



**District Administrative Office**  
2045 South San Jacinto Avenue  
San Jacinto, California 92583  
(951) 929-7700  
[www.sanjacinto.k12.ca.us](http://www.sanjacinto.k12.ca.us)

**Head Start  
State Preschool**  
951-654-1531

**Megan Cope Elementary**  
951-654-6069

**De Anza Elementary**  
951-654-4777

**Jose Antonio Estudillo Elementary**  
951-654-1003

**Edward Hyatt Elementary**  
951-654-9391

**Park Hill Elementary**  
951-654-6651

**Clayton A. Record Jr. Elementary**  
951-487-6644

**San Jacinto Elementary**  
951-654-7349

**Monte Vista Middle School**  
951-654-9361

**North Mountain Middle School**  
951-487-7797

**San Jacinto Leadership Academy**  
951-929-1954

**Mountain View High School  
Mountain Heights Academy**  
951-487-7710

**San Jacinto High School**  
951-654-7374

## 2018 - 2019 ENROLLMENT PACKET

### **DEAR PARENT/GUARDIAN,**

We are happy to welcome you and your child to San Jacinto Unified School District!  
Please read below for important information to assist you.

### **ENROLLMENT PACKET**

WEBSITE: [www.sanjacinto.k12.ca.us](http://www.sanjacinto.k12.ca.us)

- You can complete the enrollment packet at home by going to the District website
- Click on the PARENTS tab at the top, then ENROLLMENT CENTER, then NEW STUDENT ENROLLMENT
- It is important that each form is filled out accurately and completely
- Printed packets are available upon request at the Enrollment Center and District Office

### **SCHOOL OF RESIDENCE**

WEBSITE: [www.sanjacinto.k12.ca.us](http://www.sanjacinto.k12.ca.us)

- Click on the PARENTS tab and then SCHOOL LOCATOR
- Enter your address and click submit

IMPORTANT: Please note this is not guaranteed admittance to the listed school. Enrollment Center staff will notify you of space availability upon completion of the enrollment process.

### **KINDERGARTEN**

Student must be FIVE (5) YEARS OLD ON OR BEFORE SEPTEMBER 1, 2018

### **TRANSITIONAL KINDERGARTEN PROGRAM (TK)**

Students must be FIVE (5) YEARS OLD ON OR BETWEEN SEPTEMBER 2 and DECEMBER 2, 2018 to qualify. This is a two-year kindergarten program with an age and developmentally appropriate curriculum.

### **REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

Students enrolling in Kindergarten and First Grade must show proof of physical examination that includes blood, urine, and audiometric testing.

- ✓ TK/K: Dated no earlier than February 10, 2018/ 6 months prior to first day of attendance
- ✓ 1<sup>st</sup>: Dated no earlier than February 10, 2017 / 18 months prior to first day of attendance

### **ORAL HEALTH ASSESSMENT**

- ✓ TK/K/1: Required for students enrolling for the first time in public school in grades kindergarten or first grade
- ✓ Form must be completed by a licensed dental professional within 12 months prior to first day of attendance.

### **SPECIAL EDUCATION**

- Copies of the current IEP and Psychological Report are required for proper placement and services
- Placement is determined by the Special Education Department

### **TRANSPORTATION**

- Transportation is available for students that live outside of the specified walking distance of their school of residence. ELEMENTARY: 2 Miles / SECONDARY: 5 Miles
- To see if you qualify enter your address at the following website: <http://transpo.hemetusd.k12.ca.us/eduweb/webquery/>


### **LUNCH APPLICATION**

- ONE form per family MUST BE SUBMITTED AT THE TIME OF REGISTRATION ONLINE
- Processing of lunch applications may take up to 10 days
- Please send a lunch or money with your student until notification is received
- For more information regarding our lunch program or question regarding the application process please contact our Nutrition Services Department at (951) 929-7700, extension 3792

**SELECT ONE:**  NEW to SJUSD  
 PREVIOUS SJUSD STUDENT

PERM ID: \_\_\_\_\_

STUDENT #: \_\_\_\_\_

<input type="checkbox"/> 2017 - 2018						
<input type="checkbox"/> 2018 - 2019						
SCHOOL YEAR	SCHOOL	GRADE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB
			<h1>ENROLLMENT CHECKLIST</h1>			ENROLLMENT CENTER 1000 North Ramona Boulevard San Jacinto, CA 92582 (951) 929 - 7303

**WHO CAN ENROLL A STUDENT?**  
 Parent    Caregiver    Licensed Foster Agency Representative    Legal Guardian

**IMPORTANT!**

Please help us assist you with the enrollment process as quickly as possible. Use the list below to be ready.  
 1) ALL required documents (★) listed below must be presented  
 2) ALL packet forms must be filled out completely  
 3) ORGANIZE all documents and packet forms in order of this list

**DOCUMENTATION REQUIRED**

**FALSIFICATION OF INFORMATION ON THIS DOCUMENT WILL RESULT IN STUDENT BEING DROPPED FROM SJUSD**

**1. ★Verification of Identification**  
 State Driver's License / ID    Passport    Military ID    Consulate Issued Photo ID

**2. ★Verification of Birth** (See, "Student Legal Name and Information" page in back of Enrollment Packet)

**3. ★Verification of Residency** ✓ Required annually per Title 5 California Code of Regulations Section 432

PROVIDE 1 ORIGINAL DOCUMENT						IF PROOF OF RESIDENCY IS NOT IN YOUR NAME
✓ Must Match ID   ✓ Must Be Current – Within 30 Days						
Electricity Bill	Water Bill	Trash Bill	Payroll Check/Stub	Bank Statement	DMV Registration	1) Statement of Residency Form 2) Verification of Identity 3) Verification of Residence Document
Gas Bill	Cable Bill	Phone Bill	State/Federal Agency Form	Final Escrow Documents	Rent/Lease Agreement	

**4. Legal Documents (As Appropriate)**  
 Step Parent: Marriage Certificate    Foster Parent Documentation    Guardianship Documentation  
 Custody Agreements (Legal/Physical)    Caregiver's Authorization  
 Restraining Orders    Authorization for Adult to Act As Custodial Parent

**5. ★Verification of Immunization** ✓ DATES MUST BE LEGIBLE OR PLEASE OBTAIN A CLEAR PRINT-OUT

**6. ONLY GRADES TK-K-1**   **★Health Examination Form**  
 ✓ K: Dated no earlier than 6 months prior to first day of attendance (Child must be 4 Years-3 Months)  
 ✓ 1<sup>st</sup>: Dated within 18 months prior to first day of attendance

**7. ONLY GRADES TK-K-1 ENTERING SCHOOL FOR 1st TIME**   **★Oral Health Assessment Form**  
 ✓ Dated within 12 months prior to first day of attendance in school

**8. ONLY GRADES 6-12**    ★Transcripts    ★Withdrawal Grades

**9. IF APPLICABLE**   **Supplemental Information**  
 504    IEP - Individualized Education Plan (For Special Services including Speech)  
 NOTE: SPED must determine placement before enrollment can be completed

**10. 2017-2018 SCHOOL YEAR ONLY (2018 - 2019 AVAILABLE JULY 2018)**   **★Lunch Application**  
 ✓ ONLY 1 FORM NEEDED PER FAMILY  
 ✓ COMPLETE ONLINE APPLICATION FOR QUICKEST PROCESSING

**PACKET FORMS**

- |   |   |
|---|---|
| <input type="checkbox"/> Enrollment Information ✓ TK - WILL NEED ACKNOWLEDGEMENT FORM | <input type="checkbox"/> Student Health History ✓ ADDITIONAL FORMS WILL BE GIVEN IF APPLICABLE<br><input type="checkbox"/> Medicine Authorization <input type="checkbox"/> Release of Information <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Supplemental Enrollment Information                          | <input type="checkbox"/> Authorizations Signature Page  |
| <input type="checkbox"/> Suspension / Expulsion                                       | <input type="checkbox"/> Technology And Materials Acceptable Use Agreement  |
| <input type="checkbox"/> Residency Questionnaire                                      | <input type="checkbox"/> ONLY Grades 11-12: Military Recruitment Release  |
| <input type="checkbox"/> Home Language Survey   |   |



# ENROLLMENT INFORMATION

SCHOOL

GRADE

PERM ID

STUDENT'S  
LEGAL NAME

LAST

FIRST

MIDDLE

SUFFIX

DATE OF BIRTH

ALIAS (AKA)

 Male Female**STUDENT ADDRESS**

RESIDENCE ADDRESS

CITY

ZIP CODE

SAME

MAILING ADDRESS IF DIFFERENT

CITY

ZIP CODE

**STUDENT PREVIOUS SCHOOL INFO**

Previous School: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_

Was your student previously enrolled in any school in San Jacinto USD?  YES  NO

If YES, what school? \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT LIVES WITH: (PLEASE CHECK ALL THAT APPLY)**
 Father  Stepfather (REQUIRED: MARRIAGE CERTIFICATE)  Legal Guardian  Other:  
 Mother  Stepmother (REQUIRED: MARRIAGE CERTIFICATE)  Caregiver (AFFIDAVIT)
 Foster/Group Home

Social Worker: \_\_\_\_\_

SW Phone: \_\_\_\_\_

**PARENT/GUARDIAN #1****DOB:** \_\_\_\_\_

FIRST AND LAST NAME

E-MAIL ADDRESS

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

PHONE NUMBERS

EMPLOYER / OCCUPATION

- 
- 10 GRADUATE SCHOOL/POST-GRADUATE TRAINING
- 
- 
- 11 COLLEGE GRADUATE
- 
- 
- 12 SOME COLLEGE (INCLUDES AA DEGREE)
- 
- 
- 13 HIGH SCHOOL GRADUATE
- 
- 
- 14 NOT A HIGH SCHOOL GRADUATE
- 
- 
- 15 DECLINED TO STATE OR UNKNOWN

HIGHEST LEVEL OF EDUCATION

**PARENT/GUARDIAN #2****DOB:** \_\_\_\_\_

FIRST AND LAST NAME

E-MAIL ADDRESS

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

PHONE NUMBERS

EMPLOYER / OCCUPATION

- 
- 10 GRADUATE SCHOOL/POST-GRADUATE TRAINING
- 
- 
- 11 COLLEGE GRADUATE
- 
- 
- 12 SOME COLLEGE (INCLUDES AA DEGREE)
- 
- 
- 13 HIGH SCHOOL GRADUATE
- 
- 
- 14 NOT A HIGH SCHOOL GRADUATE
- 
- 
- 15 DECLINED TO STATE OR UNKNOWN

HIGHEST LEVEL OF EDUCATION

The Primary Phone Number is: \_\_\_\_\_

 CELL  LANDLINE

In which language would you like the school to communicate with you?

 ENGLISH  SPANISH  Other:

Is the person named above the student's legal guardian?

 YES  NO

If yes, and there is a legal custody agreement for this student, please check the type.

 JOINT  SOLE  LEGAL GUARDIAN

IMPORTANT: Are Legal Document(s) on file in the school office?

 YES  NO

**STUDENT NAME:**

**DUPLICATE MAILING OF SCHOOL COMMUNICATION FOR PARENTS LIVING SEPARATELY**

NO

YES

Please send to:

NAME

ADDRESS

**STUDENT'S BIRTHPLACE**

CITY

STATE

COUNTRY

Was your child born outside of the United States?  YES  NO

**THE FOLLOWING INFORMATION IS REQUIRED FOR SJUSD TO COMPLY WITH FEDERAL MANDATORY REQUIREMENTS**

**WHAT IS YOUR STUDENT'S ETHNICITY?**

**SELECT ONE**

Hispanic/Latino

A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race

Not Hispanic/Latino

**WHAT IS YOUR STUDENTS RACE?**

**SELECT UP TO FIVE RACIAL CATEGORIES**

**100** American Indian/Alaskan Native. A Person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment

**299** Asian/Asian American (Far East, Pakistan, Southeast Asia)

**399** Pacific Islander

*If Asian or Pacific Islander is marked, then check the country of origin*

201 Chinese

202 Japanese

203 Korean

204 Vietnamese

205 Asian Indian

206 Laotian

207 Cambodian

208 Hmong

301 Hawaiian

302 Guamanian

303 Samoan

304 Tahitian

400 Filipino/Filipino American

600 Black/African American

700 White (European, Middle Eastern or North Africa)

**EMERGENCY CONTACTS**

My signature below authorizes SJUSD and holds them harmless in seeking emergency medical services when parent/guardian cannot be reached. Listed below are persons authorized to be contacted if parent/guardian is unable to be reached when child is ill, had an accident, in time of natural disaster, or for school business. Your signature authorizes your child to be released only to persons who are 18 or older and named on this card who present proper identification.

1				
	FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER
2				
	FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER
3				
	FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER
4				
	FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER
5				
	FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER

**MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.**



PARENT/GUARDIAN SIGNATURE

DATE

	<b>SUPPLEMENTAL ENROLLMENT INFORMATION</b>		SCHOOL		GRADE	
			PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

<b>IS EITHER PARENT/GUARDIAN ON ACTIVE DUTY IN THE ARMED FORCES?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>Active duty is defined as full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard. This does not include National Guard duty.</small>	
<b>IF ACTIVE, WHAT BRANCH?</b> <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORP <input type="checkbox"/> NAVY	

<b>SCHOOL PLACEMENT</b>
-------------------------

If the grade level is full at the student's school of residence, the student will be reassigned to an alternative site. This determination will be made within two (2) weeks after school begins, in order of the last student enrolled is the first to be reassigned. Transportation may be provided to students who live beyond the district approved walking distance from residence to assigned school. (Elementary= 2 Miles / Secondary= 5 Miles)

As space becomes available, parents/guardians will be contacted in chronological order of first enrolled and asked if they would like their student to return to their school of residence. Parent/Guardian can opt that their student remain enrolled in the current school to which they were re-assigned. Additionally, an Intra-District Transfer Request Form can be completed requesting student remain at the re-assigned school for the following school year.

<b>RETENTION</b>	<b>I CERTIFY THAT MY CHILD:</b>
------------------	---------------------------------

- HAS NEVER BEEN RETAINED
- WAS RETAINED:    GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_


<b>SPECIAL PROGRAMS / SPECIAL SERVICES</b>	<b>I CERTIFY THAT MY CHILD:</b>
--	---------------------------------

- Has **NEVER BEEN** enrolled in a special program &/or received special services.
- Was **PREVIOUSLY, BUT NOT CURRENTLY**, enrolled in a special program &/or receiving special services.  
★ CHECK PROGRAMS/SERVICES BELOW

EXIT DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

- IS **CURRENTLY**, enrolled in a special program and/receiving special services. ★ CHECK PROGRAMS/SERVICES BELOW  
★ CHECK PROGRAM/SERVICES HERE

- |   |  |
|---|--|
| <input type="checkbox"/> Adaptive Physical Education (APE)    | <input type="checkbox"/> Special Day Class (SDC)           |
| <input type="checkbox"/> English Language Development (ELD)   | <input type="checkbox"/> Speech and Language Program (SLP) |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Visually Impaired Program (VI)    |
| <input type="checkbox"/> Resource Specialist Program (RSP)    | <input type="checkbox"/> Other:                            |

<b>MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.</b>	
	
PARENT/GUARDIAN SIGNATURE	DATE

	<h1 style="margin: 0;">SUSPENSION/EXPULSION AFFIDAVIT</h1>		SCHOOL		GRADE	
			PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

PARENT / LEGAL GUARDIAN		ADDRESS		PHONE

**STUDENT LIVES WITH: (PLEASE CHECK ALL THAT APPLY)**

Father     
  Stepfather (MARRIAGE CERTIFICATE)     
  Legal Guardian     
  Other:

Mother     
  Stepmother (MARRIAGE CERTIFICATE)     
  Caregiver (AFFIDAVIT)

Foster/Group Home     
 Social Worker: \_\_\_\_\_     
 SW Phone: \_\_\_\_\_

**FALSIFICATION OF THIS DOCUMENT  
 WILL RESULT IN THE STUDENT BEING DROPPED FROM THE SAN JACINTO UNIFIED SCHOOL DISTRICT**

**SUSPENSION (MUST SELECT ONE)**

My child has NOT been suspended for more than 5 days in the current school year.

MY child has been suspended for more than 5 days in the current school year.

**EXPULSION**

NOTIFICATION

**In keeping with California State Law (Education Code 48915 and 48918), the San Jacinto Unified School District must be informed by student and parent if the student is currently under an expulsion order from any school or district in or out of the state of California.**

REFER TO STUDENT, COMMUNITY AND PERSONNEL SUPPORT OFFICE

**Students with a completed or current expulsion order should be referred to the Student, Community and Personnel Support Office. They may call for an appointment at (951) 929-7700 x4288. If appropriate, a hearing will be scheduled with the student/parent, site administrator, and Director of Student, Community and Personnel Support.**

**EXPULSION STATUS (MUST SELECT ONE)**

Student is **NOT** under an expulsion order from any district.



Student is **CURRENTLY** under an expulsion order (**COMPLETE ALL INFO BELOW**)

EXPULSION DATE			
SCHOOL		DISTRICT	
CITY/STATE		PHONE	

Student **COMPLETED** an assigned expulsion order (**COMPLETE ALL INFO BELOW**)

DATE OF REINSTATEMENT		DATE OF EXPULSION	
SCHOOL		DISTRICT	
CITY/STATE		PHONE	

**MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.**

		
	STUDENT SIGNATURE	DATE
		
	PARENT/GUARDIAN SIGNATURE	DATE



# RESIDENCY QUESTIONNAIRE

SCHOOL		GRADE	
PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

## RESIDENCY QUESTIONNAIRE – PAGE 1

### WHERE DOES YOUR FAMILY CURRENTLY LIVE? CHECK ONE BOX ONLY

This information will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001. All information is confidential; no information will be shared with other agencies without your permission. For questions or concerns contact Student, Community and Personnel Support at (951) 929-7700 X 4223.

<input type="checkbox"/>	<b>RENT / LEASE / OWN</b>	
<input checked="" type="checkbox"/>	<b>TEMPORARY SHELTERS</b> A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.	<p style="text-align: center;">★ IF YOU CHECKED ANY OF THESE BOXES  PLEASE COMPLETE PAGE 2 OF THIS FORM  ★</p>
<input checked="" type="checkbox"/>	<b>HOTELS/MOTELS</b> A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly or monthly basis.	
<input checked="" type="checkbox"/>	<b>TEMPORILY DOUBLE UP</b> A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.	
<input checked="" type="checkbox"/>	<b>TEMPORARILY UNSHELTERED</b> A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as a comparable to an automobile in that it shelters but is not adequate housing.	
<input type="checkbox"/>	<b>NONE OF THE ABOVE</b> You may select this option if none of the above home situations apply to this student.	

HOUSEHOLD SIZE: \_\_\_\_\_

### STUDENT LIVES WITH:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> ONE PARENT  | <input type="checkbox"/> QUALIFIED RELATIVE | <input type="checkbox"/> ADULT - NOT LEGAL GUARDIAN |
| <input type="checkbox"/> TWO PARENTS | <input type="checkbox"/> FRIEND             | <input type="checkbox"/> ALONE WITH NO ADULTS       |

### ADDITIONAL CHILDREN:

LEGAL NAME: _____	DOB: _____	SCHOOL: _____
LEGAL NAME: _____	DOB: _____	SCHOOL: _____
LEGAL NAME: _____	DOB: _____	SCHOOL: _____
LEGAL NAME: _____	DOB: _____	SCHOOL: _____
LEGAL NAME: _____	DOB: _____	SCHOOL: _____

**BY SIGNING THIS FORM, I DECLARE UNDER PENALTY OF THE LAWS IN THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT AND THAT I UNDERSTAND THE DISTRICT RESERVES THE RIGHT TO VERIFY THE ABOVE LISTED RESIDENCE INFORMATION.**

	PARENT/GUARDIAN SIGNATURE	DATE



# HOME LANGUAGE SURVEY

SCHOOL

GRADE

PERM ID

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

## 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 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.

Thank you for your cooperation.

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)		
5.	What is the date your child first entered the United States?		
		DATE	GRADE
6.	What is the date and grade that your child first attended school in the United States?		
		DATE	GRADE
7.	What is the date and grade that your child first attended school in California?		
		DATE	GRADE

**MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.**

	PARENT/GUARDIAN SIGNATURE	DATE





# HEALTH HISTORY

SCHOOL

GRADE

PERM ID

STUDENT'S LEGAL NAME

LAST

FIRST

MIDDLE

SUFFIX

DATE OF BIRTH

**MEDICAL CONDITION**

- Please check all boxes below that describe your child's current and past medical condition
- Provide specific details related to the condition(s) and the possible affect on learning and school activities
- Notify the health clerk at your site of any changes to your student's health condition or change in medication

**MEDICATIONS**

- PHYSICIAN'S "AUTHORIZATION FOR MEDICATION ADMINISTRATION" is **REQUIRED** for all medication (**Over-The-Counter AND Prescribed**) that is to be administered during school or school activities

**MEDICAL CONDITIONS**

ADD	GASTROINTESTINAL PROBLEMS
ADHD	HEART DISORDER: <input type="checkbox"/> NO RESTRICTIONS <input type="checkbox"/> RESTRICTION (Murmur, Transplant)
ALLERGY - BEE /INSECT: <input type="checkbox"/> SEVERE <input type="checkbox"/> NOT SEVERE	HEMOPHILIA: ★ <b>DISTRICT NURSE MTG</b>
ALLERGY – FOOD: <input type="checkbox"/> SEVERE <input type="checkbox"/> NOT SEVERE	INTELLECTUAL DISABILITY
ALLERGY – MEDICATION: <input type="checkbox"/> SEVERE <input type="checkbox"/> NOT SEVERE	LEUKEMIA
ALLERGY – OTHER: <input type="checkbox"/> SEVERE <input type="checkbox"/> NOT SEVERE <input type="checkbox"/> ANIMAL <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER:	MENTAL HEALTH
ANXIETY	MIGRAINE HEADACHES – DIAGNOSED
ACTIVITY RESTRICTIONS	NOSE BLEEDS: <input type="checkbox"/> SEVERE <input type="checkbox"/> NOT SEVERE
ARTHRITIS	ORTHOPEDIC CONDITION: <input type="checkbox"/> RESTRICTED ACTIVITY <input type="checkbox"/> IMPLANT
ASTHMA: <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE ★ <b>DISTRICT NURSE MTG</b>	SCOLIOSIS
AUTISTIC DISORDERS	SEIZURE DISORDER
BIRTH DEFECT/GENETIC DISORDER	SICKLE CELL ANEMIA
BLADDER/KIDNEY PROBLEMS	SKIN DISORDER
CANCER	SPEECH DIFFICULTIES
CEREBRAL PALSY	SPINA BIFIDA
CONFIDENTIAL HEALTH PROBLEMS: ★ <b>DISTRICT NURSE MTG</b>	THYROID
CYSTIC FIBROSIS	TOURETTE SYNDROME
DEAF/HARD OF HEARING: <input type="checkbox"/> RIGHT EAR <input type="checkbox"/> LEFT EAR	TRAUMATIC BRAIN INJURY
DIABETES: <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 / ★ <b>DISTRICT NURSE MTG</b>	TUBERCULOSIS HISTORY OF POSITIVE SKIN TEST
EAR, NOSE, THROAT	TWIN
EATING DISORDER	VISION
ENDOCRINE/GROWTH DISORDER	★ OTHER HEALTH PROBLEMS:

MEDICATION:  NEEDED AT SCHOOL  HOME

SPECIFIC DETAILS RELATED TO MEDICAL CONDITIONS CHECKED ABOVE (USE BACK OF PAGE IF NEEDED):

 ★ MY CHILD HAS NO KNOWN HEALTH CONCERNS

PHYSICIAN NAME

PHONE

DENTIST NAME

PHONE

**MEDICAL TREATMENT**

I understand that if 911 emergency response personnel is called, all costs including emergency responders, transportation, hospitalization, examination, x-ray, or treatment provided are the responsibility of the parent/legal guardian. I understand that SJUSD, its officers and employees assume no liability of any nature in relation to the transportation or treatment of said minor. Following the call to 911, school personnel will attempt to contact Parent/Guardian ASAP.

**MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.**

PARENT/GUARDIAN SIGNATURE

DATE

	<h1 style="margin: 0;">AUTHORIZATIONS</h1> <h2 style="margin: 0;">SIGNATURE PAGE</h2>			SCHOOL		GRADE	
				PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH


**ANTI-BULLYING POLICY**  
 Every student is entitled to a safe school environment free from discrimination, harassment, intimidation, and bullying. I have read SJUSD's Anti-Bullying policy and reviewed it with my student. Bullying is defined as the "Intentional and REPEATED attempt to intimidate, embarrass, or harm another person."

**APPROVAL FOR NECESSARY MEDICAL ATTENTION**  
 I understand that the school site may contact emergency personnel (medical, dental, paramedic and ambulance) to transfer and treat said minor in the event that the minor's parent/legal guardian cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be the responsibility of the parent/legal guardian. I understand that SJUSD, its officers and employees assume no liability of any nature in relation to the transportation or treatment of said minor.

**STUDENT SURVEY**  
 Students in **grades 5, 7, 9, and 11** are asked to participate in the California Healthy Kids Survey and/or the Panorama Student Survey. The survey(s) gathers information on school and environmental safety, behaviors such as health and nutrition habits (including physical activity, alcohol, tobacco, and other drug use), individual strengths, mindsets and developmental assets. The survey(s) will help identify problem areas and inform our efforts to support student success, health, and safety. Student participation is confidential and voluntary; students may skip any/all questions. The survey will be administered during the spring semester of each school year. Surveys are available for your review English and Spanish at all school sites. If you have questions, please contact the Student, Community and Personnel Support Department at (951) 929-7700 x4268

**YES** I GRANT permission for my child to participate in the Panorama Student Survey
  **NO** I DENY permission for my child to participate in the Panorama Student Survey

**MEDIA RELEASE**  
 I, as a parent/guardian fully authorize San Jacinto Unified School District to release my student's name, image, voice, or school work for publication in official school or District newsletters, or community newspaper, or on official school/District webpage or social media, under use of the guidelines in Board Policy 5125.1, Release of Directory Information.

	<input type="checkbox"/> <b>YES, I DO AUTHORIZE MEDIA RELEASE FOR MY CHILD</b>
	<input type="checkbox"/> <b>NO, I DO NOT AUTHORIZE MEDIA RELEASE FOR MY CHILD</b>

**PARENT'S RIGHTS**  
 My signature verifies that I have been informed of my rights as a parent/guardian of a public school pupil. My signature DOES NOT indicate consent to participate in a particular program. I will send written notice to the school of any specific objections I have regarding my child's participation in a particular program or service.

**PESTICIDE NOTIFICATION**  
 To receive notification of individual pesticide applications at the school site at least 72 hours before the application please select below. The notice will identify the active ingredient(s) in each pesticide use and reduction.


**YES** I request notification of pesticide treatment
  **NO** I don't need notification of pesticide treatment

**POLICY RECEIPT**  
**PLEASE INITIAL BELOW** to confirm that you **READ** and **UNDERSTAND** the following documents.

- Go to the District website [www.sanjacinto.k12.ca.us](http://www.sanjacinto.k12.ca.us) - PARENT TAB – SELECT PARENT NOTIFICATIONS.
- Printed copies are available at the Enrollment Center and at all school sites.

	<b>ANNUAL NOTIFICATION</b>
	<b>DISTRICT AND SCHOOL PARENT/STUDENT HANDBOOK</b>

**MY SIGNATURE CERTIFIES I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ALL INFORMATION PROVIDED IS ACCURATE.**

		
	PARENT/GUARDIAN SIGNATURE	DATE

	<b>TECHNOLOGY AND MATERIALS ACCEPTABLE USE AGREEMENT</b>	SCHOOL		GRADE	
		PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

Education Code Section 48904(b) (1) allows schools to withhold student grades, diploma and transcripts in the event that school district property, including the electronic device, is damaged and/or not returned when required. The use of the electronic device is a privilege and can be revoked at any time if/when the student violates any of the aforementioned policies and/or does not follow staff/school site directives/policies.

**TEXTBOOK USE AGREEMENT / LIBRARY MATERIALS USE AGREEMENT**

Students are issued textbooks and learning materials. Additionally, students may be able to borrow school library materials at no charge. These resources range in price from \$15.00 to more than \$250.00. If those materials are damaged, lost or no longer useable, the student or his/her parent/guardian shall be responsible for the current replacement cost of the materials. SJUSD may withhold the student's grades, diploma and transcripts in accordance with the law, Board Policy, and administrative regulation, if the costs are not waived or paid. Students may also be excluded from participating in certain school activities.

**DIGITAL CITIZENSHIP**

San Jacinto Unified School District goal is to develop students who become young people of character who are also critical thinkers, effective communicators, respectful collaborators, and resilient problem solvers. Teaching digital citizenship lays the cultural foundation and provides the skills necessary to help meet those goals. All of SJUSD students will know how to use the power of technology to behave safely, respectfully and responsibly to meet their learning goals in school and beyond.

**TECHNOLOGY ACCEPTABLE USE AGREEMENT (BP 6163.4)**

**IMPORTANT:** Student and parent both are to read the San Jacinto Unified School District Technology Acceptable Use Agreement that is available online at [www.sanjacinto.k12.ca.us](http://www.sanjacinto.k12.ca.us) or upon request at the District Enrollment Center and all school sites. Misuse of SJUSD technology may constitute removal of this privilege and/or disciplinary action.

**ONLY San Jacinto High School / Mt. View High School / Mt. Heights Academy**



**ELECTRONIC DEVICE (DIGITAL TEXTBOOK) OPTION**

Students in grades 9-12 at SJHS and at MVHS and MHA have the option to use digital textbooks (if available) instead of printed versions of the textbooks. Students will be issued an electronic device on which they will be able to view the textbooks for courses for which they are assigned. Internet connectivity is not necessary to view the textbooks on the device. In addition to being able to access a digital copy of their textbooks (if available), students will be able to use the device to access the internet, complete work assignments and submit work assignments to their classroom teacher (some teachers may require work to be completed and submitted on paper).

**STUDENT AND PARENT RESPONSIBILITIES**

- Follow all guidelines in the SJUSD Acceptable Use Agreement
- Follow all guidelines set forth in Board Policy and Administrative Regulation
- Return/pay for their electronic device before withdrawing/checking out to another school or program or/and at the end of school year
- Incoming students must return/pay for their previous school's textbooks before being issued an electronic device
- Provide a cover/bumper for the electronic device to protect it and keep it from incurring serious damage (Estimated replacement cost can range from \$100.00 - \$300.00)
- Parent/Student has the option to OPT OUT and return to a printed textbook at any time.

By signing below, I verify that I have **READ, UNDERSTAND, and WILL ABIDE** by San Jacinto USD **TECHNOLOGY ACCEPTABLE USE AGREEMENT**.

		
	STUDENT SIGNATURE	DATE
		
	PARENT/GUARDIAN SIGNATURE	DATE

# K-1 ONLY

## 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 \_\_\_\_\_ State \_\_\_\_\_ 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/DTaP/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) 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.

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.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

	<h1 style="margin: 0;">TK-K-1 ONLY</h1> <h2 style="margin: 0;">ORAL HEALTH ASSESSMENT</h2>	SCHOOL		GRADE	
	PERM ID				

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

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.

<b>SECTION 1 / CHILD'S INFORMATION</b>			
TO BE COMPLETED BY THE PARENT OR GUARDIAN			
CHILD'S FIRST NAME	LAST NAME	MIDDLE INITIAL	BIRTHDATE
STREET ADDRESS	CITY	STATE	ZIP CODE
SCHOOL NAME	TEACHER	GRADE	<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/GUARDIAN NAME	<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	
PARENT/GUARDIAN NAME		CHILD'S RACE/ETHNICITY	

<b>SECTION 2 / Oral Health Data Collection</b>			
FILLED OUT BY A CALIFORNIA LICENSED DENTAL PROFESSIONAL		IMPORTANT NOTE: CONSIDER EACH BOX SEPARATELY	
ASSESSMENT DATE	CARIES EXPERIENCE <small>VISIBLE DECAY AND/OR FILLINGS PRESENT</small>	VISIBLE DECAY PRESENT	
	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <small>Cavities without pain or infection; or child would benefit from sealants or further evaluation</small> <input type="checkbox"/> Urgent care needed
LICENSED DENTAL PROFESSIONAL SIGNATURE		CA LICENSE NUMBER	DATE

<b>SECTION 3 / Waiver of Oral Health Assessment Requirement</b>			
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:			
<input type="checkbox"/> I am unable to find a dental office that will take my child's insurance plan.			
<b>My child's dental insurance plan is:</b>			
<input type="checkbox"/> Medi-Cal/Denti-Cal	<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> Other: <input type="checkbox"/> None
<input type="checkbox"/> I cannot afford a dental check-up for my child.			
<input type="checkbox"/> I do not want my child to receive a dental check-up.			
OPTIONAL: Other reasons my child could not get a dental check-up:			
<b>If asking to be excused from this requirement:</b>	SIGNATURE OF PARENT / 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 year. Original to be kept in child's school record.

	<h1>MILITARY RECRUITMENT RELEASE</h1>		SCHOOL		GRADE	
			PERM ID			

STUDENT'S LEGAL NAME					
	LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH

**ONLY GRADES 11-12 NEED TO COMPLETE THIS FORM**

<input type="checkbox"/> San Jacinto High School	<input type="checkbox"/> Mt. View High School	<input type="checkbox"/> Mt. Heights Academy
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The **No Child Left behind Act** signed by the President of the United States on January 8, 2002 has created new laws regarding how all school districts address many different topics concerning students. One of those changes requires school districts to provide the names, addresses, and home phone numbers of all high school juniors and seniors to recruiters of each military branch.

**This is not to be confused with the current selective service information gathered from students after their 18<sup>th</sup> birthday.**

In order to comply with both Federal law of No Child Left Behind, and our local confidentiality policy, we are providing a positive permission slip to return to your student's school office in order to be included in the formation of the student list. If you choose not to share your student's personal home information, they will not be included on the list.

If you wish to review a copy of either the local policy or the federal law, they are available for your preview on the internet at <http://www.cde.ca.gov/nclb/fr/>

If you have any questions please feel free to call your school site to discuss your concerns.

**SELECT ONE**

- YES – SHARE INFORMATION**  
Regarding my student's name, home address, and phone number with military recruiting offices.
- NO – DO NOT SHARE INFORMATION**  
Regarding my student's name, home address, and phone number with military recruiting offices.

		
	PARENT/GUARDIAN SIGNATURE	DATE



STUDENT ACCIDENT INSURANCE  
2018-2019 School Year

Dear Parents:

**District Superintendent  
Diane Perez**

District Administrative Office  
2045 South San Jacinto Avenue  
San Jacinto, California 92583  
(951) 929-7700  
www.sanjacinto.k12.ca.us

**Board of Trustees**

John I. Norman, President  
Willie Hamilton, Clerk  
Trica Ojeda, Board Member  
Deborah Rex, Board Member  
Jasmin Rubio, Board Member

**Assistant Superintendent  
Business Services  
Seth Heeren**

**Assistant Superintendent  
Personnel Services  
Matthew Hixson**

**Assistant Superintendent  
Educational Services  
Sherry Smith**

Head Start/State Preschool

Megan Cope Elementary

De Anza Elementary

Jose Antonio Estudillo Elementary

Edward Hyatt Elementary

Park Hill Elementary

Clayton A. Record Jr. Elementary

San Jacinto Elementary

North Mountain Middle School

Monte Vista Middle School

San Jacinto Leadership Academy

Mountain View High School/  
Mountain Heights Academy

San Jacinto High School

The San Jacinto Unified School District does not provide medical, accident or dental insurance for pupils injured on school premises or through school activities. In accordance with Education Code Section 49472, the District is making available a low cost medical/dental accident insurance program. The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage, but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "school time" or "24-Hour" (all day, everyday) basis.

Please visit your child's school office to obtain a detailed brochure/application, or you may obtain one and sign up online at [www.peinsurance.com](http://www.peinsurance.com) (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

The plan pays the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

Since the District does not provide medical/dental accident insurance, we urge that serious consideration be given to the program. If you have further questions, please call Pacific Educators, Inc., Student Accident Department at (800) 722-3365 or (714) 639-0962.

**Health Insurance Plans**

Pacific Educators can now assist people in applying for health insurance plans that meet the guidelines of the **Affordable Care Act** and help you avoid potential tax penalties. These penalties will be increasing each year from 2014-on. Some may **qualify for tax savings and government assistance.** Pacific Educators will be happy to help you get all the potential assistance/subsidies you are eligible for. Please call Pacific Educators or visit their website at [www.peinsurance.com](http://www.peinsurance.com) click 'products' and then 'health insurance'.



# ANTI-BULLYING POLICY

**PARENT  
INFORMATION**

PLEASE KEEP THIS PAGE

## ANTI-BULLYING POLICY

Every student is entitled to a safe school environment free from discrimination, harassment, intimidation, and bullying.

The San Jacinto Unified School District Policy (BP5131.2) on Bullying can be accessed on the SJUSD website. Copies are available at each school site.

1. San Jacinto Unified School District prohibits bullying. This includes, but is not limited to, discrimination, harassment, intimidation and bullying based on the actual or perceived characteristics set forth in Penal Code section 422.55 and Education Code section 220, and disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics. Bullying is defined in Education Code section 48900(r).
2. School personnel must immediately intervene if they witness an act of discrimination, harassment, intimidation or bullying, provided it is safe to do so.
3. Acts of discrimination or bullying should be brought to the attention of the principal.
4. You may make an anonymous complaint by contacting the principal or Student, Community & Personnel Support at (951) 929-7700 Ex. 4288. If there is sufficient corroborating information, the San Jacinto Unified School District will commence an investigation.
5. Complaints of bullying or discrimination will be considered confidential. However, it may be necessary to disclose certain information in order to effectively investigate.
6. Students who violate the San Jacinto Unified School District's policies on bullying or discrimination may be subject to discipline, including suspension and expulsion.
7. The San Jacinto Unified School District prohibits retaliation against individuals who make complaints of bullying or provide information related to such complaints.

Bullying is defined as the **“Intentional and REPEATED attempt to intimidate, embarrass, or harm another person.”** Bullying can take the form of verbal, physical, social/relational/emotional, or cyberbullying. Cyberbullying is bullying that takes place using electronic technology. Some examples are mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, “ganging” up on one student, or a group of students targeting another group.





# STUDENT LEGAL NAME AND INFORMATION

**PARENT  
INFORMATION**

PLEASE KEEP THIS PAGE

## STUDENT LEGAL NAME AND INFORMATION

California law requires that school districts use students' legal names, not nicknames, in pupil records. The California Code of Regulations, Title 5, Chapter 2, Subchapter 2, Article 3, Section 432 states in part ...records shall include the following:

- (A) LEGAL NAME OF PUPIL
- (B) DATE OF BIRTH
- (C) METHOD OF VERIFICATION OF BIRTH DATE
- (D) GENDER OF PUPIL
- (E) PLACE OF BIRTH
- (F) NAME AND ADDRESS OF PARENT OF MINOR PUPIL
  - a. ADDRESS OF MINOR PUPIL IF DIFFERENT THAN ABOVE
  - b. AN ANNUAL VERIFICATION OF THE NAME AND ADDRESS OF THE PARENT AND THE RESIDENCE OF THE PUPIL
- (G) ENTERING AND LEAVING DATE OF EACH SCHOOL YEAR AND FOR ANY SUMMER SESSION OR OTHER EXTRA SESSION
- (H) SUBJECTS TAKEN DURING EACH YEAR, HALF-YEAR, SUMMER SESSION, OR QUARTER
- (I) IF MARKS OR CREDIT ARE GIVEN, THE MARK OR NUMBER OF CREDITS TOWARD GRADUATION ALLOWS FOR WORK TAKEN
- (J) VERIFICATION OF OR EXEMPTION FROM REQUIRED IMMUNIZATIONS
- (K) DATE OF HIGH SCHOOL GRADUATION OR EQUIVALENT

To avoid problems for students at the time of graduation, registrars must ensure that students' legal names are on diplomas, not nicknames. Using a nickname would also create a problem for students returning to request their transcripts: by law, transcripts must have student's legal name printed on them. Additionally, this could negatively impact important opportunities including scholarships and military enlistment.

## VERIFICATION OF BIRTH DOCUMENTS

### ***Verification Documents include:***

- Birth Certificate
- County Recorder Certification/Verification
- Passport
- Hospital Certificate
- Baptism Certificate

# GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

## GRADES TK/K-12



### Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
<b>Polio (OPV or IPV)</b>	<b>4 doses</b> (3 doses OK if one was given on or after 4th birthday)	<b>4 doses</b> (3 doses OK if one was given on or after 2nd birthday)	
<b>Diphtheria, Tetanus, and Pertussis</b>	<b>5 doses of DTaP, DTP, or DT</b> (4 doses OK if one was given on or after 4th birthday)	<b>4 doses of DTaP, DTP, DT, Tdap, or Td</b> (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	<b>1 dose of Tdap</b> (Or DTP/DTaP given on or after the 7th birthday.)
<b>Measles, Mumps, and Rubella (MMR or MMR-V)</b>	<b>2 doses</b> (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	<b>1 dose</b> (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	<b>2 doses of MMR</b> or any measles-containing vaccine (Both doses given on or after 1st birthday.)
<b>Hepatitis B (Hep B or HBV)</b>	<b>3 doses</b>		
<b>Varicella (chickenpox, VAR, MMR-V, or VZV)</b>	<b>1 dose</b>	<b>1 dose</b> for ages 7-12 years. <b>2 doses</b> for ages 13-17 years.	

\*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

### 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.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

