



331 SHAFTER AVENUE, SHAFTER, CALIFORNIA 93263
(661) 746-8600, (661) 746-8614 (FAX)

Dear Parent of Prospective Richland School District Kindergarten Student:

Welcome to the Richland School District. Attached is your registration packet for the incoming school year. Please return the following documents and supporting evidence:

Proof of Residence (required to provide one of the documents)

During the student enrollment process, school districts must verify certain information, including a student's residency in the district and age. Education Code section 48204.1 requires school districts to accept at a minimum, as proof of residency):

- Property tax payment receipts
- Rental property contract, lease, or payment receipts
- Utility service contract, statements, or payment receipts
- Pay stubs
- Voter registration
- Correspondence from a government agency
- Declaration of residency executed by the parent or legal guardian of the student

Proof of age (required to provide one of the documents)

To prove age, Education Code section 48002 permits school districts to accept the following:

- Certified copy of birth record
- Statement by the local registrar or county recorder certifying the date of birth
- Baptism certificate
- Passport
- When none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian, or any other appropriate means of proving the child's age.

Enrollment Form (every field must be completed by parent/guardian).

Current immunization record, TB Test or TB Risk Assessment Questionnaire

If you have any questions pertaining to enrollment, please call your child's school of resident.

Rosa A. Romero
Superintendent

Superintendent
Rosa A. Romero

**Assistant Superintendent
Educational Services**
Annette Blacklock

Chief Business Official
Martin Rodriguez

Board Members
Tony Aguirre
Tammy Rubio Criswell
Melissa DeWitt
Cain Maldonado
Deanna Rodriguez-Root

**Golden Oak
Elementary**
(661) 746-8670
(661) 746-1033 (Fax)

Redwood Elementary
(661) 746-8650
(661) 746-1055 (Fax)

Sequoia Elementary
(661) 746-8740
(661) 746-1022 (Fax)

Richland Junior High
(661) 746-8630
(661) 746-1066 (Fax)

Registration Check-list

Call your doctor to make an appt. for a physical exam

(Physical needs to be dated February 15 or later)

Call your dentist to make an appt. for a dental exam

Call the school office to make an appt. to register your child

Proof of Age

To prove age, Education Code section 48002 permits school districts to accept the following:

- Certified copy of birth record
- Statement by the local registrar or county recorder certifying the date of birth
- Baptism certificate
- Passport
- When none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian, or any other appropriate means of proving the child's age.

Proof of Address

Acceptable proof:

- Property tax payment receipts
- Rental property contract, lease, or payment receipts
- Utility service contract, statements, or payment receipts
- Pay stubs
- Voter registration
- Correspondence from a government agency
- Declaration of residency executed by the parent or legal guardian of the student

Immunizations (All UP TO DATE)

Dental Exam

Medical Physical

TB Test or TB Risk Assessment Questionnaire

Asthma Survey



RICHLAND SCHOOL DISTRICT REGISTRATION
Inscripción para estudiantes al Distrito Escolar Richland

FOR SCHOOL USE ONLY / SOLO PARA USO DE

<input type="checkbox"/> Golden Oak Elementary	<input type="checkbox"/> Redwood Elementary	Enrollment Date	Grade	Teacher	I.D. #
<input type="checkbox"/> Sequoia Elementary	<input type="checkbox"/> Richland Junior High				

→ **Has your student ever attended any of the Shafter Public schools before** **YES,** _____ **NO**
 ¿Ha asistido su estudiante a cualquiera de las Escuelas Publicas de Shafter antes? **Si,** _____ **No**

Student's First Name/Primer Nombre del estudiante	Student's Middle Name/Segundo Nombre estudiante	Student's Last Name/Apellido del estudiante
----------------------------------------------------------	--------------------------------------------------------	----------------------------------------------------

Residence Address/Domicilio en que vive	City/Ciudad	Zip/Zona Postal	Mailing address or PO Box /Domicilio Postal
------------------------------------------------	--------------------	------------------------	----------------------------------------------------

Student Birth Date: Fecha en que nació el estudiante Month (mes) Day (día) Year (año)	<input type="checkbox"/> Boy (niño) <input type="checkbox"/> Girl (niña)	Home phone / Teléfono de casa
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e-mail address /correo electrónico	What is your child's Ethnicity? ¿Cual es el origen étnico de su hijo? <input type="checkbox"/> Hispanic or Latino <i>Hispano o Latino</i> <input type="checkbox"/> Not Hispanic or Latino <i>No Hispano o Latino</i>
-------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Father/Guardian Name <i>Nombre del Padre o Guardian</i>	Lives at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Vive en casa? Si No</i>	If not at home, has court restriction order? -¿Si no vive en casa, tiene orden de restricción? <input type="checkbox"/> Yes—Si <input type="checkbox"/> No—No
----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E-mail address <i>correo electrónico</i>	Cellular #	Work Phone #
-------------------------------------------------	-------------------	---------------------

Mother/Guardian Name <i>Nombre de la Madre o Guardian</i>	Lives at home <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Vive en casa? Si No</i>	If not at home, has court restriction order? -¿Si no vive en casa, tiene orden de restricción? <input type="checkbox"/> Yes—Si <input type="checkbox"/> No—No
------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E-mail address <i>correo electrónico</i>	Cellular #	Work Phone #
-------------------------------------------------	-------------------	---------------------

Step Parent/Other Guardian <i>Padrastra/Madrastra—Otro padre/guardián</i>	Lives at home <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Vive en casa? Si No</i>	If not at home, has court restriction order? -¿Si no vive en casa, tiene orden de restricción? <input type="checkbox"/> Yes—Si <input type="checkbox"/> No—No
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E-mail address <i>correo electrónico</i>	Cellular #	Work Phone #
-------------------------------------------------	-------------------	---------------------

Is (are) the above checked person(s) the student's LEGAL GUARDIAN? ¿Es (son) la (s) persona(s) arriba nombrada(s) GUARDIAN(ES) LEGAL(ES) del estudiante? If not, please complete a "Caregiver Affidavit" form / Si no es, por favor llene una declaración jurada de "persona a cargo"

PARENT EDUCATION: Check the response that describes the education level of the most educated parent.
Marque la respuesta que indica el nivel más alto de educación escolar que tenga cualquiera de los dos padres.

- Graduate Degree or higher** *Licenciatura o doctorado (10)*
- College graduate** *Graduado de la Universidad (11)*
- Some College or Associate Degree** *Un poco de un Universidad (12)*
- High School Graduate** *Graduado de preparatoria (13)*
- Not a High School Graduate** *No se graduó de la preparatoria (14)*



I WISH TO RECEIVE MY MAIL IN:

English

Español

Are you or your spouse an active member of the Armed Forces? (Army, Navy, Air Force, Marine Corps, Coast Guard)

¿Es usted o su esposo/a miembro activo de las Fuerzas Armadas? (Armada, Marina, Fuerza Aérea, Cuerpo Marino, Guardia Costera) **YES** Si **NO** No

What is your Student's Race? (You may check up to five racial categories)

¿Cuál es el origen racial o la raza del estudiante? (usted puede marcar hasta cinco razas)

- White Blanco (700)** Personas originarias de Europa, Medio Oriente, Norte de África o Latinos
- African American Afro-Americano (600)** No de Origen Hispano o Latino
- Native American or Alaskan Native Indio Americano o Nativo de Alaska (100)**
- Chinese Chino (201)** **Japanese Japonés (202)**
- Korean Coreano (203)** **Vietnamese Vietnamita (204)**
- Asian Indian Hindú Asiático (205)** **Laotian Laos (206)**
- Cambodian Camboyano (207)** **Hmong Monge (208)**
- Other Asian Otro Asiático (299)** **Hawaiian Hawaiano (301)**
- Guamanian Guames (302)** **Samoan Samoano (303)**
- Tahitian Tahitiano (304)** **Other Pacific Islander Otro originario de las Islas del Pacifico (399)**
- Filipino/Filipino American Filipino o América-Filipino (400)**

Other children in the family <i>Otros niños en la familia</i>	Date of Birth <i>Fecha que nació</i>	School Attending <i>Escuela que asiste</i>	Grade <i>Grado</i>	Boy <i>Niño</i>	Girl <i>Niña</i>	Lives at home? <i>¿Vive en casa?</i>

LIST ALL SCHOOLS THE STUDENT HAS ATTENDED STARTING WITH THE MOST RECENT SCHOOL *Escriba todas las escuelas que el estudiante ha asistido, comenzando con la escuela mas reciente*

School Name <i>Nombre de la escuela</i>	Address / City / State / Zip <i>Dirección/Ciudad/Estado/Zona Postal</i>	Grade/Grado	DATE <i>Fecha</i>

Residence: Where is your child/family currently living? (Federal mandate by NCLB) - Please check appropriate box

Residencia: ¿Dónde vive actualmente su estudiante o la familia? (Mandato federal NCLB) - Marque por favor el cuadro que corresponda

- In a family permanent residence house, apartment, condo, mobile home, doubled up (not due to economic hardship)**
En una residencia permanente, casa, apartamento, condominio, casa móvil (con otras personas pero no debido a dificultades económicas)
- Doubled-up (sharing housing with other families/individuals due economic hardship or loss (not by Choice)**
Compartiendo con más de una familia en una casa o apartamento debido a razones económicas o pérdidas.
- In a shelter or transitional housing program** - *En un refugio o programa de vivienda en transición*
- In a motel/ hotel** - *En un motel o hotel*
- Unsheltered: car/campsite** - *Sin casa, viviendo en carro o campamento*
- Other, please specify** - *Otro lugar, por favor especifique*

Has your child received special services before? (Please check all the boxes that apply)

- Resource (RSP) Recursos didácticos especiales**
- Speech/Language Terapia del habla**
- Migrant Programa Migrante**
- English Language Development Desarrollo del Idioma Ingles**
- Special Day Class (SDC) Clase especial**
- Remedial Math Ayuda en matematicas**
- Remedial Reading Ayuda en lectura**
- Gifted or GATE Gate Program**

STUDENT RELEASE WAIVER OF STUDENT FROM SCHOOL AND EMERGENCY CONTACT BY PARENTS. List names of adults that we can call in an emergency or to which the student may be released to in case you "The Parent/Guardian are unable to check your student out of school." Please **BE AWARE** any person checking your student out of school will need to present an **IDENTIFICATION**. The ID must match adult listed on this release waiver. **As a general guideline, the school WILL NOT ACCEPT PHONE CALLS** from parents to release a student to someone else who is not the parent or legal guardian of the student. Emergencies may be evaluated by site administration on a case by case basis. Please check the box if the person is only to be contacted in case of an emergency or if the student may be released to them absolving the district of responsibility. (An adult is someone over 18 years old).

PERMISO DE LOS PADRES PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA Y LLAMAR EN CASO DE EMERGENCIA. Escriba el nombre de adultos a los cuales el estudiante puede ser entregado en caso de que usted "El Padre/Guardián no pueda recoger de la escuela." Por favor **SEA CONSCIENTE** que cualquier persona que saque a su estudiante de la escuela deberá presentar una **IDENTIFICACION**. EL ID debe tener el nombre del adulto que usted escribió abajo. La escuela **Como pauta general, NO SE ACEPTARÁN LLAMADAS** de los padres para dejar salir a un estudiante con alguien que no es el padre o guardián legal de dicho estudiante. **Emergencias pueden ser evaluadas por la administración de sitio por caso individual.** Favor de marcar en la caja si la persona solo se le llamará en caso de emergencia o si el estudiante se le puede entregar a ellos absolviendo al distrito de toda responsabilidad. (Un adulto es alguien mayor de 18 años).

Name - Nombre	Phone or Cell # Teléfono o celular	Relationship to the child Relación con el niño/a	<input type="checkbox"/> Contact Only <i>Llamar solamente</i> <input type="checkbox"/> Release from school <i>Sacar de escuela</i>
Name - Nombre	Phone or Cell # Teléfono o celular	Relationship to the child Relación con el niño/a	<input type="checkbox"/> Contact Only <i>Llamar solamente</i> <input type="checkbox"/> Release from school <i>Sacar de escuela</i>
Name - Nombre	Phone or Cell # Teléfono o celular	Relationship to the child Relación con el niño/a	<input type="checkbox"/> Contact Only <i>Llamar solamente</i> <input type="checkbox"/> Release from school <i>Sacar de escuela</i>
Name - Nombre	Phone or Cell # Teléfono o celular	Relationship to the child Relación con el niño/a	<input type="checkbox"/> Contact Only <i>Llamar solamente</i> <input type="checkbox"/> Release from school <i>Sacar de escuela</i>
Name - Nombre	Phone or Cell # Teléfono o celular	Relationship to the child Relación con el niño/a	<input type="checkbox"/> Contact Only <i>Llamar solamente</i> <input type="checkbox"/> Release from school <i>Sacar de escuela</i>

MEDIA RELEASE: I / We hereby consent for my child to be observed, interviewed, photographed and/or filmed namely media, social media, radio, television, film and audio or recording (collectively “the programming”) when a representative of the media have been permitted by the principal or designee to be on campus. I, on behalf of myself and my child, hereby waive any rights to control approval use or reuse of the Programming. I also hereby waive any fees, royalties, or other compensation which may arise from my child participation in the Programming under the laws of the United States o any state thereof or under the laws of any other nation or jurisdiction.

Doy mi (nuestro) permiso para que mi (nuestro) estudiante sea observado, entrevistado, fotografiado y/o filmado ya sea para el periódico, medio social, radio, televisión, película, audio o video-grabado (colectivamente llamado la “Programación”) cuando el director o su designado autorice a un representante de los medios a entrar al sitio escolar. Yo en nombre de mí mismo y de mí estudiante cedo cualquier derecho, regalías, u otras compensaciones las cuales se pudieran deducir de la participación de mi estudiante en la “Programación.” bajo las leyes de los Estados Unidos o de cualquier otro estado, o bajo las leyes de cualquier otra nación o jurisdicción.

YES/Sí **NO** *no*

In the event of a disaster, if parents or emergency contacts are not available, my child may be release to adult familiar to him or her. (*En caso de un desastre, si los padres o contactos de emergencia no pueden ser encontrados, mi estudiante puede ser entregado a un adulto que el niño/niña conozca.*)

YES, I agree *si estoy de acuerdo* **NO, I don’t agree** *no estoy de acuerdo*

Parent Signature: *Firma del Padre/Guardian*

Date: *Fecha*

STUDENT HEALTH INVENTORY

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____ Gender: _____

To ensure that appropriate school personnel are aware of, and can provide support and services to address, any health care needs that your student may have, please complete this form with the most current information. Based on your response to the questions below, you may be asked to provide the school with more detailed information from the student's doctor(s).

My student has no health problems. (Skip the remaining questions and sign below.)

Health Problem	Yes	No	Health Problem	Yes	No
Allergy (Food, Bee, Seasonal, other)	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Disease/Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury or Concussion	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Birth Defect	<input type="checkbox"/>	<input type="checkbox"/>	Immune System Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Infection	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>
Ear, Nose or Throat Condition	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Urinary Condition	<input type="checkbox"/>	<input type="checkbox"/>
Epipen	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>
Food Restriction	<input type="checkbox"/>	<input type="checkbox"/>	Weight concerns/issues	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you marked "yes" for any of the health problems listed above, please provide more specific information (*i.e.*, triggers, reactions/behaviors related to the health problem or as a result of prescribed medication, frequency, date of diagnosis, treatment required etc.).

Do any of the health problems indicated above affect the student's ability to participate in school programs, activities, and/or physical education class? Yes No

Does the student have an Individualized Health Care Plan? Yes No

Does the student have a Section 504 Plan? Yes No

List any medication that the student takes. Indicate if it is taken at home or during school hours.

Medication Name/Purpose	Dose/Frequency	
_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School

For a student to take medication at school during the school day, the "Permission for Prescribed Medication Form" must be completed by the physician and parent.

Parent/Guardian Name

Parent/Guardian Signature

Date



331 SHAFTER AVENUE, SHAFTER, CALIFORNIA 93263
(661) 746-8600, (661) 746-8614 (FAX)

Dear Parents/Guardians,

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested at the time of registration.

In accordance with Ed Code 11518.5 Initial Assessment; if the response of the parent or guardian on the Home Language Survey indicates a primary or native language other than English, the District determines the pupil is eligible for the initial assessment, and shall promptly notify the parent or guardian in writing, prior to administering the Initial English Language Proficiency Assessment to the pupil.

Be advised that if your son/daughter is identified as an English Learner (EL) your son/daughter will be administered the Initial English Language Proficiency Assessment for California (ELPAC) within 30 calendar days of the initial enrollment in our District.

You are an important part of your child's education. To help your child get ready for the test, you can:

- Read to your child, or have them read to you on a regular basis.
- Use pictures and ask your child to tell you what they see, or what is happening in each picture.
- Provide your child with opportunities to use language outside of school.
- Talk with your child's teacher about your child's listening, speaking, reading, and writing skills to help support their progress.

To learn more about the ELPAC, go to the California Department of Education Parent Guide to understanding the ELPAC Web page

<https://www.cde.ca.gov/ta/tg/ep/elpacparentguide.asp>.

You also can look at sample test questions on the ELPAC practice tests, which can be found on the ELPAC Web site at <https://www.elpac.org/resources/practicetests/>.

If you have any questions please contact Elia Sagasta, Director of Data & Instruction at 661-746-8625.

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Home Language Survey

Surname/Family Name of Student: _____

First Given Name of Student: _____

Second Given Name of Student: _____

Age of Student: _____ Grade Level of Student: _____

Teacher Name: _____

Directions to Parents and Guardians:

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

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

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

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

HEALTH REQUIREMENTS FOR KINDERGARTEN/FIRST GRADE SCHOOL ENTRY

Children beginning school for the first time must show proof that they have received a health examination and immunizations, before they can attend school.

Each school will ask that the attached, "REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY" be brought to school, completed and signed by a doctor.

THE HEALTH EXAMINATION:

Must be obtained no earlier than six months before entering kindergarten or eighteen months before entering first grade.

Must include the following services:

- a health and development history
- a complete physical history
- an examination of teeth and gums
- a vision test
- a hearing test
- urine and blood screening test
- a tuberculosis skin test
- other tests if needed

THE IMMUNIZATIONS:

Must include immunizations against measles, mumps and rubella, (MMR or MMR-V). Both doses given on or after the first birthday and only one of mumps and rubella vaccines are required if given separately; against diphtheria, tetanus and whooping cough (DPT/DTaP/DT/Td); against polio (IPV); against Hepatitis B (Hep B), and against chickenpox (varicella) or health care provider documented varicella disease. (**See the attached sheet for more information**).

HOW AND WHERE TO GET SERVICES:

If your child is on Medi-Cal or your family income is lower than 200% of the Federal Poverty Level, your child may be eligible for a **FREE EXAMINATION AND IMMUNIZATIONS**.

The child must go to one of the **CHDP PROGRAM CERTIFIED PHYSICIANS OR CLINICS** listed in this packet to get a free exam. If you have Medi-Cal, call your Primary Care Physician for an appointment.

If your child is not eligible for a free examination, call your family doctor, pediatrician, or **USUAL SOURCE OF MEDICAL CARE**. (The usual fee will be charged.)

If your child is not eligible for a free examination but still needs more immunizations and you cannot afford them, call the **KERN COUNTY DEPARTMENT OF PUBLIC HEALTH** at (661) 321-3000 to ask about immunization clinics.

IF YOU HAVE ANY QUESTIONS ABOUT SCHOOL ENTRY REQUIREMENTS:

Call your school district office for more information about your district's requirements. Call the Health Department's CHDP Program if you need more information about health examinations or are unable to obtain an examination for your child : (661)321-3000 or toll free (877) 818-4787.



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.

WHY YOUR CHILD NEEDS SHOTS:

IMM-222 School (1/16)

California Department of Public Health • Immunization Branch • ShotsForSchool.org

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/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 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 the health office at your school. Redwood(746-8650), Sequoia (746-8740), Golden Oak (746-8760).

Sincerely,

Rosa A. Romero
Superintendent

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)

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; border-top: 1px solid black;"> <i>Licensed Dental Professional Signature</i> <i>CA License Number</i> <i>Date</i> </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.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

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	___/___/___
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/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenza 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 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



ASTHMA SURVEY

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____ Teacher: _____

Physician Student Sees for Asthma: _____ Phone# _____

Please check all that apply to the student:

- **Identify the things that will trigger an asthma episode:**

- | | | |
|-------------------------------------------------|------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust | |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Molds | |
| <input type="checkbox"/> Food: _____ | | |

- **Symptoms which alert of an asthma episode:**

- | | | |
|-----------------------------------------------|------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Tightness in chest | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Gasping for air | |
| <input type="checkbox"/> Prolonged expiration | <input type="checkbox"/> Color change (pale or blue) | |

- **Control of School Environment:**

List any environmental control measures and/or dietary restrictions that the student needs to prevent an asthma episode:

- **Medication Prescribed for Asthma:** _____ Home School
***If medication is needed at school, a Permission Form for Prescribed Medication must be completed by your child's health provider**

- **PE Restrictions:** _____ (attach a copy of doctor's order)

Parent's Consent for Release of Child's Health Information

I, _____ authorize _____ to release health information regarding _____ to Richland School District.

Signature

Date

Relationship to Student



331 SHAFTER AVENUE, SHAFTER, CALIFORNIA 93263
(661) 746-8600, (661) 746-8614 (FAX)

Superintendent
Rosa A. Romero

**Assistant Superintendent
Educational Services**
Annette Blacklock

Chief Business Official
Martin Rodriguez

Board Members
Tony Aguirre
Tammy Rubio Criswell
Melissa DeWitt
Cain Maldonado
Deanna Rodriguez-Root

Golden Oak Elementary
(661) 746-8670
(661) 746-1033 (Fax)

Redwood Elementary
(661) 746-8650
(661) 746-1055 (Fax)

Sequoia Elementary
(661) 746-8740
(661) 746-1022 (Fax)

Richland Junior High
(661) 746-8630
(661) 746-1066 (Fax)

In accordance with California Education Code requirement Section 11310. Parental Notice. (a) An LEA shall notify parents of the language acquisition programs and language programs available in the LEA at the time and in the manner specified in Education Code sections 48980

Language Acquisition Programs

We are required to provide a **Structured English Immersion (SEI)** program option. If you choose this option, your child will be placed in a classroom that uses mostly English for instruction. (See the description below.)

Requesting a Language Acquisition Program

Language acquisition programs are educational programs designed to ensure English acquisition occurs as rapidly and effectively as possible, and provides instruction to English learners based on the state-adopted academic content standards, including English language development (ELD) standards. (20 U.S.C. Section 6312[e][3][A][iii],[v]); EC Section 306[c])

Description of Program Options and Goals for English Learners

A description of the language acquisition programs provided in the **Richland School District** are listed below. Please select the program that best suits your child. (20 U.S.C. Section 6312[e][3][A][iii],[v])

Structured English Immersion (SEI) Program: A language acquisition program for English learners in which nearly all classroom instruction is provided in English, but with curriculum and a presentation designed for pupils who are learning English. At minimum, students are offered ELD and access to grade level academic subject matter content.

Starting in 2019-2020-**Dual-Language Immersion (DLI) Program:** Also referred to as **Two-Way Immersion**. A language acquisition program that provides language learning and academic instruction for native speakers of English and native speakers of another language, with the goals of high academic achievement, first and second language proficiency, and cross-cultural understanding. This program begins in transitional kindergarten/kindergarten (TK/K) and continues through sixth grade.

Parents/guardians may choose a language acquisition program that best suits their child. Schools in which the parents or legal guardians of 30 pupils or more per school or the parents or legal guardians of 20 pupils or more in any grade request a language acquisition program that is designed to provide language instruction shall be required to offer such a program to the extent possible. (20 U.S.C. Section 6312[e][3][A][viii][III]); EC Section 310[a])

Parents/guardians may provide input regarding language acquisition programs during the development of the Local Control Accountability Plan. (EC Section 52062) If interested in a different program from those listed above, please contact **Elia Sagasta at (661) 746-8625** to ask about the process.

Parents of English learners have a right to decline or opt their children out of the school district's language acquisition program or opt out of particular English learner service(s) within a language acquisition program. This request must be made on an annual basis and does not exempt them from being tested using the ELPAC instrument. (20 U.S.C Section 6312[e][3][A][viii]) However, LEAs remain obligated to provide the student meaningful instruction until the student exits the program, inform the parent when progress is not made, and offer the parent programs and services to consider at that time. (5 California Code of Regulations Section 11302)