



**Transitional Kinder – 5<sup>th</sup> grade**

**Enrollment Packet  
(English)**

# WELCOME TO BANNING UNIFIED SCHOOL DISTRICT!



Centralized Registration  
161 W. Williams Street  
(951) 922-2702  
Hours: 7:30 a.m. - 4:00 p.m.



## Checklist for Transitional Kinder – 5<sup>th</sup> Grade Registration:

*Please bring the items listed below to enroll your child.*

### **Proof of student's birth** (provide ONE from the list below):

- Birth Certificate
- County Record certifying date of birth
- Hospital Record
- Adoption Documents
- Court Placement/Agency Agreement
- Passport
- Statement by the local registrar
- Baptism Certificate
- Affidavit of parent, guardian, custodian of minor

### **Current Immunization Record**

- Polio (4 doses)
- DTaP (5 doses)
- MMR (2 doses)
- Hep B (3 doses)
- Varicella (1 dose)

### **Documents verifying your residence address** (provide ONE from the list below):

- Current electric, water, or gas bills
  - Car Registration
  - County Documents
  - Lease/rental agreement from landlord
  - Escrow papers with closing date within the past/future 30 days
- \*All documentation must have a date of the past 30 days*

### **Report of Dental Examination** (kindergarten only)

### **Report of Physical Examination** (1<sup>st</sup> grade only)

### **Copy of IEP** (Special Education students only)

### **Most Current Court Documents** (only if it applies)

### **Completed BUSD Registration Packet**

### **Copy of most recent grades/transcripts**

### **Parent/Guardian Photo ID** (provide ONE from the list below):

- Current Driver's License/State Identification Card
- Current Passport
- Bank Identification Card with Photo
- Foster/Group Home/Agency Identification Card



Office use only:  
State ID#



Office use only:  
Date Entered:

## EMERGENCY CONTACT / ENROLLMENT FORM

PLEASE NOTIFY CENTRALIZED REGISTRATION OF ANY CHANGES

ID #	School Year 20__ - 20__	School	Grade
STUDENT INFORMATION			
Student's Last Name	First Name	Mi	Male ___ Female ___
Home Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Birth Date		Age	
<b>Student Lives With:</b> Both Parents ___ Mother ___ Father ___ Foster Family ___ Group Home ___ Legal Guardian (with court papers) ___ Informal Guardian (without court papers) ___ Is the person checked above the legal guardian? Yes ___ No ___ If no then please complete a "Caregiver's Affidavit".			
FAMILY INFORMATION		Phone Numbers	
<b>Parent/Guardian:</b> Mother ___ Stepmother ___ Foster ___ Guardian ___ Name: _____ Employer: _____ Position: _____ Email _____ <b>Military:</b> Yes ___ No ___		Cell ( ) Home ( ) Work ( )	
<b>Mother's Education Level:</b> Not a High School Graduate ___ HS Graduate/GED ___ Some College ___ College Graduate ___ Masters/Graduate School ___ Mother's Primary Language: English ___ Spanish ___ Other _____			
<b>Parent/Guardian:</b> Father ___ Stepfather ___ Foster ___ Guardian ___ Name: _____ Employer: _____ Position: _____ Email _____ <b>Military:</b> Yes ___ No ___		Cell ( ) Home ( ) Work ( )	
<b>Father's Education Level:</b> Not a High School Graduate ___ HS Graduate/GED ___ Some College ___ College Graduate ___ Masters/Graduate School ___ Father's Primary Language: English ___ Spanish ___ Other _____			
<b>Family Residence:</b> House/Apartment/Mobile Home ___ Living w/another family/relative ___ Hotel/Motel ___ Car/Van/Street ___ Shelter/Transitional Housing ___ Campsite/Park ___ Other _____			
<b>Home School Communication:</b> Check the language in which you would like to receive school notifications. English ___ Spanish ___			
Print Parent/Guardian Name		Parent/Guardian Signature	Date

**OTHER CHILDREN IN THIS DISTRICT**

Name:	School:	Name:	School:

<b>Ethnic Origin</b>	<b>Race is separate from the previous question asking about Ethnic Origin. Please mark one or more boxes below to indicate this child's race.</b>
Is this child Hispanic or Latino? Yes, _____ No, _____	Asian: Chinese ___ Japanese ___ Korean ___ Vietnamese ___ Asian Indian ___ Laotian ___ Cambodian ___ Filipino ___ Hmong ___ Other Asian _____ Native Hawaiian or Other Pacific Islander: Hawaiian ___ Guamanian ___ Samoan ___ Other ___ American Indian or Alaskan Native ___ Black or African American ___ White ___

**Students Educational History**

		Previously enrolled in Banning Unified? Yes ___ No ___
Has this child ever been retained? Yes ___ No ___ If Yes, which grade? _____	Has this child ever been accelerated to another grade? Yes ___ No ___ If yes, which grade? _____	
Has this child ever been suspended? Yes ___ No ___	Is child currently enrolled in a Special Education Program? Yes ___ No ___ If Yes, which programs? RSP ___ SDC ___ Speech & Language ___	
Is this child currently under an expulsion order or going through the expulsion process? Yes ___ No ___ If Yes, which District? _____		
What educational services has this child received? Please check all that apply. English Language Development ___ GATE ___ Indian Education ___ 504 Plan ___ Migrant Education ___		

**Emergency Release Information**

IN THE EVENT OF ILLNESS OR AN EMERGENCY AT SCHOOL, WHEN I CANNOT BE REACHED, I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE,  
THESE INDIVIDUALS **MUST** COME TO THE SCHOOL OFFICE AND PRESENT A CURRENT PHOTO IDENTIFICATION CARD TO PICK UP MY CHILD

FULL NAME	RELATION TO CHILD	CELL/WORK PHONE	HOME PHONE
		( )	( )
		( )	( )
		( )	( )

I authorize emergency diagnosis and treatment by a licensed physician/hospital/paramedics and will assume financial responsibility for care if my medical doctor or I am not available: Yes \_\_\_ No \_\_\_

Medical Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**MEDICATIONS** your child is taking: \_\_\_\_\_

**Health Problems/Allergies:** \_\_\_\_\_

I understand that Banning Unified School District DOES NOT provide medical insurance covering students for accidents or school related injuries. However, they can refer me to student insurance for voluntary purchase.

I am taking student insurance as offered \_\_\_\_\_ I am NOT taking student insurance as offered \_\_\_\_\_

Print Parent/Guardian Name	Parent/Guardian Signature	Date ____/____/____

## REQUEST FOR RECORDS

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**Cabazon Elementary**  
 50575 Carmen Ave  
 Cabazon, Ca. 92230  
 Ph. (951) 922-0252  
 Fax#: (951)922-2763



**Central Elementary**  
 295 N. San Geronio Ave  
 Banning, Ca. 92220  
 Ph. (951) 922-0264  
 Fax#: (951) 922-2718



**Hemmerling Elementary**  
 1928 W. Nicolet St.  
 Banning, Ca. 92220  
 Ph. (951) 922-0254  
 Fax#: (951) 922-0294



**Hoffer Elementary**  
 1115 E. Hoffer St.  
 Banning, Ca. 92220  
 Ph. (951) 922-0257  
 Fax#: (951) 922-0260



- Is the student participating in any Special Education Program?  Yes  No
- Is the student under an Expulsion Order?  Yes  No
- Is the student currently in the Dual Immersion Program?  Yes  No

**Please Fax/Mail a copy of the following Documents:**  FAX  MAIL

Proof of Students Birthdate  Immunizations  Dental  Physical  \*TDAP's stamp  CUM

Transcript/Exit Grades/CAASPP scores  CELDT/English Prof Results  Current Court/Legal papers

The Federal Rights and Privacy Act of 1974, Sections 99.31 and 99.34, and California Law do not require the school forwarding pupil records to obtain permission to release records. The parent signature is provided below because your state or procedures may require parent authorization to release records for the student named above.

I authorize all of my child's records to be sent to the present school. Please send all pupil records, including grades, educational information, psychological, special education, health records, as well as developmental information for the student indicated above.

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

In compliance with California Education Code 49068, the Banning Unified School District will inform the parent/guardian of their rights to inspect, review, receive a copy and challenge the content of the records for the above student.



U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.









## CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child(ren) **UNLESS** one of them has a signed court order that indicate otherwise. The school has no legal right to refuse biological parent's access to their children and/or school records.

If a parent has a signed, current court order limiting the other parent or any other person, the district **MUST OBTAIN THE ORIGINAL COURT ORDER**. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/Designee. In situations that become a disruption to the school, local law enforcement will be contacted, and an officer will be requested to intervene.

Parents are asked to make every attempt not to involve schools in custody matter. Please have current information on file for your children.

I have read and understand the above statement.

Student Name: \_\_\_\_\_

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

**This form shall remain in effect as long as my child (ren) attends Banning Unified School District. If any changes occur, I will inform my child (ren)'s school office and the District office to update records with new court orders.**

Banning Unified School District does not discriminate in any employment practice, educational program or educational activity on the basis and/or association with a person or group with one or more of these actual or perceived characteristics of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, marital status, medical condition, national origin, political affiliation, pregnancy, and related condition, race, religion, retaliation, sex (including sexual harassment), sexual orientation, or any other basis prohibited by California State and federal nondiscrimination laws respectively. In addition, the district provides equal access to the Boys & Girls Club and other designated youth groups.





## Oral Health Assessment Form

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

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

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

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

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

Assessment Date:	<u>Caries Experience</u> (Visible decay and/or fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </div>			

### 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.

## Oral Health Assessment Notification Letter

Dear Parent or Guardian:

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

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hnl/>.

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

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

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

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

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

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

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

If you have questions about the new oral health assessment requirement, please contact Annalissa Madriaga at (951) 897-9778 or by e-mail at [amadriaga@banning.k12.ca.us](mailto:amadriaga@banning.k12.ca.us).

Sincerely,

*Robert Guillen*

Robert Guillen, Superintendent

# 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.

Continued on next page.







## 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	/ /
Tuberculin Test (Mantoux/PPD)	/ /
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					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

#### RESULTS AND RECOMMENDATIONS

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

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

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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

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

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_

Date \_\_\_\_\_

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



## STUDENT HEALTH HISTORY

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_

Please read and check any related illness or condition that your child has currently or has had in the past:

<input type="checkbox"/> Allergy: Bee sting medication required: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Allergy: Food (explain in comment section)	<input type="checkbox"/> Hyperactive: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Allergy: Medication (explain in comment section)	<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Allergy: Pollen/Dust/Hay Fever	<input type="checkbox"/> Medications prescribed to student (explain in comment section)
<input type="checkbox"/> Allergy: Unknown Causes	<input type="checkbox"/> Medications needed at school (explain in comment section)
<input type="checkbox"/> Anemia	<input type="checkbox"/> Menstrual Cramps (severe)
<input type="checkbox"/> Arthritis (Rheumatoid)	<input type="checkbox"/> Migraine Headaches: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Asthma (Mild)	<input type="checkbox"/> Mumps
<input type="checkbox"/> Asthma (Medication Required)	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Birth Defect/Chromosome Disorder	<input type="checkbox"/> Nose Bleeds (frequent)
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Osgood-Schlatter Disease
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Physical Activity Limitations (doctor's note required)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Rheumatic Fever History
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Rubella: 3-day Measles
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Rubeola: 10-day Measles
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Diabetic: Insulin Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Eating Disorders: <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight	<input type="checkbox"/> Sickle Cell Anemia (explain in comment section)
<input type="checkbox"/> Endocrine Disorders	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Epilepsy/Seizures: Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Growth Disorder (explain in comment section)	<input type="checkbox"/> Vision Impairment (wears glasses/contacts)
<input type="checkbox"/> Hearing Loss: Hearing Aid Used Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Vision Impairment (visually handicapped)
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Other (explain in comment section)
	<input type="checkbox"/> No known health problems

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

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