS Registration Form .....
- Emergency and Health Information Form .....
- Verification of Residency/Affidavit .....
- Home Language Survey .....
- Prior School Programs and Special Services.....
- Health Checkup Form **(TK-1<sup>st</sup> Grade ONLY)** .....
- Oral Health Assessment Form **(TK-1<sup>st</sup> Grade ONLY)** .....

***Other Useful Material***

- Health Coverage Information.....

# Document Checklist

for Registering Grades TK–8 Students

Below, you ***MUST*** bring the documents in items 1-5 to Registration. Your child will ***NOT be registered without them.***

- 1  Registration Form
  - 2  Child's **birth certificate** or its equivalent (i.e. passport).
  - 3  Verification of Residency form with any **one (1)** of the proofs of residence described.
  - 4  Proof of immunization
  - 5  Documentation of student's most recent health checkup and oral health assessment. **FOR TK-1<sup>st</sup> Grade ONLY**
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**Please also bring these signed documents**

- 6  Emergency and Health Information Form
  - 7  Home language survey
  - 8  Record of prior school Programs and Special Services
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**ONLY for students transferring from schools outside Chula Vista Elementary School District**

- 9  Copy of **most recent report card** and **most recent CELDT Results (If applicable)**
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# Howard Gardner Community Charter School Registration

School Year: 2018-19

Grade Enrolling for: \_\_\_\_\_

**IMPORTANT:** This registration application cannot be processed until the parent/guardian has met with the registrar or other front office staff member to verify ORIGINAL residency documents, birth certificate/passport and immunization records. You must bring a copy of this completed application when you come to register your child/children

**Student Information:** Is student Hispanic or Latino? **Yes** **No** **Please Circle a Race Below**

Amer. Indian/Alaskan. Native		Asian	Hawaiian	Guamanian	Pacific Islander	Filipino	Black/African-American	White	Other : _____
Last Name			First Name			MI		Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address					Zip Code		Home Phone		
Email			Date of Birth (mm/dd/yy)		City of Birth		State of Birth	Country of Birth	
Last School Student Attended			School Address			Grade Completed			

Student lives with:  Both Parents  Mother only  Father only  Grandparent(s)  Legal Guardians/Caregiver  Other

**Father** **Parent** **Guardian** (select one)

Name		Email	
Mailing Address (if different from Student Address)		Home Phone	
		Work Phone	
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Education Level?		Cell Phone

**Mother** **Parent** **Guardian** (select one)

Name		Email	
Mailing Address (if different from Student Address)		Home Phone	
		Work Phone	
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Education Level?		Cell Phone

**Person to be Notified in Event of an Emergency Other Than Parent/Guardian**

Name:		Phone:			
Children in Family (List oldest first, and include applicant)		Sex	Birth Date	School	Grade
Name					

Grade entered: \_\_\_\_\_ Circle Special Programs:  IEP  504  SARB  ELL Native Language: \_\_\_\_\_  
 Date/Grade first enrolled in the U.S.: \_\_\_\_\_ Date/Grade first enrolled in this state: \_\_\_\_\_

I certify that all the information on this application is true and understand that school officials may verify the information.

Signature of Parent/Guardia: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR CENTRAL OFFICE USE ONLY</b>		ELL	IEP	504	If yes to IEP/504, do we have a copy on file?	Yes	No
		Residency Verification		IEP reviewed and approved by RSP and/or Director?		Yes	No
		DOB Verification		Birth Certificate	Other	Immunizations on file? Yes No   Emergency Health Info.? Yes No	

Administrative Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

# EMERGENCY AND HEALTH INFORMATION

Legal Last Name of Student	First	Date of Birth	Grade	Teacher
Home Address		Zip Code	Home Telephone	
Mother's Name	Mother's Address	Employed By	Work Telephone	
Father's Name	Father's Address	Employed By	Work Telephone	

**EMERGENCY INFORMATION:** Provide name, address and telephone number of three adults other than parents who could take the child if he/she becomes ill at school and the parents are not available, preferably someone in the school area with a telephone and car. Your child will not be released to anyone except a parent / guardian or those adults listed below.

1.	Name (relationship)	Address	Telephone
2.	Name (relationship)	Address	Telephone
3.	Name of Person (Childcare Provider) who cares for child after school	Address	Telephone

### DISASTER PREPAREDNESS PLAN INFORMATION

In the case of a disaster (earthquake, fire, flood, bomb threat etc.) your child will not be released to anyone except those listed above.

Child's Doctor: \_\_\_\_\_  
Name Address Telephone

Medical Insurance Carrier: \_\_\_\_\_  
(HMO – MediCal – Private – None)

### HEALTH INFORMATION

Does your child wear glasses or contacts?  Yes  No If yes,  For close work only  Distance only  Both

Does your child have a hearing loss?  Yes  No If yes,  For left ear only  Right ear only  Both

Does your child use hearing aids?  Yes  No

Does your child have a **Life Threatening Allergic Reaction**?  Yes  No

If yes, to what? Insect (type) \_\_\_\_\_ Food (type) \_\_\_\_\_ Other (type) \_\_\_\_\_

Does this life threatening allergy require an EpiPen (emergency injectable medication) that you will provide?  Yes  No

Has your child had **Asthma** within the past year?

Current medications: \_\_\_\_\_

Does your child need an inhaler at school?  Yes  No

Does your child **currently** have any of the following? (please check appropriate response)

<input type="checkbox"/> Yes <input type="checkbox"/> No Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No Frequent ear infections
<input type="checkbox"/> Yes <input type="checkbox"/> No Seizure disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes
<input type="checkbox"/> Yes <input type="checkbox"/> No Activity limitations? If yes, please describe: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any operations? If yes, please describe: _____	

List any medications your child is taking on a regular basis: \_\_\_\_\_

Do any medications need to be administered at school?  Yes  No Name of medication: \_\_\_\_\_

Describe other health information that may affect your child at school: \_\_\_\_\_

### PRIVACY AND COMMUNICATION INFORMATION

Preferred language for papers sent home?	<input type="checkbox"/> Spanish	<input type="checkbox"/> English
May the District use your e-mail address to provide you with emergency news and updates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May the District give your telephone number to the PTA or Parent Club?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current 504 Plan or an IEP (Individualized Education Plan)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May your child's name or photo be released to the news media or for District publication purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I HAVE REVIEWED AND UPDATED THE ABOVE EMERGENCY AND HEALTH INFORMATION.**

Parent / Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CALL THE SCHOOL NURSE IF YOUR CHILD HAS A CURRENT HEALTH PROBLEM**

(844004) Rev 01/24/13

reset form



## HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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### Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the space provided below. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Howard Gardner Community School

RECORD OF PRIOR SCHOOL PROGRAMS AND SPECIAL SERVICES

Student's Name:	ID#:	Grade:
School:	Teacher:	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)		

Does your child have a current IEP?    YES    NO    If yes, please provide the school a copy of this IEP.

Special Education Program

*Please check all boxes that apply or box 7 to indicate that none apply.*

- 1)      Speech/Language Therapy
- 2)      RSP (Resource Specialist Program)
- 3)      Special Education Special Day Class

Other Instructional Programs

- 4)      Reading Support Program
- 5) Gifted and Talented Education (GATE)
- 6) Other Instructional Program Support:

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7) None of the above

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Parent / Guardian Signature

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Date

**Howard Gardner Community Charter  
VERIFICATION OF RESIDENCY**

In accordance with Title 5, California Code of Regulations section 432(F)(2), California school districts must verify student residency annually.

In order to verify residency within the Chula Vista Elementary School District, one current document from the following list must be provided. Said document must show parent/guardian/caregiver name and address, and must be dated within 60 days prior to your child's first day of school. Past due bills are not acceptable for verification. Post Office box numbers are not acceptable as residence addresses.

Address: \_\_\_\_\_

\_\_\_\_ Mortgage book or statement      \_\_\_\_ Property Tax payment receipt

\_\_\_\_ Homeowner's association billing statement

\_\_\_\_ Rental property contract, lease, or current payment receipt

\_\_\_\_ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there

\_\_\_\_ Gas & Electric      Water Bill      Sewer Bill      Trash Bill      Cable Bill

\_\_\_\_ Telephone Bill (land line)      Pay stub      Voter registration

\_\_\_\_ Correspondence from a government agency

I, \_\_\_\_\_ the parent/guardian/caregiver/other\*  
(Print name)

of \_\_\_\_\_ declare under penalty of perjury that the above-  
(Print student's name)

named student and his/her family reside at the address shown on the document indicated above and attached. I understand that **if residency changes, I must notify the school within two weeks, provide new proof of residency and sign an updated form.** If I move outside the school district, an Interdistrict Attendance Permit must be filed in order to request continued attendance for this student.

**Warning: Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.**

Parent/Guardian/Caregiver/Other\*

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

\*"other" indicates persons living with another family, which requires a second verification form

**FOR SCHOOL USE ONLY:**

The attached document shows the name and address of the person enrolling the above-named student. If not the parent, court papers are required for guardianship, foster placement documentation for foster parent, caregiver affidavit for caregiver.

School Official: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name and provide signature)

School Year \_\_\_\_\_ Child's last name \_\_\_\_\_

Child's first name \_\_\_\_\_

Teacher \_\_\_\_\_

Room # \_\_\_\_\_

Grade \_\_\_\_\_