



**San Bruno Park School District**  
Innovate • Motivate • Educate

School:

Phone:

## ENROLLMENT CHECKLIST 2021-2022

**Please complete and return the following documents as soon as possible. In order to complete the registration and put your child's name on the roster, the items with (\*\*) must be completed and returned to this office.**

- \*\* Student Registration Form
- \*\* Residency Affidavit for School Enrollment
- \*\* Health History Form
- \*\* Home Language Survey (**first time in CA schools only**)

### **Other documentation needed for registration:**

- \*\* Original Birth Certificate/Baptismal Certificate
- \*\* Current immunizations
- \*\* **Proof of residency (two of the following):**

- \_\_\_ current PG&E bill or deposit receipt for service
- \_\_\_ rental agreements with a canceled check or receipt
- \_\_\_ current telephone bill (not cell phone) showing correct address
- \_\_\_ current utility or water bill showing correct address
- \_\_\_ homeowner's insurance statement showing correct address
- \_\_\_ escrow papers showing purchase of home
- \_\_\_ property tax payment receipts

Current TB Test Results (within the last 12 months) prior to entry into 1st grade or when entering school from outside the Continental U.S. (B.P. 5141.26)

**7th Grade Students must have Tdap booster (1 dose), and Chickenpox booster (2 doses)**

**For Kindergarten, please complete and return the forms below after medical and dental appointments. Please make your child's physical appointment after March 2, 2021.**

Report of Health Examination (to be completed by your child's physician)

Updated Immunization Record (if needed)

Dental Exam Form



# SAN BRUNO PARK SCHOOL DISTRICT

## Student Registration Form

2021-2022

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_  
Month Day Year

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
( )

Grade \_\_\_\_\_ Last school attended: \_\_\_\_\_  
( ) ( )

Previous School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
( ) ( )

**Special Programs:**  Yes  No

English Learner  Expulsion  
 504 Plan  GATE  Other \_\_\_\_\_

**Special Education:**  Yes  No

Speech  RSP  SDC  OT  
 Other Services \_\_\_\_\_

Has this child ever repeated a grade?  No  Yes If YES, which grade? \_\_\_\_\_

Birth Place? \_\_\_\_\_  
Hospital Name City State Country

First year your child attended school in US \_\_\_\_\_ Where? \_\_\_\_\_  
City State

First year your child attended school in CA \_\_\_\_\_ Where? \_\_\_\_\_  
City

| PARENT/GUARDIAN  | PARENT/GUARDIAN  |
|--|--|
| <b>Relationship to student</b>   | <b>Relationship to student</b>   |
| Name   | Name   |
| Home Address   | Home Address   |
| Home Phone   | Home Phone   |
| Work Phone   | Work Phone   |
| Cellular Phone   | Cellular Phone   |
| Employed by  | Employed by  |
| Occupation   | Occupation   |
| E-mail address   | E-mail address   |
| <input type="checkbox"/> High School Grad <input type="checkbox"/> Not High School Grad<br><input type="checkbox"/> Some College (or AA) <input type="checkbox"/> College Grad<br><input type="checkbox"/> Masters or Higher <input type="checkbox"/> Decline to Answer/Unknown<br><input type="checkbox"/> Active Duty Armed Forces or National Guard | <input type="checkbox"/> High School Grad <input type="checkbox"/> Not High School Grad<br><input type="checkbox"/> Some College (or AA) <input type="checkbox"/> College Grad<br><input type="checkbox"/> Masters or Higher <input type="checkbox"/> Decline to Answer/Unknown<br><input type="checkbox"/> Active Duty Armed Forces or National Guard |

SCHOOL USE ONLY Date Records Requested \_\_\_\_\_

Date Records Received \_\_\_\_\_



# SAN BRUNO PARK SCHOOL DISTRICT

Student Registration Form

2021-2022

**In case the school is unable to contact either parent in the event of any emergency or major disaster, the school may call or my child may be released to any of the people listed below:**

| DAYTIME PHONE NUMBERS |              |                 |            |
|-----------------------|--------------|-----------------|------------|
| Name                  | Relationship | Home/Work Phone | Cell Phone |
|                       |              | (   )           | (   )      |
|                       |              | (   )           | (   )      |
|                       |              | (   )           | (   )      |
|                       |              | (   )           | (   )      |
|                       |              | (   )           | (   )      |

| OTHER CHILDREN IN HOUSEHOLD |            |           |     |        |
|-----------------------------|------------|-----------|-----|--------|
| Last Name                   | First Name | Birthdate | Sex | School |
|                             |            |           |     |        |
|                             |            |           |     |        |
|                             |            |           |     |        |
|                             |            |           |     |        |

What is your preferred language of communication? \_\_\_\_\_

|  |                                    |   |
|--|------------------------------------|---|
| Please answer by marking one or more boxes to indicate what you consider your race to be:  |                                    |   |
| <input type="checkbox"/> African American/Black  | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> American Indian/Alaska Native   | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian  | <input type="checkbox"/> Hmong     | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Cambodian   | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Tahitian               |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Korean    | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Laotian   | <input type="checkbox"/> White                  |
| Ethnicity: Is student Hispanic or Latino: <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino |                                    |   |

**\*\*\*\*\* NOTE \*\*\*\*\***

***If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in the original pharmacy container. No medicine of any kind (prescriptions or non-prescription drugs including aspirin or aspirin substitutes) will be given at school unless the above conditions are met.***

I CONSENT FOR EMERGENCY TREATMENT if it is deemed necessary by the school authorities and after all efforts to reach the parent or designated adult have failed. Your child will be taken by ambulance **at parent's expense** to the nearest emergency facility.

**I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.**

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

\_\_\_\_\_  
Date

SCHOOL USE ONLY    Date Records Requested \_\_\_\_\_

Date Records Received \_\_\_\_\_



**San Bruno Park School District  
RESIDENCY AFFIDAVIT FOR SCHOOL ENROLLMENT  
2021-2022**

Only students residing within the area served by the school district, who are able to furnish a permanent address within the district's boundaries, will be permitted to attend the schools of San Bruno Park School District. Residence for school attendance purposes is defined as the residence of the parent or legal guardian.

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Student: \_\_\_\_\_  
(Last, First Name)

Parents/Guardian \_\_\_\_\_  
(Last, First Name) (Last, First Name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Where is your child/family currently living?** Check one box only) This information will be used to determine if this student may be eligible to receive services or supports under the McKinney-Vento Act 42 U.S.C. 11435. All information will be kept confidential and will not be shared with anyone other than designated SBPSD staff.

- In a single family residence
- With more than one family in a house or apartment due to economic hardship
- With more than one family in a house or apartment NOT due to economic hardship
- In a shelter or transitional housing program
- In a motel/hotel, car or campsite or similar location
- Other \_\_\_\_\_

I verify that I am the natural parent, the custodial parent, the legal guardian or the care giving adult of the student named above. The address listed above is my only residence. I agree to notify the SBPSD if there is any change in the status of the residency of the student listed above. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by residency affidavit. Should it be determined that residence requirements are not being satisfied, the student's enrollment shall be terminated immediately, with proper notification to the parent/legal guardian.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please provide any **two** of the following, showing the parents/guardian's name and correct address:

- Current PG&E, utility, or water bill or deposit for service
- Rental agreements with a canceled check or receipt
- Current landline telephone bill (not a cell phone) showing correct address
- Homeowners insurance statement showing correct address
- Escrow papers showing purchase of home
- Property tax payments

**District Policy AR 5111.1**

If any district employee reasonably believes that the parent/guardian of a student has provided false or unreliable evidence of residency, The Superintendent or designee shall make reasonable efforts to determine that the student meets legal residency requirements.



**SAN BRUNO PARK SCHOOL DISTRICT/DISTRITO ESCOLAR DE SAN BRUNO**  
**HEALTH HISTORY/HISTORIA de SALUD**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Nombre de Estudiante)*

*(Fecha de Nacimiento)*

Student I.D. #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

*(Número de I.D. del estudiante)*

*(Escuela)*

*(Grado)*

| Does your child have any of the following? (please check all that apply) ¿Tiene su Niño(a) alguno de lo siguiente?(marque lo que tiene)                      |         |    |   |
|--|---------|----|---|
|  | Yes/Sí  | No | Specify/Especifique   |
| ADHD   |         |    |   |
| Allergies/ <i>Alergias</i>   |         |    |   |
| Asthma/ <i>Asma</i>  |         |    |   |
| Chemically Sensitive/ <i>Sensitivo a químicos</i>  |         |    |   |
| Ear Infections/ <i>Infecciones del oído</i>  |         |    |   |
| Epilepsy or Seizures/ <i>Epilepsia o ataques</i>   |         |    |   |
| Hearing Problems/ <i>Problemas de oír</i>  |         |    |   |
| Heart Condition/ <i>Condición del Corazon</i>  |         |    |   |
| Other Medical Problems/ <i>Otros problemas médicos</i>   |         |    |   |
| Orthopedic 'Condition/ <i>Condición ortopédica</i>   |         |    |   |
| Speech Problem/ <i>Defecto del habla</i>   |         |    |   |
| Takes Daily medication/ <i>¿Toma medicamento diariamente?</i>  |         |    |   |
| Takes Emergency Medication/ <i>¿Toma medicamento de emergencia?</i>  |         |    |   |
| Vision Problems/ <i>Problemas de la vista</i>  |         |    |   |
| Any Serious Health Problems/ <i>¿algún otro problema serio de salud?</i>   |         |    |   |
| Bee Sting Allergy/ <i>¿Alergia de picadura de abeja?</i>   |         |    | Type of reaction/ <i>¿Tipo de reacción?:</i>  |
| Needs emergency medication? <i>¿Necesita medicamento de emergencia?</i>  |         |    |   |
| Birth History/ <i>Historia del Nacimiento</i> Pre-term/ <i>Prematuro</i>   |         |    | Length of stay in hospital/ <i>estancia en el hospital:</i>   |
| Diabetes <i>/Diabetes</i>  |         |    | Takes Insulin? <i>¿Toma insulina?</i> Yes/Sí ____ No ____ (Mark one/marque uno)   |
| MEDICAL INSURANCE INFORMATION / Información de Seguro Médico   |         |    |   |
| Does your child have Medical Insurance? _____Yes/Sí<br><i>¿Tiene Seguro Médico su hijo/a?</i>  | _____No |    | If yes, provide the name of the insurance company/ <i>Si es así, proveer el nombre del seguro médico:</i><br>Name/ <i>Nombre:</i> _____<br>Policy or Group Number/ <i>Número de Póliza o Grupo:</i> |
| Does your child have Medi-Cal? _____Yes/Sí<br><i>¿Tiene Medi-Cal su hijo/a?</i>  | _____No |    | If yes, provide the BIC Number:<br><i>Sí es así, proveer el número de tarjeta:</i>  |
| Please bring the insurance/Medi-Cal card with you at the time of enrollment / <i>Favor de traer la tarjeta médica o de Medi-Cal a la hora de inscripción</i> |         |    |   |

SIGNATURE OF PARENT OR GUARDIAN / *Firma de los padres o tutor:* \_\_\_\_\_ *Date/Fecha:* \_\_\_\_\_



HOME LANGUAGE SURVEY  
2021-22

**Name of Student:** \_\_\_\_\_  
Last Name / *Apellido*                      First Name / *Primer Nombre*                      Middle Name / *Segundo Nombre*

**School/Escola:** \_\_\_\_\_ **Age/Edad:** \_\_\_\_\_ **Grade Level/Nivel de grado:** \_\_\_\_\_

**Parent Email /Correo Electronico de guardian:** \_\_\_\_\_

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services. *El Código de Educación de California contiene requisitos legales que dirigen a las escuelas a determinar el idioma principal de cada estudiante. Esta información es esencial para que la escuela proporcione programas y servicios de instrucción adecuados.*

Please respond to each of the four questions listed below as accurately as possible. For each question, write the name of the language that applies in the space provided. Please do not leave any question unanswered. *Responda a cada una de las cuatro preguntas que se enumeran a continuación con la mayor precisión posible. Para cada pregunta, escribe el nombre del idioma que corresponda en el espacio provisto. Por favor, no deje ninguna pregunta sin respuesta.*

1. What was the first language your child used to communicate? \_\_\_\_\_  
*¿Cuál fue el primer idioma que usó su hijo/a para comunicarse?*
2. Which language do you (the parents/guardians) most frequently use when speaking with your child? \_\_\_\_\_  
*¿Qué idioma (los padres/guardian) utilizan con más frecuencia cuando hablan con su hijo?*
3. Which language does your child most frequently speak at home? \_\_\_\_\_  
*¿Qué idioma habla su hijo/a con más frecuencia en casa?*
4. Which language is most often spoken by adults in the home? (Parents, guardians, grandparents or any other adults) \_\_\_\_\_  
*¿Que idioma hablan los adultos con mas frecuencia en el hogar? (padres, tutores, abuelos o cualquier otro adulto)*

\_\_\_\_\_  
Signature of Parent or Guardian / *Firma de Padre o Guardian*

\_\_\_\_\_  
Date / *Fecha*



**San Bruno Park School District**  
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500 Acacia Avenue, San Bruno, CA  
94066-4222  
Tele: 650.624.3100

## **IMPORTANT MESSAGE FOR PARENTS: HEALTH EXAM AND IMMUNIZATIONS ARE REQUIRED FOR SCHOOL**

Dear Parent/Guardian,

Success in school starts with a healthy child. Your child is required by California State Law to have a health checkup and immunizations (shots) before starting kindergarten or first grade. The health checkup may be done as early as six months before your child starts kindergarten and up to three months after starting first grade. Immunizations, however, must be up to date before your child is admitted to school.

The health exam should include:

- A complete health history
- A “head to toe” physical exam
- Vision and hearing tests
- Urine and blood tests
- Immunizations

See your child’s doctor for the health exam. If you do not have a doctor, call the Child Health and Disability Prevention Program (CHDP) at 650-573-2877 for assistance.

Children who have Medi-Cal can receive the health exam free of charge. Children from low income families may also be eligible for the free exam through CHDP. For example, a family of four can earn up to \$5,564 per month or \$66,766 per year and qualify.

When you take your child for the health exam, be sure to take your child’s Immunization record and the Report of Health Examination for School Entry form. Return the completed health form and updated immunization record to your child’s school as soon as your child has been seen by the doctor. If you do not want your child to get a health exam, you will need to sign a waiver form at your child’s school. If you have any questions, please call your child’s school or CHDP at 650-573-2877.

Sincerely,

Anita Allardice  
Director Special Education and Student Services

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

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

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

## Students Starting 7th Grade Need:

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

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

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

## Records:

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



## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

|                        |       |          |                           |
|------------------------|-------|----------|---------------------------|
| CHILD'S NAME—Last      | First | Middle   | BIRTH DATE—Month/Day/Year |
| ADDRESS—Number, Street | City  | ZIP code | SCHOOL                    |

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

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

| REQUIRED TESTS/EVALUATIONS      | DATE (mm/dd/yy) |
|---------------------------------|-----------------|
| Health History                  | / /             |
| Physical Examination            | / /             |
| Dental Assessment               | / /             |
| Nutritional Assessment          | / /             |
| Developmental Assessment        | / /             |
| Vision Screening                | / /             |
| Audiometric (hearing) Screening | / /             |
| 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/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) |                          |        |       |        |       |
| MMR (measles, mumps, and rubella)  |                          |        |       |        |       |
| HIB MENINGITIS (Haemophilus Influenzae B)<br>(Required for child care/preschool only)            |                          |        |       |        |       |
| HEPATITIS B  |                          |        |       |        |       |
| VARICELLA (Chickenpox)   |                          |        |       |        |       |
| OTHER  |                          |        |       |        |       |
| 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.**

## WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

|                        |       |          |                              |
|------------------------|-------|----------|------------------------------|
| CHILD'S NAME—Last      | First | Middle   | DATE OF BIRTH—Month/Day/Year |
| ADDRESS—Number, Street | City  | ZIP Code | SCHOOL                       |
|                        |       |          | Teacher                      |

**PARENT OR GUARDIAN:**

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. ***SIGN AND RETURN THIS FORM TO THE SCHOOL*** where it will be maintained as confidential information.

**NOTE:** SIGNING THIS WAIVER ***DOES NOT*** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

I choose not to have my child receive a health examination as part of the school entry requirement.

I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.  
CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)



**San Bruno Park School District**  
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500 Acacia Avenue, San Bruno, CA  
94066-4222  
Tele: 650.624.3100

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

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

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency.
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.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at 650-573-2346.

Remember, your child is not healthy and ready for school if they have 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 your principal.

Sincerely,

Anita Allardice  
Director Special Education and Student Services

### Oral Health Assessment Form Grades K-1 Only

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of the 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:        |
| Parent/Guardian Name: | Child's race/ethnicity:<br><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian<br><input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____<br><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:   | Caries Experience<br>(Visible decay and/or fillings present)<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Visible Decay Present:<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Treatment Urgency:<br><input type="checkbox"/> No obvious problem found<br><input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)<br><input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) |
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> |  |  |  |
| <b>Licensed Dental Professional Signature</b>  |  | <b>CA License Number</b>   | <b>Date</b>  |

#### Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*    *Date*

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

**Return this form to the school *no later than May 29* of your child's first school year.**  
*Original to be kept in child's school record.*